



**PATIENT PRESENTING CLINICAL SIGNS**

Leonard Casey History: Presented yesterday with acute lameness affecting all 4 limbs. Unable to walk, not using the bathroom. Obese  
 Abnormal PE/Chem/CBC/UA Results: Obese, recumbent, while standing with assistance- he can hold weight on pelvic limbs and CP is present. Front limbs knuckling on Left, right appears normal.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, ABDOMEN AND ENTIRE SPINE**

**BREED**

Chihuahua Mix

A high resolution plain and post contrast and myelographic CT study of the skull, entire spine and abdomen are provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

**Skull**

Neutered Male

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

**AGE**

10 Years

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

**INTERPRETED BY**

Sebastian Schaub,  
 DVM Dr. med. vet.  
 DipECVDI

The brain presents no deviation from normal anatomy and symmetry. Contrast media is accentuating the subarachnoidal space throughout the cranial cavity after intrathecal contrast administration. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric. No abnormalities of the pituitary gland are appreciated.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

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**Spine**

After intrathecal contrast administration level with the intervertebral disc space C3/C4 soft tissue attenuating material is distorting the left ventral subarachnoidal space, occupying approximatel 25% of the cross-sectional area of the vertebral canal at the same level. The soft tissue material is extending predominantly cranially up to the mid aspect of the vertebral body of C3. The spinal cord at the same level is displaced dorsally and to the right and is distorted.

**REFERRING VET**

Meaux

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The intervertebral discs T12/T13 to L4/L5 are protruding mild to moderately into the vertebral canal and are in contact with the spinal cord that is mildly distorted.

**Abdomen**

**DATE**

11/12/21



**PATIENT** The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Leonard Casey

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

**SPECIES**

Canine

The adrenal glands are within normal limits for size, shape and organ architecture, the maximum cross-sectional diameter of the adrenal glands is 6.0 mm.

**BREED**

Chihuahua Mix

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

**SEX**

Neutered Male

The hepatic volume is moderately increased and the caudal margins are protruding beyond the costal arch and are rounded. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

**AGE**

10 Years

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
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- Intervertebral disc extrusion C3/C4 with compressive myelopathy
- Intervertebral disc protrusion T12/T13 to L4/L5 with potential dynamic spinal cord compression
- Hepatomegaly
- Normal pituitary gland
- Normal adrenal glands

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The intervertebral disc extrusion C3/C4 is a plausible explanation for the described clinical signs. Based on the development of the neurological status, the risks and chances of surgical decompression versus conservative management should be discussed with neurologist.

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Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. In case of doubt, ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup.

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**PATIENT**

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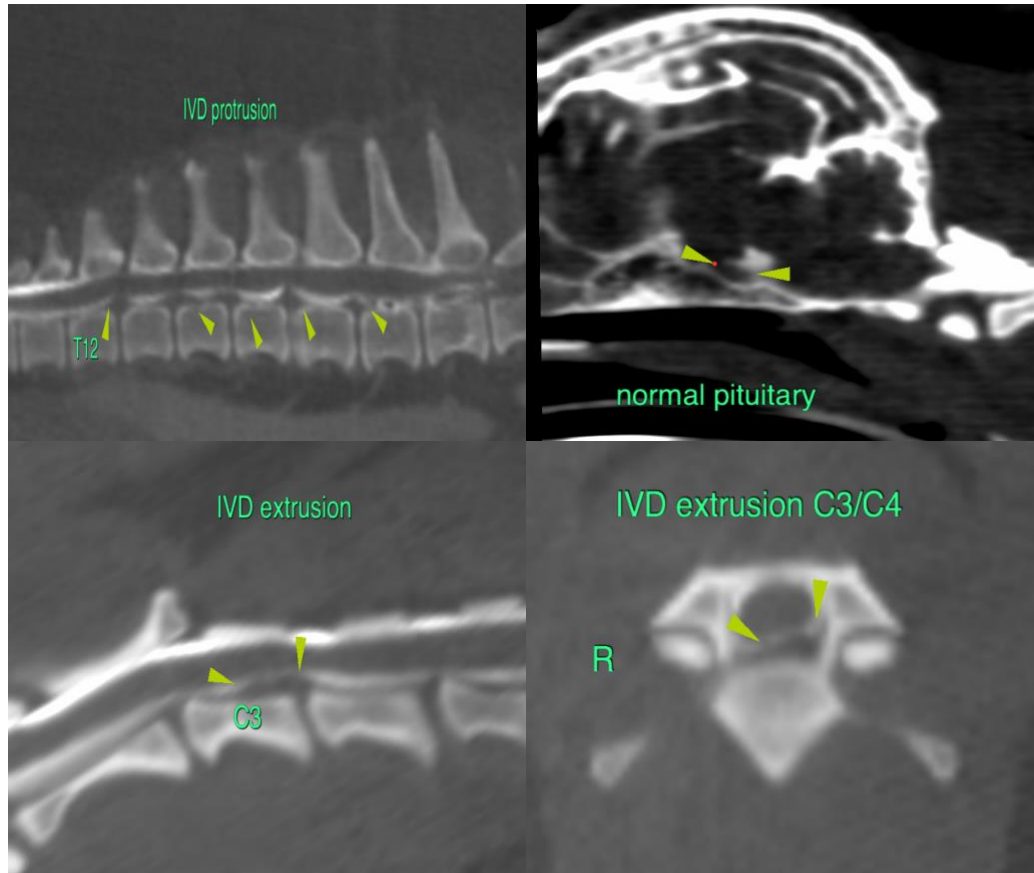
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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