



PATIENT PRESENTING CLINICAL SIGNS

Puck Hall Eating well. Difficulties walking on both hind legs. Slow walking. Difficulties to jump Missing most of the teeth, dentistry done last year. As per owner, arched back / still while walking.
 Abnormal PE/Chem/CBC/UA Results: Blood work indicate severe increase in Glucose, otherwise unremarkable. Urine strip indicate glucose +++++, Sp.G 1.061, waiting for the rest of U/A. A. diabetes. Please assess the chest, abdomen, hips and the spine.

SPECIES

Feline

RADIOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

BREED

Radiographs of the thorax & abdomen in two orthogonal imaging planes are provided for review.

DSH

RADIOGRAPHIC FINDINGS

Thorax

SEX

Multifocal mild spondylosis formation is seen along the thoracic spine.

Male Neuter

A moderate amount of fat-opaque material is visible in the right hemithorax, and the contour of the diaphragm cannot be clearly defined in the most ventral aspect.

AGE

The extrathoracic soft tissues present homogeneous without abnormalities.

11 Years

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

HOSPITAL NAME

St. Catherine's Animal Hospital

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

REFERRING VET

Dr. Bekhit

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

Abdomen

INVOICE

48378

L1 presents with a broad based rib at the right aspect. The vertebral endplates of the lumbosacral junction present moderate spondylosis formation and the respective intervertebral disc space is moderately narrowed. The osseous and surrounding soft tissue structures of the pelvis - including the coxofemoral joints - are within normal limits.

DATE

11-15-21

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity. A well-defined ovoid



PATIENT shaped mineral opaque body is seen in the imaging plane of the peritoneal cavity lateral to the stomach.

Puck Hall

The splenic head is in the anticipated position and within normal limits for size and opacity.

SPECIES Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

Feline

The stomach is in its anticipated position and presents normal content.

BREED

DSH

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

The colon is seen in the expected position and presents with appropriate content.

SEX

Male Neuter

RADIOGRAPHIC DIAGNOSIS

- Fat within the caudoventral aspect of the right hemithorax and blurred contour of the ventral aspect of the diaphragm
- Mineralized body left cranial abdomen
- Chronic discopathy lumbosacral junction
- Multifocal spondylosis deformans thoracic spine
- Structural normal pelvis and coxofemoral joints

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The fat opaque material in the right caudal hemithorax can be due to diaphragmatic rupture/hernia – especially if there is a history of trauma – with prolapse of fat or represents intrathoracic lipoma. Ultrasound or CT can be used for further evaluation. The clinical relevance of the findings is unclear and considered incidental at this point.

HOSPITAL NAME

St. Catherine's Animal Hospital

The mineralized body in the left cranial abdomen appears like a cystolith (history of trauma with ruptured urinary bladder?). Anyway a nodular fat necrosis or heterotopic peritoneal mineralization are the top differentials. There are no signs of peritonitis, and the mineralized body is considered as an incidental finding.

REFERRING VET

Dr. Bekhit

The degenerative changes of the lumbosacral junction might be associated with degenerative lumbosacral stenosis and can be a potential source of pain and might explain the clinical signs. No additional abnormalities of the spine or pelvis are noted, but the mild degenerative changes, explaining the clinical signs. Cross-sectional imaging can be used as an advanced imaging modality if clinical signs deteriorate, or neurological clinical signs develop.

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Puck Hall

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.

SPECIES

Feline

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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