



PATIENT

Ruckus Nathan

SPECIES

Canine

BREED

Cattle Dog Cross

SEX

MN

AGE

10

WEIGHT

28

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary
Centre

REFERRING VET

Eamon

INVOICE

72459

DATE

11-2-25

PRESENTING CLINICAL SIGNS

reluctant to climb stairs increased night time activity - very unsettled - initially responsive to analgesia peaked t waves under anaesthesia for right perineal mass removal
Abnormal PE/Chem/CBC/UA Results: cbc/chem/t4 pending normal K+ on inhouse machine

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen in a bone, lung and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Along the thoracic spine, multifocal spondylosis formation is seen. The vertebral bodies T4 to T8 present generalized diffuse sclerosis and the respective vertebral endplates present moth eaten defects and collapse of the intervertebral disc spaces.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

Abdomen

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

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.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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

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

The hypogastric lymph nodes are small.

The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 100% of the cross-sectional area of the vertebral canal at the same level. The material in the vertebral canal level L7/S1 presents mild contrast enhancement. The subchondral bone of the vertebral endplates L7/S1 present moderate sclerosis and moth eaten defects.



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In the subcutaneous tissue of the right perineal region, a well-defined, peripheral contrast enhancing and central fluid attenuating nodule is seen; measuring 2 cm in diameter.

COMPUTED TOMOGRAPHIC DIAGNOSIS

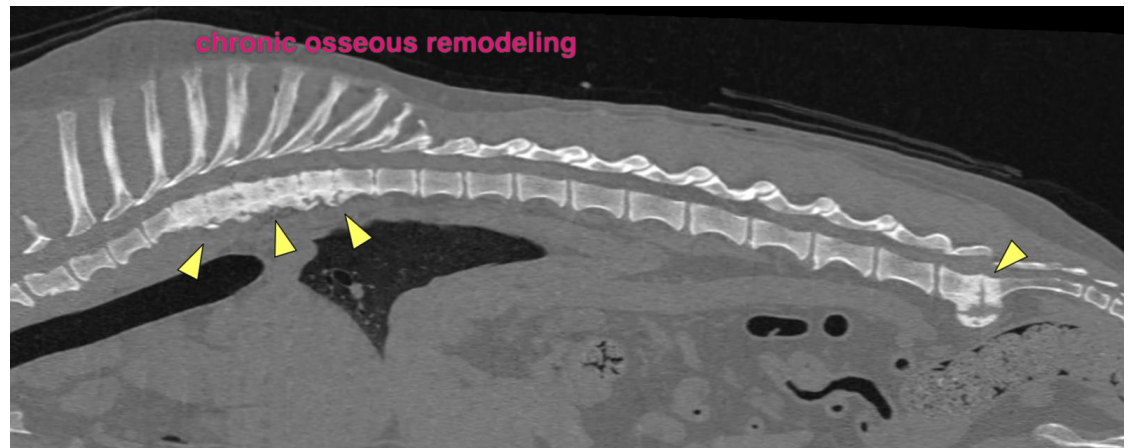
- Chronic - likely sterile - spondylitis and discospondylitis T3/T4 to T8/T9 and L7/S1
- Intervertebral disc herniation L7/S1 with compression of the caudal equina fibers and contrast enhancing material in the vertebral canal
- Cavitary subcutaneous nodule right perineal region
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The chronic osseous remodeling of multiple thoracic vertebra and their respective vertebral endplates and along the lumbosacral junction are likely a sequela to chronic spondylitis and discospondylitis - I consider the odds for sterile process secondary to chronic discopathy high. The material in the vertebral canal level L7/S1 can present extrusion of disc material or inflammatory granulation tissue formation. If not done so yet consider complementing workup by complete blood work to screen for inflammatory changes ± urinalysis to rule out bacterial cystitis.

The degenerative lumbosacral stenosis is a likely cause for the described clinical signs as well.

The subcutaneous nodule in the right perineal region is not specific and benign inclusion cyst is a potential - complete surgical excision is feasible.





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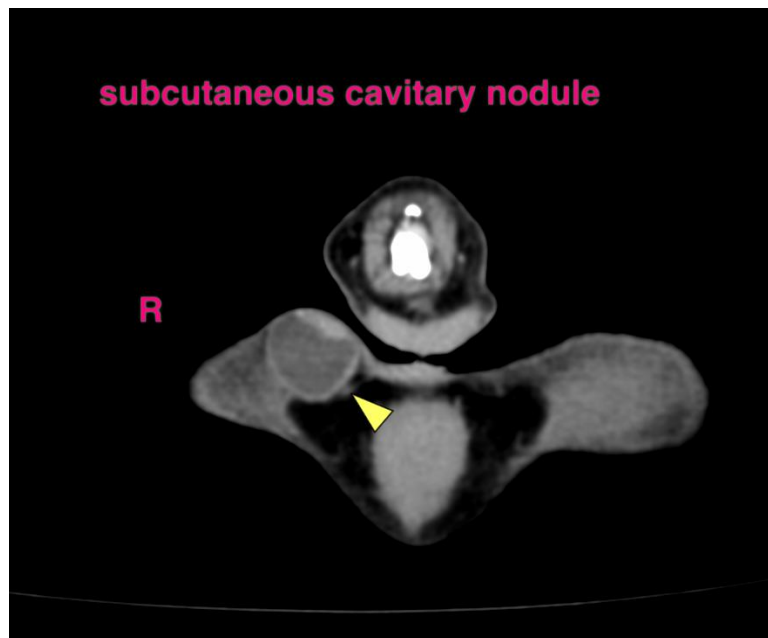
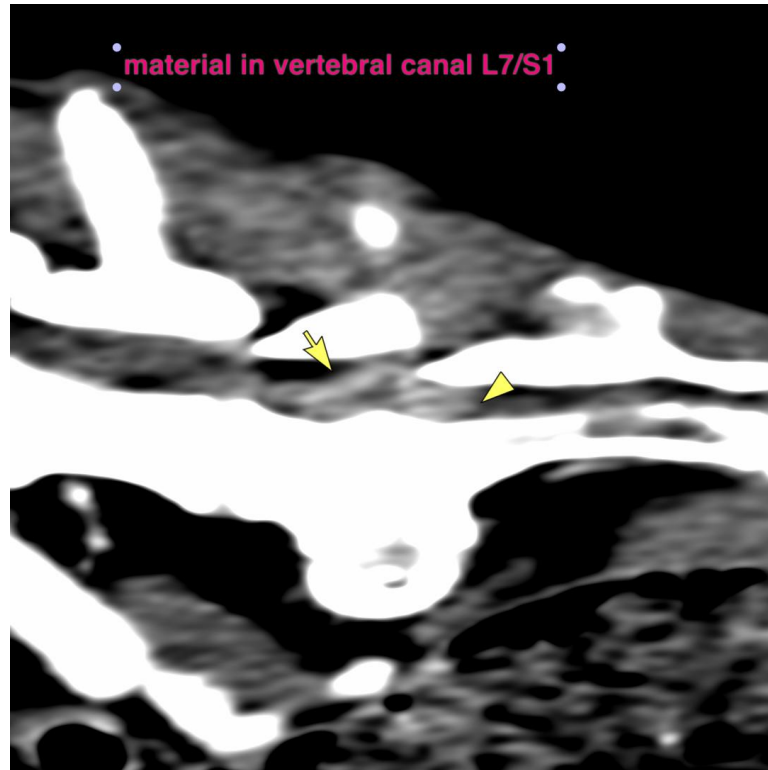
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com