



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Moose Redland
Rockpit

SPECIES Canine

BREED Mixed

SEX Intact Male

AGE ~8 Years

Hit by truck a few days ago. Initially unable to stand on his own. Today prior to CT he stood up with some assistance. Then he was able to walk a couple of steps without assistance. Radiographic Conclusions/Recommendations: 1. Osseous fragment associated with the left occipitoatlantal junction. It is unknown where this is originating from. A CT exam is recommended. 2. Heterogeneous soft tissue thickening along the ventral skull/cervical region most likely cellulitis/ edema/hemorrhage. 3. Possible retroperitonitis/effusion, most likely hemorrhage, urine, or inflammatory. This can be confirmed/denied with ultrasound. 4. Unstructured interstitial pulmonary pattern could be artifactual from motion artifact, expiratory films, or indicative of hemorrhage from trauma. 5. Undulating soft tissue margin of the trachea at the thoracic inlet may represent tracheal hemorrhage from trauma, dorsal trachealis membrane, or artifact from superimposition. 6. Mild splenomegaly could be secondary to congestion, normal variation, extramedullary hematopoiesis/lymphoid hyperplasia. 7. Moderate prostatomegaly most likely benign prostatic hyperplasia. 8. Attrition/abrasion of the canines.

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Triadan 102, 108, 406, 409 are absent. Triadan 404 presents a marked widening of the periodontal space. Triadan 407 and 408 present widened periodontal space and ankylosis of the roots with tooth root resorption. Triadan 203 presents a marked periapical widening of the periodontal space.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

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

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Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals present a moderately thickened wall with mild irregular epithelial lining.

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The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

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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The left paracondylar process of the occipital bone is separated from the occipital bone.

The cranial pole of the right thyroid gland presents with an intraparenchymal soft tissue attenuating and mild contrast enhancing nodule, measuring 15 mm in diameter.

The osseous and soft tissue structures of the neck present without additional abnormalities.

DATE

11-22-22

Thorax

Multifocal spondylosis formation is seen along the thoracic spine.



PATIENT 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.

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

SPECIES 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.

Canine In the ventral tip of the right middle lung lobe, a zone with consolidation of the pulmonary parenchyma is appreciated. The dorsal dependent aspects of the lung parenchyma present multiple regions with dystelectasis of the lung parenchyma.

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

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Abdomen

SEX The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. In the cranial abdomen, in the region of the pylorus, multiple linear, metal attenuating bodies, measuring up to 16 mm in length are seen.

Intact Male

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.

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The prostate is prominent and mildly asymmetric. The prostatic parenchyma is uniform soft tissue attenuating and has a mild heterogeneous contrast enhancement pattern.

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

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

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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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.

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The bony and surrounding soft tissue structures reveal no abnormalities; no abnormalities of the lumbar spine are appreciated.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Acute traumatic fracture of the left paracondylar process of the occipital bone
- Ventral alveolar pattern right middle lung lobe – suspect pulmonary hemorrhage due to preceding trauma
- Nodular enlargement right thyroid gland
- Advanced periodontal disease right mandibular premolar and molar teeth including triadan 440
- Periodontal abscess 203
- Bilateral otitis externa
- Suspect benign prostatic hyperplasia



- PATIENT**
- Dystelectasis dorsal dependent aspects of the lung parenchyma
 - Spondylosis deformans thoracic spine
 - Multiple migrating foreign bodies cranial abdomen ('small wires') – incidental finding
 - Normal lumbar spine
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The clinical relevance of the fractured paracondylar process of the occipital bone is questionable, no additional abnormalities are appreciated along the cervical, thoracic and lumbar spine, explaining the presenting clinical signs – potentials can include spinal shock, acute non-compressive nucleus pulposus extrusion.

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The nodular enlargement of the right thyroid gland can present nodular hyperplasia, neoplasia of the parathyroid gland (e.g. adenoma), primary neoplasia of the right thyroid (e.g. adenoma, adenocarcinoma) or a thyroid cyst (there appears to be contrast enhancement, rendering the odds for a cystic lesion low). FNA sampling might be performed as advanced diagnostic test.

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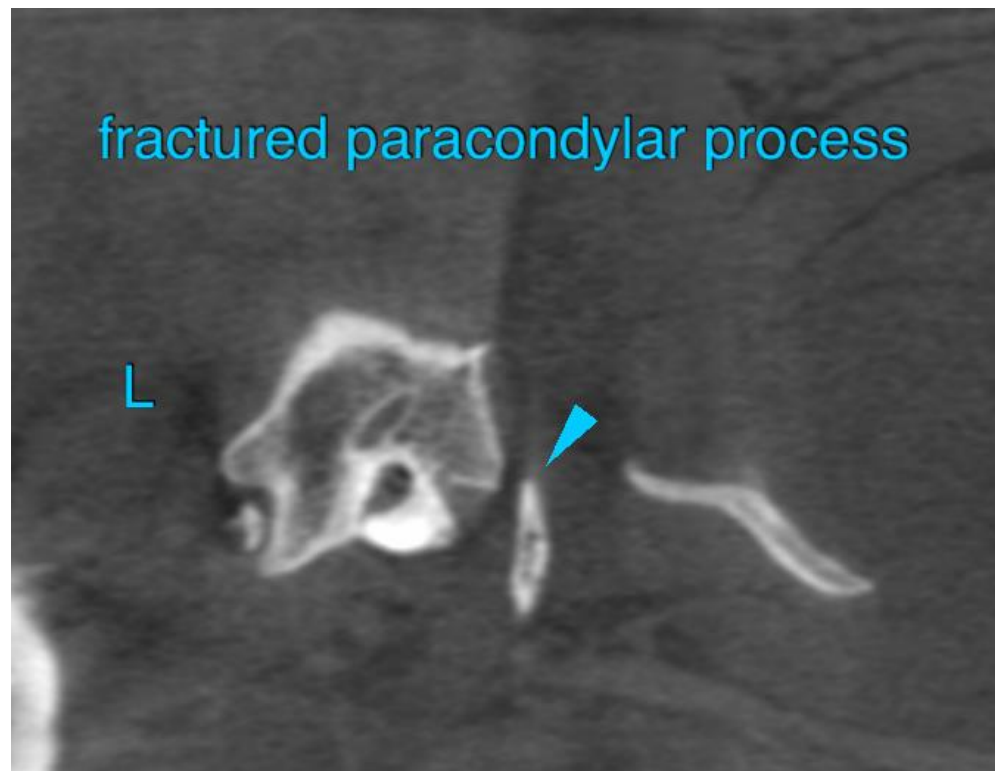
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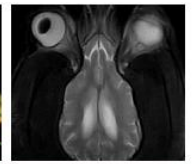
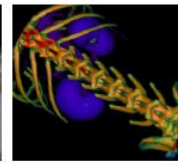
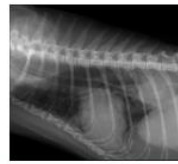
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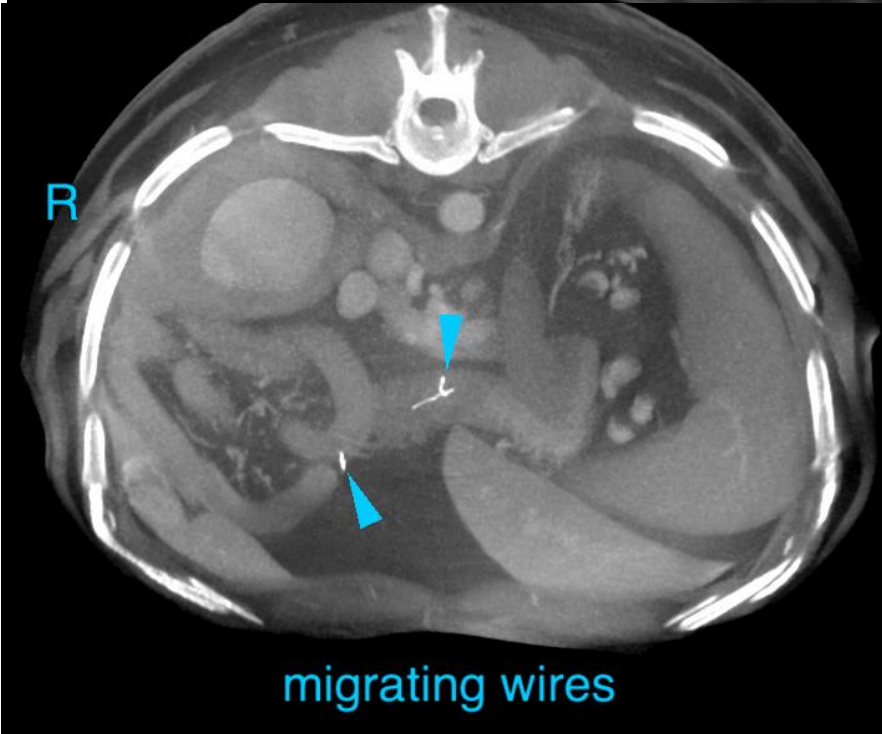
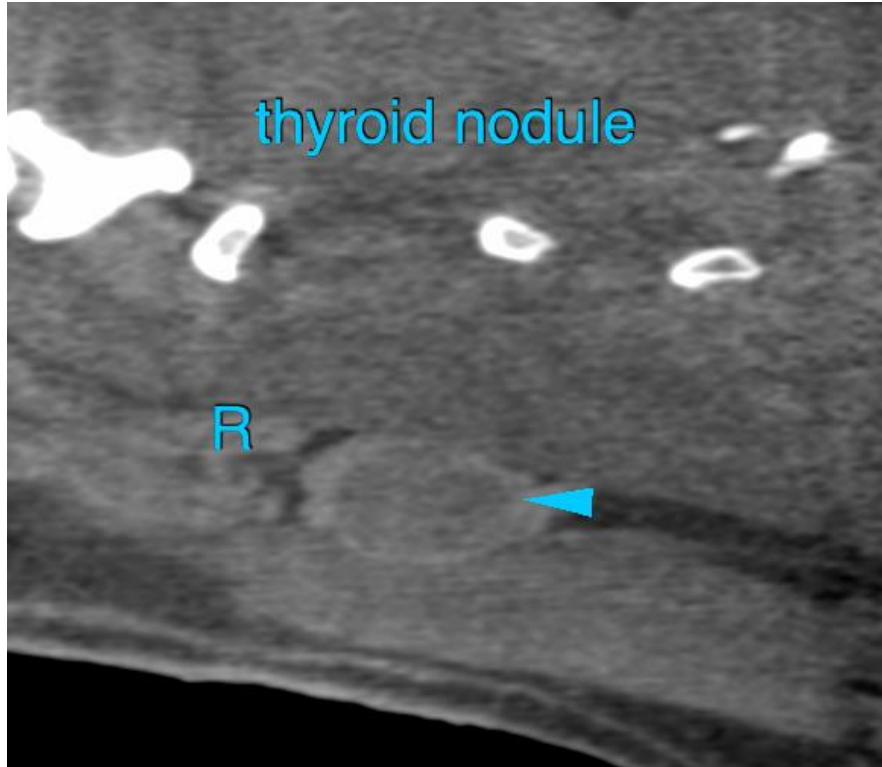
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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