



PATIENT

Pluto Giacobbe

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

10

WEIGHT

5.4

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Kam

INVOICE

72710

DATE

11-24-25

PRESENTING CLINICAL SIGNS

Hit by car on Friday. Bloodwork ran today presented icteric serum and Total Bili of 2.9 Monoplegia left hind limb, negative deep pain and motor function on left hind limb, CP deficits on left hind limb, right hind limb no CP deficits non weight bearing on both hind limbs, positive motor function on right hind limb, negative motor on left hind limb, painful on palpation of left pelvic patient QAR due to gabapentin given at 6 am

COMPUTED TOMOGRAPHY OF THE ABDOMEN & PELVIS

A high resolution pre- and post-contrast CT study of the abdomen and pelvis including the lumbar & sacral spine is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Motion artefacts are appreciated along the lumbar spine and 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 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.

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 osseous and soft tissue structures of the lumbar spine reveal no abnormalities.

The osseous structures of the pelvic floor present multiple fractures – including the cranial ramus of the pubic bone and ischial bone bilaterally. The left ilium, caudal to the sacroiliac joint, presents a short oblique fracture running in a caudodorsal to cranioventral direction, along with a large cortical fragment ventrolaterally. Multiple smaller osseous fragments are appreciated along the fracture margins. The left hemipelvis is deviated craniomedially, causing significant narrowing of the pelvic canal and possible impingement of the sciatic nerve.

At the ventral and dorsal margin of the right ala of the sacrum, isolated osseous fragments are appreciated.

Both sacroiliac joints are in situ. The acetabula are intact.

The sacrum and caudate spine reveal no abnormalities.

The subcutaneous tissue along the pelvis, base of the tail and perineal region presents mild to moderate soft tissue striation and is swollen.



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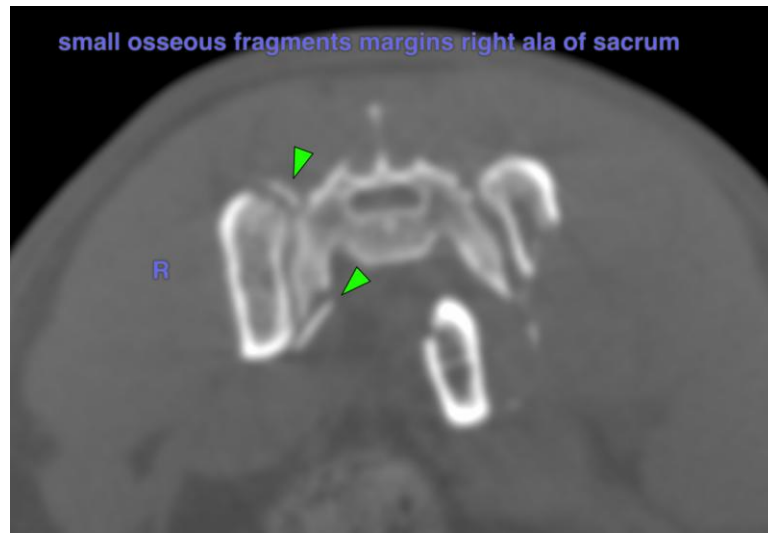
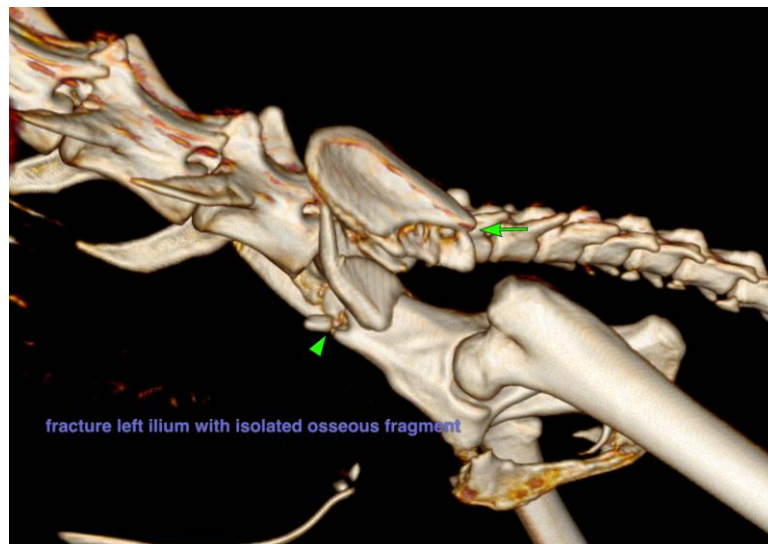
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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Acute traumatic short oblique fracture body of left ilium with significant medial displacement of left hemipelvis and secondary stenosis of the pelvic canal
- Multiple acute traumatic fractures of the osseous structures of the pelvic floor
- Small isolated osseous fragments along the margins of the right ala of the sacrum
- Subcutaneous hematoma pelvic & perineal region

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are fitting the history of 'hit-by-car'. Surgical management of the left iliac fracture is beneficial to reduce stenosis of the pelvic canal.





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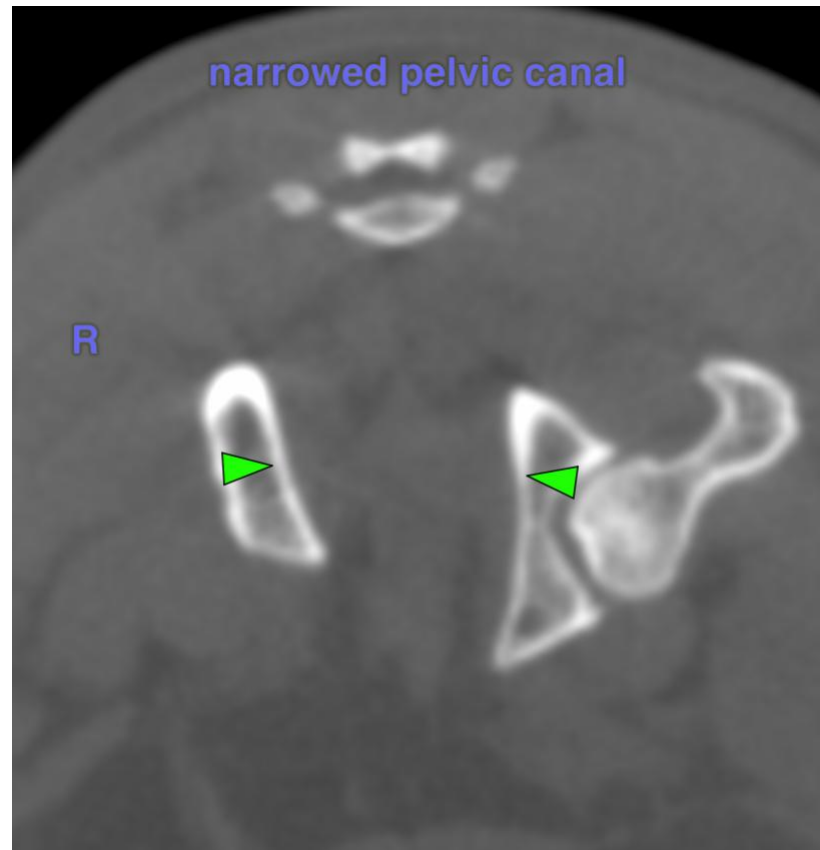
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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