



PATIENT

Oliver Pulver

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

11Y

WEIGHT

16lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr. Burge

HOSPITAL NAME

Wilson Veterinary
Hospital

REFERRING VET

Dr. Manzo

INVOICE

72466

DATE

11-3-25

PRESENTING CLINICAL SIGNS

Owner reports pet has had intermittent vomiting and diarrhea over the past couple months. He will have diarrhea in the litterbox then step out and projectile vomit. Episodes are short lived, only lasting a day or two before he is back to his usual self. A couple weeks can go by before it happens again. Appetite is always good, even right after he is sick. Energy level lower on days with vomiting/diarrhea. No coughing/sneezing. Urination is normal. Pet takes amitriptyline 10mg - 1/2 tab po sid and gabapentin 100mg - 1 cap 8-12 hours. Radiographs on 10/31 show severe lytic lesion in the lumbar spine extending into the retroperitoneum. He also has a history of hind limb pain and ataxia that was first noted in November 2024 and the owner elected to start monthly solensia injections in April of 2025, which initially helped with the mobility issues.

COMPUTED TOMOGRAPHY OF THE LUMBAR SPINE

A high resolution pre- and post-contrast CT study of the lumbar spine is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The vertebral body of L6 presents an expansile, ill-defined geographic osteolytic lesion with central mild amorphous new bone formation and heterogeneous moderate contrast uptake. The expansile lesion of L6 is bulging into the left iliopsoas muscle. Along the ventral aspect of the vertebral body L6, palisading periosteal new bone formation is present.

Along the ventral aspect of L5 and L7, immature mild periosteal new bone formation is seen.

The remainder of the osseous and soft tissue structures of the lumbar spine are within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic aggressive predominant osteolytic lesion vertebral body L6 without myelocompression
- Secondary reactive mild periostitis L5 and L7

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The aggressive bone lesion of L6 is consistent with primary osseous neoplasia – such as osteosarcoma, osteochondrosarcoma, chondrosarcoma, other. Biopsy can be performed for specification.



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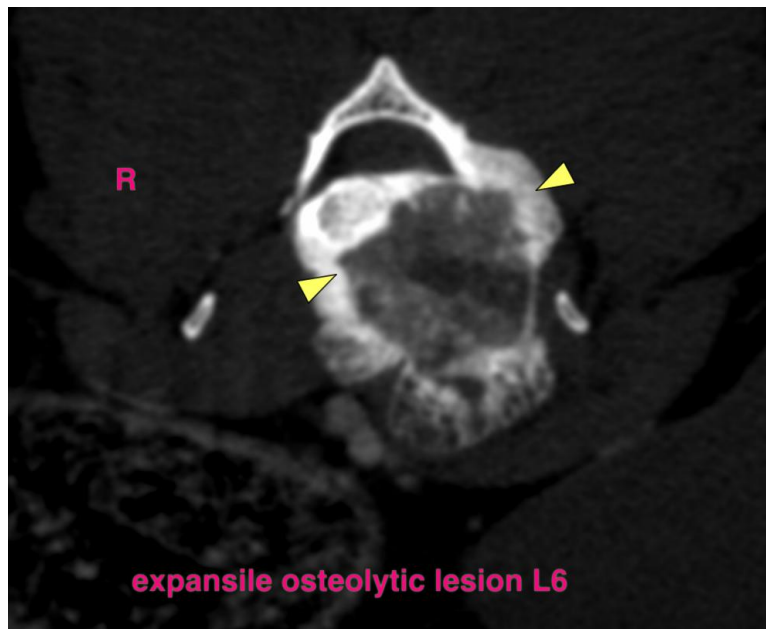
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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