



PATIENT

Arizona Levitt

PRESENTING CLINICAL SIGNS

since last Tuesday-lack of appetite, possibly a little bit shaky, a little bit of gas. Elevation of ALP-1136, ALT 1235, and TBIL-0.9 on bloodwork at rDVM yesterday

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

BREED

Dachshund

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The intervertebral disc T12/T13 is mildly protruding into the vertebral canal, distorting the ventral epidural space. Multifocal mild spondylosis formation is seen along the thoracic spine. Multiple intervertebral discs along eth thoracic and lumbar spine present mild central mineralization.

SEX

Female Spayed

Moderate degenerative changes of the costochondral junction are appreciated.

AGE

10 Years, 5 Months

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

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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 with randomly distributed interspersed punctuate mineralization.

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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.

REFERRING VET

Dr. Luanne Steele

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration the renal cortex of both kidneys presents with small intraparenchymal filling defects.

INVOICE

55479

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

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

DATE

11-30-22

The spleen is within normal limits for size and shape and has a homogeneous attenuating parenchyma. Post contrast administration, the splenic parenchyma presents with multiple, ill-defined hyperattenuating parenchymal nodular lesions.

The left lobe of the pancreas presents significant atrophy of the parenchyma. The corpus and the short duodenal part of the pancreas are evenly contoured, the pancreatic parenchyma is



PATIENT homogeneous and presents uniform contrast enhancement.

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

SPECIES In the subcutaneous tissue at the right cranioventral abdominal, a lipoma is seen, measuring 27 x 6 x 36 mm in size.

Canine The patella of the right stifle joint is located cranial to the medial trochlear femoral ridge.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- BREED**
- Mild heterogeneous contrast enhancement pattern of the spleen
 - Segmental atrophy of the pancreas
 - Multifocal chondroid disc degeneration
 - Right sided equivocal medial patellar luxation
 - Degenerative changes costochondral junction
 - Spondylosis deformans

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

10 Years, 5 Months

The heterogeneous contrast enhancement pattern of the spleen is suggestive for nodular hyperplasia ± extramedullary hematopoiesis of the spleen. FNA sampling of the spleen can be used to rule out malignant infiltration.

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The atrophy of the left lobe of the pancreas might be a sequela to preceding pancreatitis, the clinical relevance is unclear. However, consider testing of pancreatic function and potential pancreatitis.

No additional clinically relevant abnormalities are appreciated.

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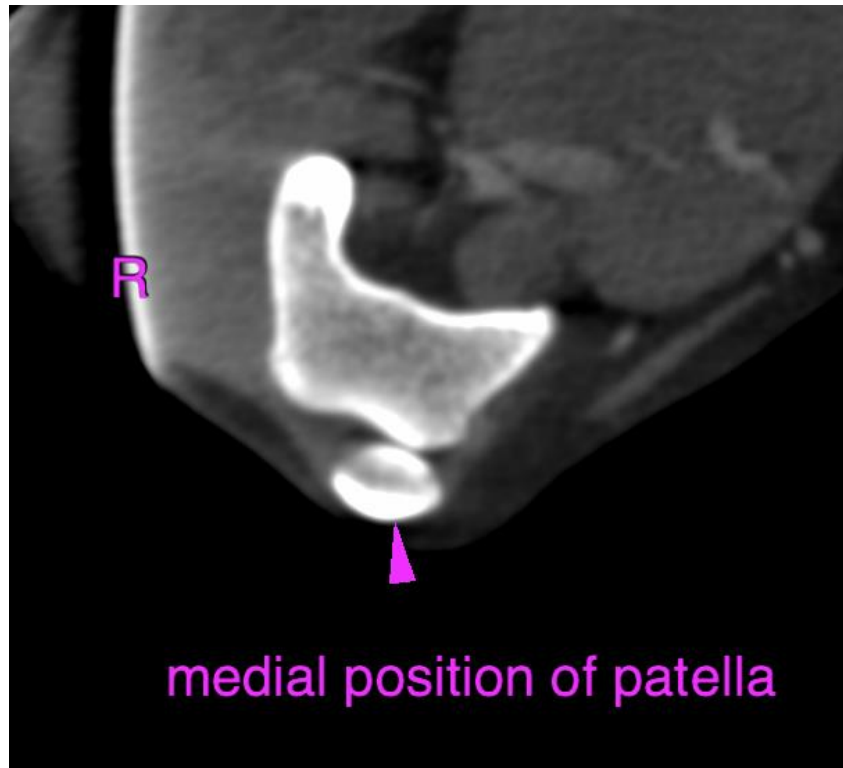
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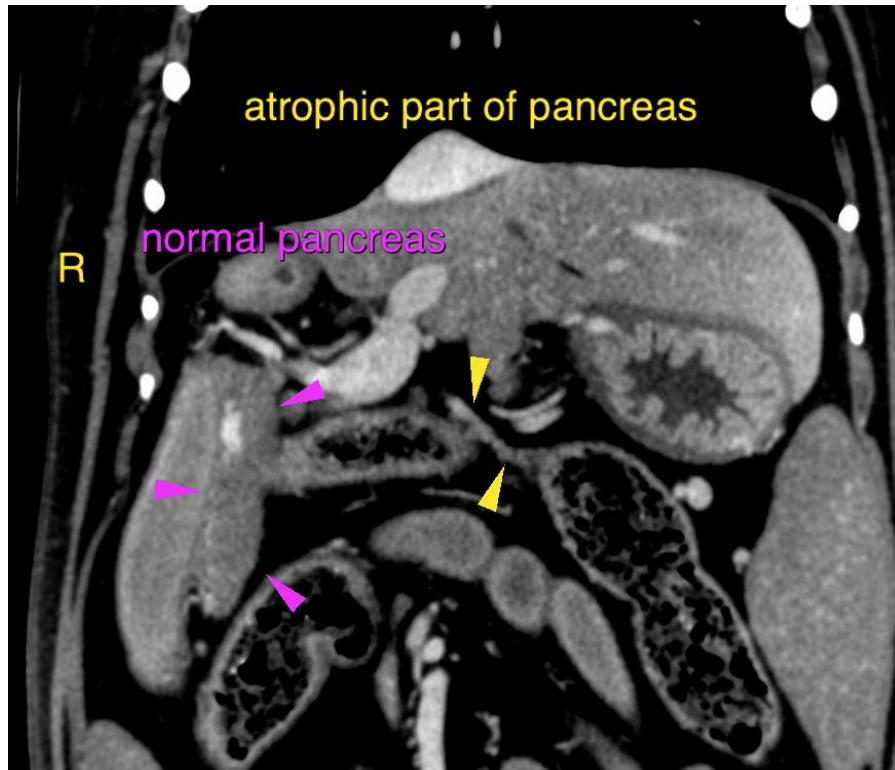
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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