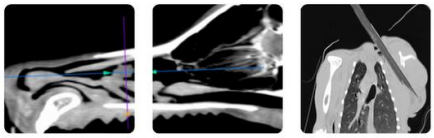


PATIENT

Pojke Strieter

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

13Y

WEIGHT

22.8kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Aubrie

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Seth Bleakley

INVOICE

73018

DATE

12-16-25

PRESENTING CLINICAL SIGNS

Draining tract, left forelimb The sores are non-healing and have been present since November. The first two sores were deep, creating a cavity that could be flushed with a syringe. Subsequent sores have not been as deep. Suspect lumbosacral disease

COMPUTED TOMOGRAPHY OF THE THORAX, THORACIC & LUMBAR SPINE AND LEFT CARPUS

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax & Spine

The vertebral endplates T9/T10 present mild spondylosis formation. Along the lumbar spine, multifocal mild spondylosis formation is seen.

Level with the intervertebral disc spaces L6/L7 and L7/S1, disc material is protruding into the vertebral canal, occupying approximately up to 30% of the cross-sectional area of the vertebral canal at the same level.

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 with randomly distributed interspersed punctuate mineralization and small zones with dystelectasis of the ventral dependent aspects of the lung.

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

Left carpus

The periarticular bones of the left carpal joint present mild osteophyte new bone formation.

The distal phalanx of the first digit of the left front paw presents an expansile, geographic osteolytic lesion with a fluid attenuating center.

In the subcutaneous tissue at the palmar aspect of the metacarpal region – level with the 3rd and 4th metacarpal bone – a fusiform shaped ill-defined swelling with a mild irregular contrast enhancement pattern is seen; presenting a thin connection to the distal phalanx of the 1st digit.

The metacarpophalangeal joints of the 2nd and 5th digit of the left front paw present moderate osteophyte new bone formation along the periarticular bones.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic semi-aggressive expansile osteolytic lesion distal phalanx 1st digit left front paw
- Subcutaneous draining tract palmar aspect left metacarpal region with possible connection to the distal phalanx of the 1st digit

PATIENT

Pojke Strieter

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

13Y

WEIGHT

22.8kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Aubrie

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Seth Bleakley

INVOICE

73018

DATE

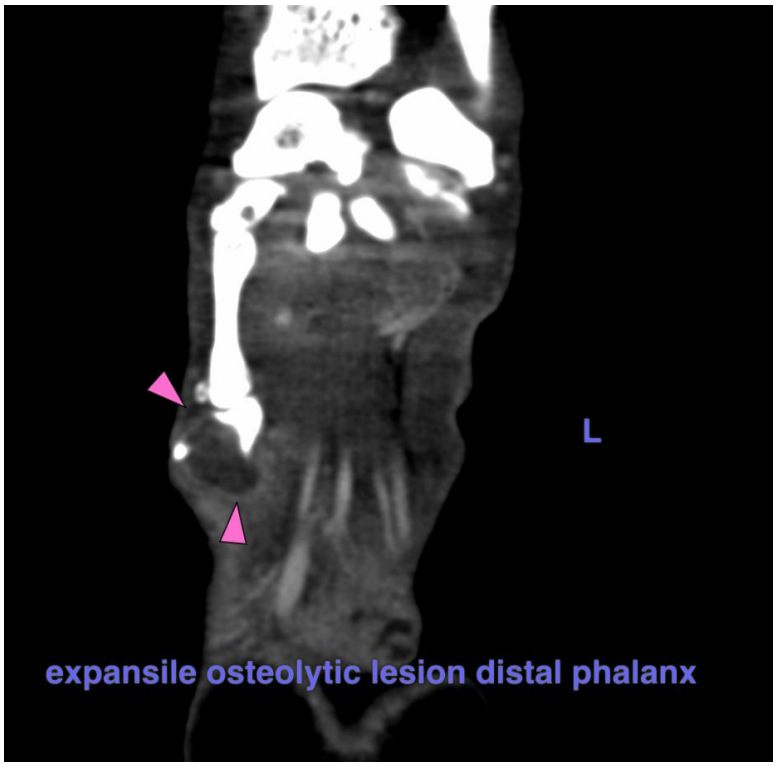
12-16-25

- Intervertebral disc herniation L6/L7 and L7/S1 with possible dynamic compression of the cauda equina fibers
- Osteoarthrosis metacarpophalangeal joint 2nd and 5th digit left front paw
- Mild osteoarthrosis left carpal joint
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

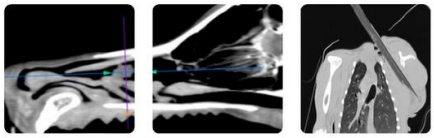
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinically appreciated draining tract at the palmar aspect of the left metacarpal region can be caused by the osteolytic lesion of the distal phalanx of the first digit. Differentials for the osteolytic lesion include benign epidermoid cyst or neoplastic transformation (e.g. squamous cell carcinoma). Amputation of the affected digit is considered beneficial.

The clinical relevance of the disc herniation along the lumbosacral region is unclear but may cause dynamic pain.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Teleradiology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Pojke Strieter

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

13Y

WEIGHT

22.8kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Aubrie

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

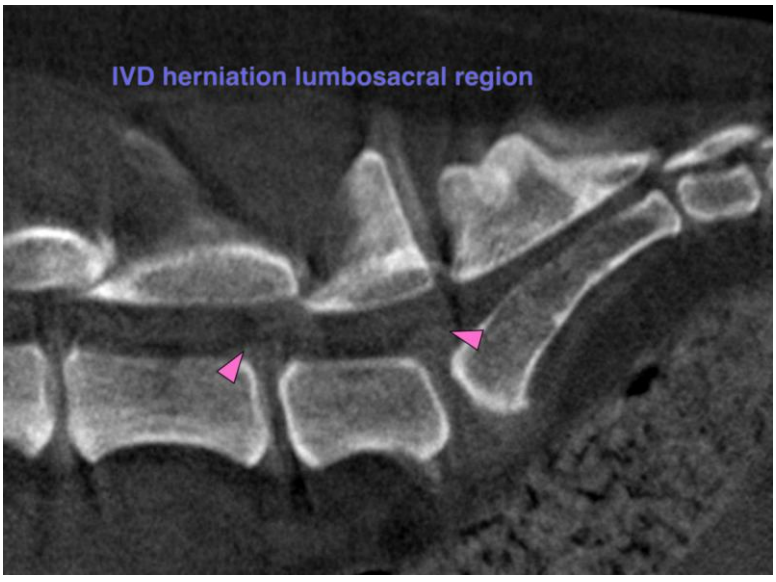
Dr. Seth Bleakley

INVOICE

73018

DATE

12-16-25



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