



PATIENT

Odin
Bates/Brittingham

SPECIES

Canine

BREED

Italian Greyhound

SEX

MN

AGE

13

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Carver

INVOICE

55724

DATE

12-20-22

PRESENTING CLINICAL SIGNS

Odin is a 12y MN Greyhound presenting for possible neurologic concerns. Since Saturday 12/10, P has had episodes after waking up where he is crying out, spinning in circles with his head down and tilted/turned to the left. O says he improves if she holds his head up but his balance/coordination has worsened. Went to rDVM and they performed C-spine rads which showed NSF per O. E/D normally, no V/D noted. No trauma noted. P has had one seizure ~3-4 years ago but nothing since. rDVM did start on Phenobarbital on Saturday. He has been on Gabapentin, Tramadol, and Prednisone but rDVM said to stop the Prednisone and Tramadol.

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

All teeth but triadan 104, 108-110, 204, 208, 304, 309, 404 and 409 are absent. A moderate amount of mineral attenuating material is attached to the crowns of the remaining premolar and molar teeth. Moderate abrasion of the crowns of the canine teeth in all jaw quadrants is appreciated.

The volume of the left ocular bulb is decreased, and the lens is appreciated in the vitreous chamber presenting moderate mineralization.

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.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. In the horizontal segment of the right external ear canal, a cauliflower like, soft tissue attenuating and mild irregular contrast enhancing mass is bulging into the lumen of the external ear canal, measuring approximately 9 x 7 x 4 mm in size.

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.

The subchondral bone of the vertebral endplates C4/C5 to C6/C7 and T4/T5 present with multiple, variable sized, crescent shaped depressions, demarcated by a thin sclerotic rim and opening to the intervertebral disc space.

Thorax

The bony and surrounding soft tissue structures are within normal limits.



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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.

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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.

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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.

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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 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.

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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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A sacral lymph node is prominent.

The intervertebral disc space L4/L5 is collapsed and the subchondral bone of the cranial vertebral endplate of L5 presents a geographic osteolytic lesion and central vacuum phenomenon. The subchondral bone of the caudal vertebral endplate of L4 is irregular. The vertebral endplates L4/L5 present moderate spondylosis formation. Level with the intervertebral disc space L4/L5, mild hyperattenuating disc material is bulging into the vertebral canal, occupying approximately 5% of the cross-sectional area of the vertebral canal at the same level.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Intraluminal soft tissue mass horizontal segment right external ear canal
- Mild lymphadenopathy sacral lymph node
- Dental tartar
- Multiple absent teeth
- Intervertebral disc protrusion L4/L5 with possible mild dynamic compressive myelopathy
- Chronic discopathy C4/C5 to C6/C7, T4/T5 and L4/L5 with osseous remodeling of the vertebral endplates and Schmorl's nodules
- Multiple absent teeth
- Left sided microphthalmos ± luxation of the lens and cataract formation – suspect congenital versus acquired (e.g. blunt ocular trauma, chronic uveitis)



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- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The CT study presents without specific abnormalities, explaining the described clinical signs. Multiple vertebra present evidence of chronic degenerative changes of the intervertebral discs but without signs of accompanying compressive myelopathy. If there is strong suspicion for underlying compressive myelopathy, consider a myelographic CT study or MRI study of the spine to rule out isoattenuating disc material in the vertebral canal or other intradural lesions.

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There is a plaque like soft tissue mass originating from the epithelial lining of the horizontal segment of the right external ear canal, recommend biopsy to differential between benign polypoid lesion or neoplastic disease of the right external ear canal (e.g. ceruminous gland adenocarcinoma).

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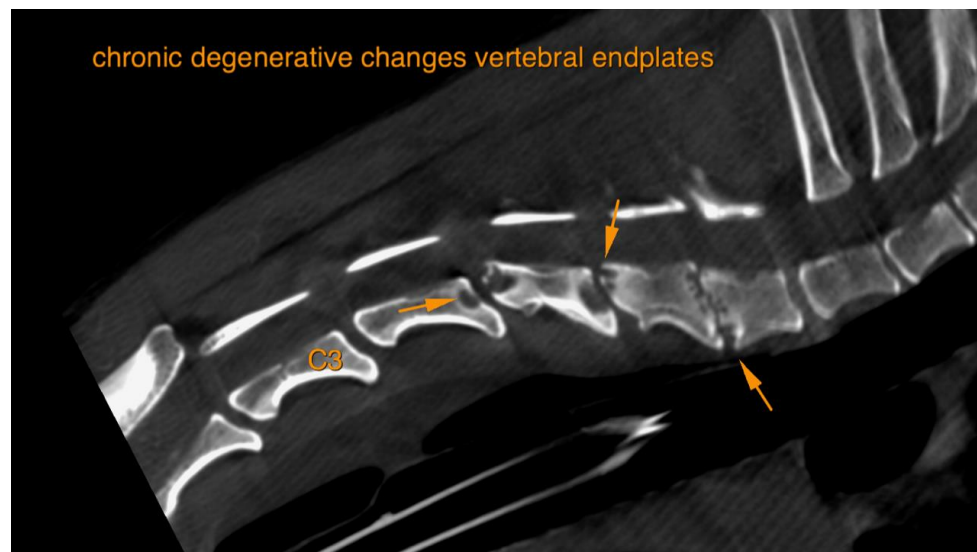
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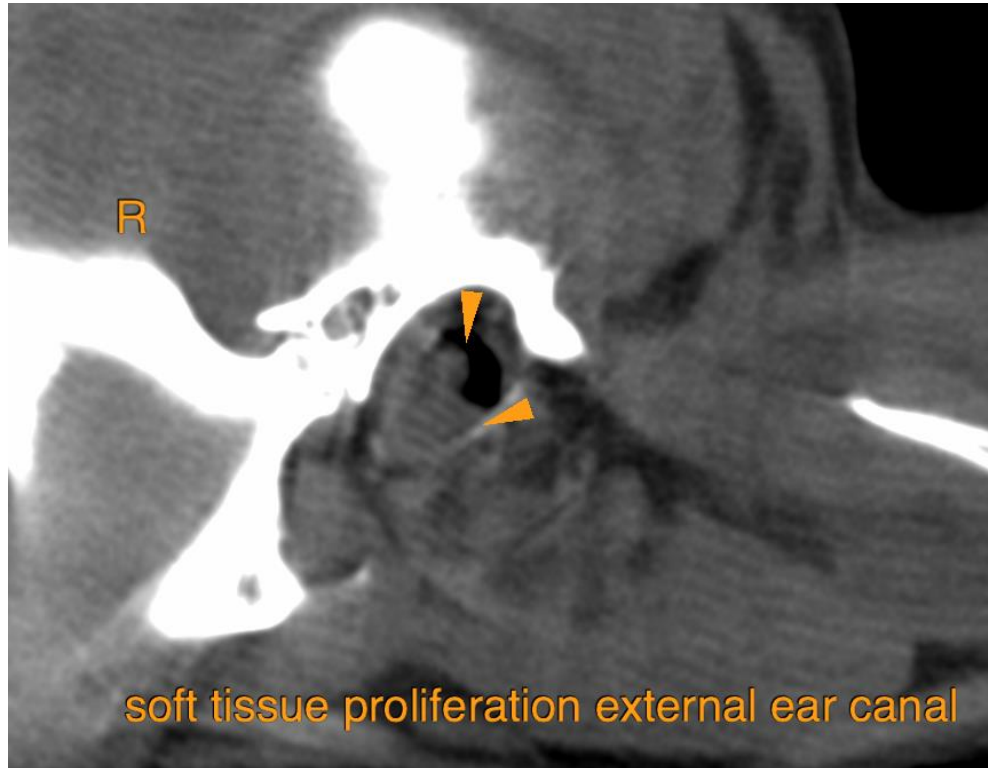
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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