



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Max Mantilla
 Patient presented 12/21/22 PM unable to stand or walk and a head tilt favoring the right side. Ataxic gait- essentially non ambulatory, no pain on palpation of limbs, no pain on extension and flexion of joints. No evidence of ear infection. Hypersensitive to touch and motion, blephospasm + scleral injection OD.
SPECIES Canine
 Abnormal PE/Chem/CBC/UA Results: N/A

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

A plain CT study of the skull, thorax, and abdomen provided for review.

BREED COMPUTED TOMOGRAPHIC FINDINGS

Husky

Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

SEX

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Male Neutered

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

AGE

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Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation. The ventricular system is non-dilated and symmetric.

HOSPITAL NAME

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.

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Thorax

Level with the intervertebral disc space T13/L1, mineral attenuating material is protruding into the left ventral aspect of the vertebral canal, occupying approximately 10% of the cross-sectional area of the vertebral canal at the same level. Multifocal mild peripheral mineralization of the dural tube is appreciated.

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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 pattern is uniform.

INVOICE

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.

DATE

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The lung parenchyma presents the expected architecture and attenuation behavior, but a roundish gas attenuating lesion, demarcated by a thin soft tissue capsule in the medioventral aspect of the left caudal lung lobe, measuring 6 mm in diameter.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of



PATIENT abnormal dilation.

Max Mantilla Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

SPECIES

Canine

Both kidneys present within normal limits for size, shape and organ architecture.

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

BREED

Husky

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous.

SEX

Male Neutered

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

The vertebral endplates L6/L7 present mild spondylosis formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Intervertebral disc protrusion T13/L1 without compressive myelopathy
- Multifocal incidental dural mineralization
- Small bulla left caudal lung lobe
- Spondylosis deformans
- No evidence of otitis media or interna
- Normal appearing brain

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study presents without macromorphological abnormalities, explaining the described clinical signs. Be aware, that lesions can be missed in plain CT only.

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Given the acute onset of clinical signs, a transient ischemic cerebral insult or intoxication (e.g. Metronidazole, compost) are considerations. If clinical signs are refractory to empirical therapy, recommend complementing workup by a post contrast CT study of the skull ± spine or MRI study.

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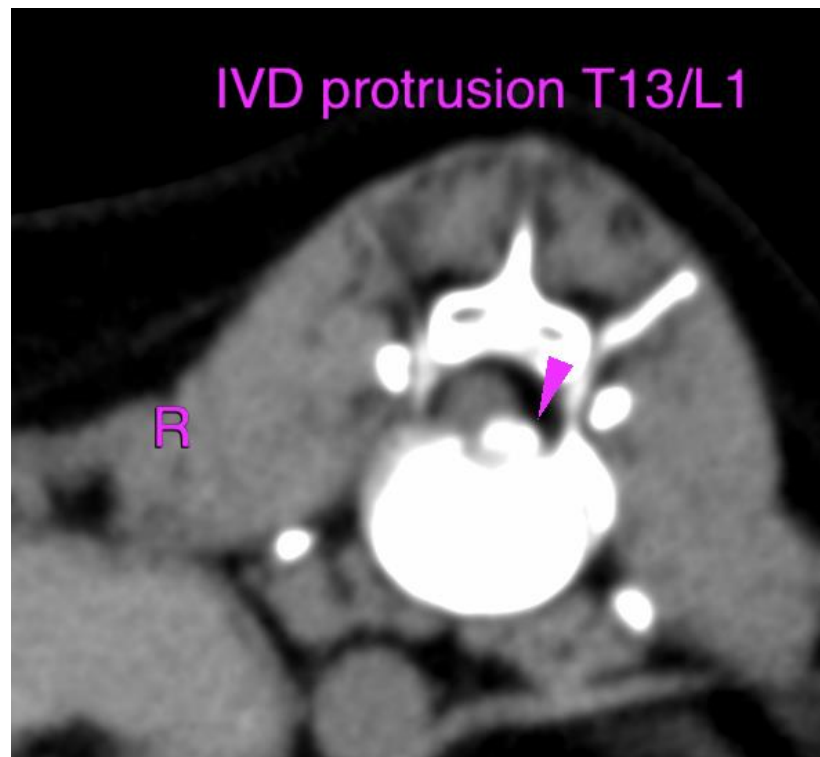
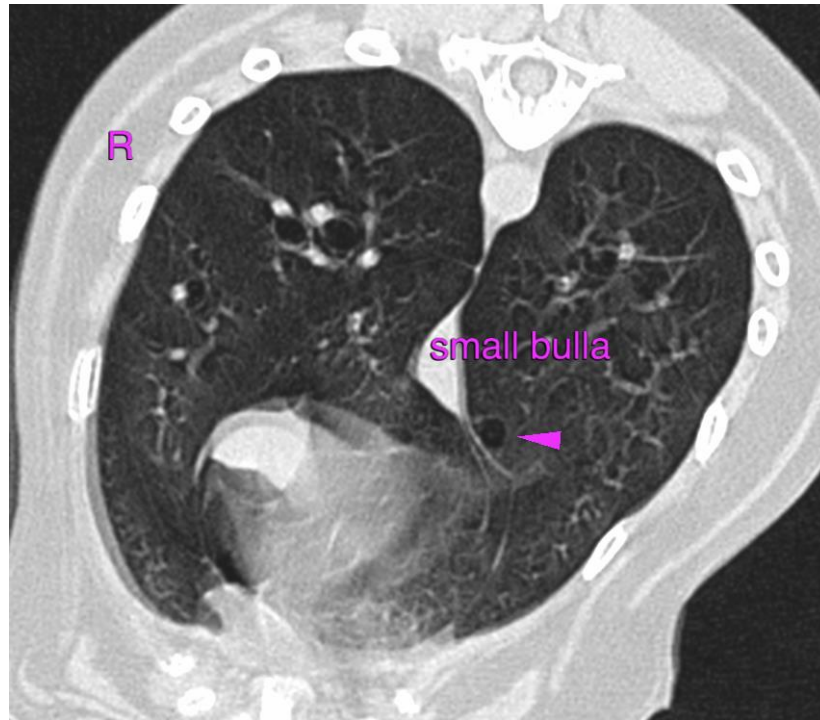
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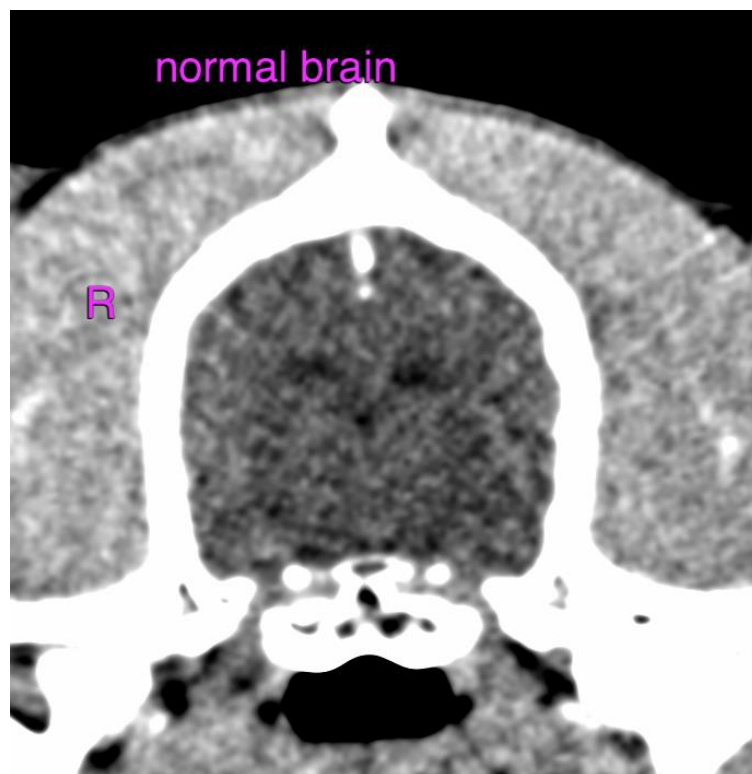
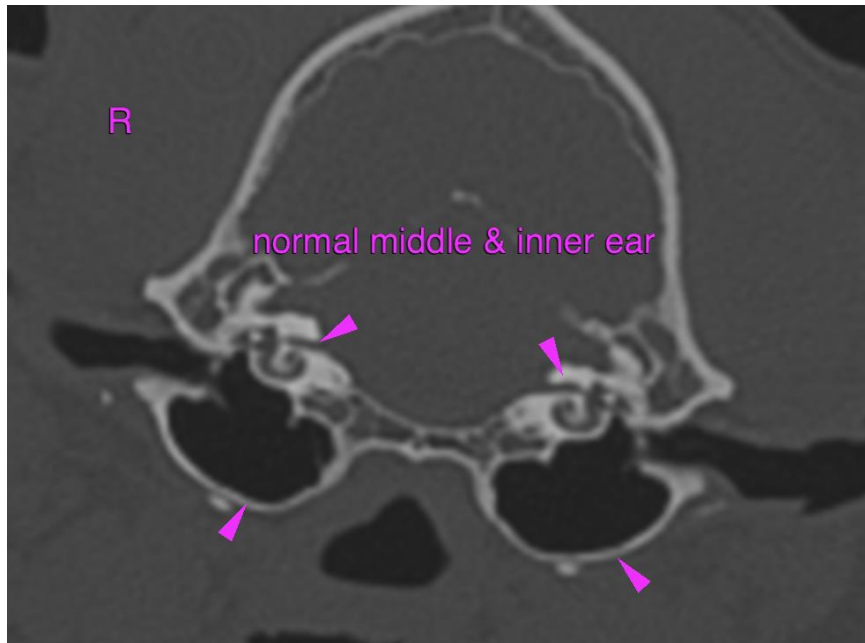
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

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