



**PATIENT PRESENTING CLINICAL SIGNS**

Penny Rich Patient has never had seizure activity before but at 4am, patient was lateral, paddling, with eyes rolled back. Bloodwork did show some changes with the liver -  
 Abnormal PE/Chem/CBC/UA Results: CBC: Mild thrombocytopenia COMP: ALT 200, ALP 482, GGT 19, total bilirubin 1.8 EPOC: NSF PCV/TS: 40%/7.8g/dL

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN**

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

**BREED**

Labrador Retriever

**COMPUTED TOMOGRAPHIC FINDINGS**

Skull

Triadan 108&208 are absent.

**SEX**

SF

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.

**AGE**

9

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 and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

**HOSPITAL NAME**

Animal Emergency  
 Hospital Deland

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.

Thorax

In the left axillar region, a well-defined, lipoma is seen associated with the left pectoral muscle.

**REFERRING VET**

Dr. Kuzimski

The vertebral endplates T10/T11 and T11/T12 present moderate spondylosis formation.

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.

**INVOICE**

55835

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.

**DATE**

12-26-22

The lung parenchyma presents the expected architecture and attenuation behavior, but mild dystelectasis of the most ventral dependent aspects of the lung parenchyma and multifocal randomly distributed punctuate mineralization of the lung parenchyma.

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



**PATIENT** abnormal dilation.

Penny Rich 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. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

**BREED**

Labrador Retriever

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas appears unremarkable – there are motion artefacts, limiting diagnostic value.

**SEX**

SF

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

The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 40% of the cross-sectional area of the vertebral canal at the same level. The vertebral endplates of the lumbosacral junction present moderate spondylosis formation.

**AGE**

9

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

- Degenerative lumbosacral stenosis with possible dynamic compression of the cauda equina fibers
- Lipoma left axillary region
- Absent triadan 108&208
- Pulmonary osteomas
- Spondylosis deformans
- Dystelectasis ventral dependent aspects of the lung, due to general anesthesia
- Structural normal brain

**HOSPITAL NAME**

Animal Emergency  
Hospital Deland

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

In the present study of the brain, there is no evidence of macromorphological disease, which supporting the presumptive diagnosis of idiopathic/cryptogenic epilepsy.

**REFERRING VET**

Dr. Kuzimski

If not yet done so the workup should be complemented by examination of CSF to screen for brain disease that is not necessarily associated with structural changes of the brain parenchyma. In case of the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.

**INVOICE**

55835

No additional clinically relevant abnormalities are appreciated.

**DATE**

12-26-22



**PATIENT**

Penny Rich

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

SF

**AGE**

9

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Emergency  
Hospital Deland

**REFERRING VET**

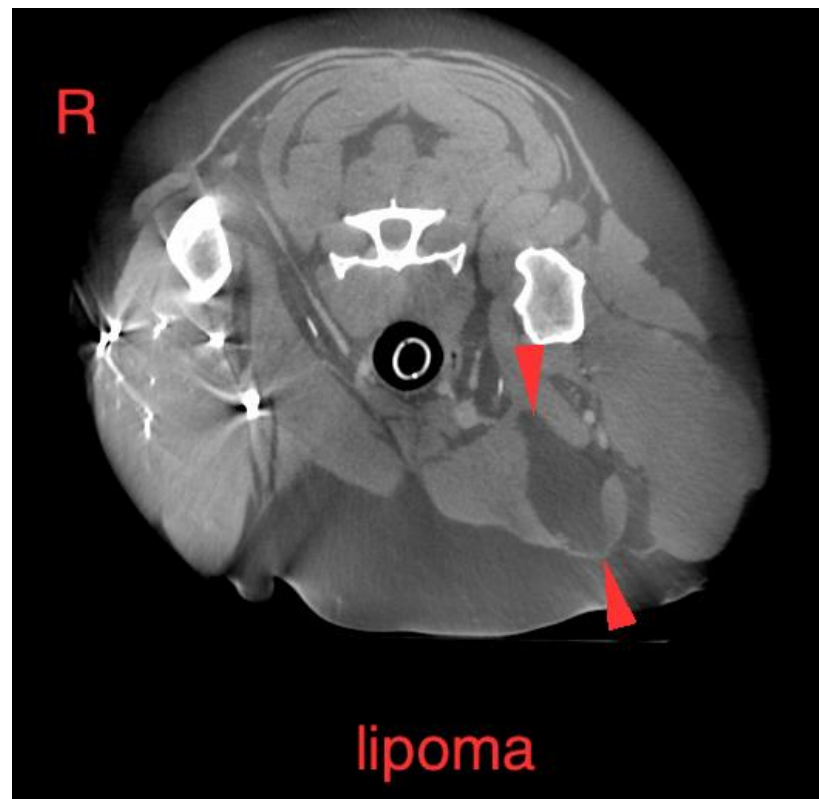
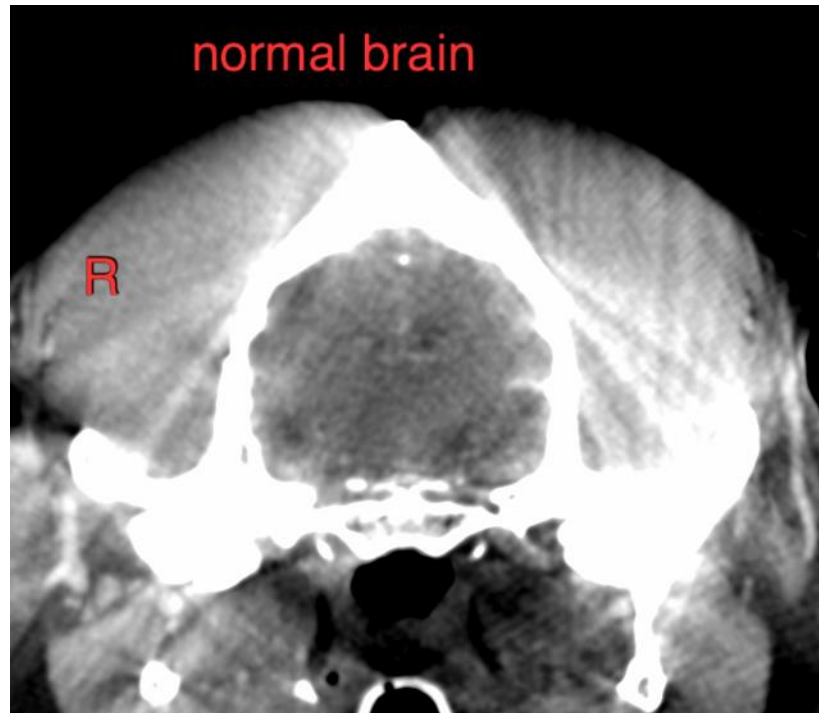
Dr. Kuzimski

**INVOICE**

55835

**DATE**

12-26-22





**PATIENT**

Penny Rich

**SPECIES**

Canine

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.

**BREED**

Labrador Retriever

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  
sebast.schaub@gmail.com

**SEX**

SF

**AGE**

9

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Emergency  
Hospital Deland

**REFERRING VET**

Dr. Kuzimski

**INVOICE**

55835

**DATE**

12-26-22