



PATIENT PRESENTING CLINICAL SIGNS

Coral Perez
 P presented on 12/22/22 for hind leg lameness. P was started on Rimadyl and Glucosamine. On 12/28/22 P came back and O inform P got worse. p is now presenting neurological signs. Circling to the left. P is eating and active, not ear infection noted. Blood work was perform and everything was WNL. P was started on Prednisone 5mg 1/2 tab BID and tapering down. A referral was given to O since she wanted a second opinion from specialist.

SPECIES

Canine
 Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- unremarkable

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

BREED

Maltese

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX

SF

Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants. A retained root of triadan 507 is noted.

AGE

3 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

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.

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.

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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.

REFERRING VET

Dr. M. Baez, DVM

The osseous and soft tissue structures of the neck – including the cervical spine – present without abnormalities.

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.

DATE

12-29-22

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.



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

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Abdomen

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

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.

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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.

SEX

SF

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

AGE

3 Years

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

Level with the intervertebral disc space L4/L5, mild hyperattenuating 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

- Mild intervertebral disc protrusion L4/L5 without compressive myelopathy
- Retained crown of deciduous tooth 507
- Normal cervical & thoracic spine
- Normal thorax
- Normal abdomen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. M. Baez, DVM

The current CT study presents without macromorphological abnormalities, explaining the presenting clinical signs. If not yet done so the workup should be complemented by examination of CSF. In case of the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.

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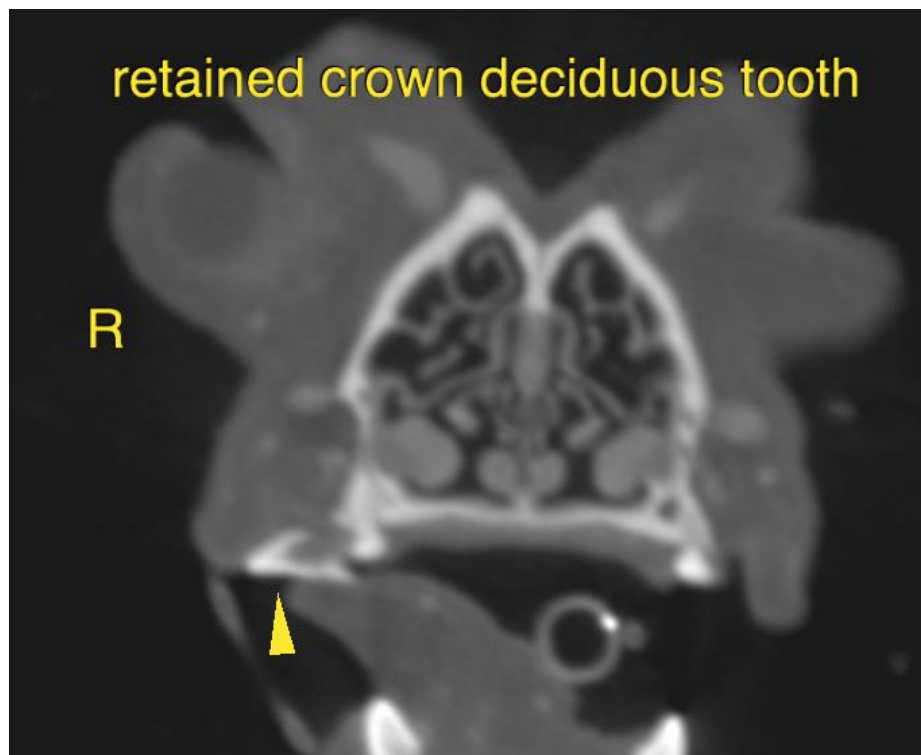
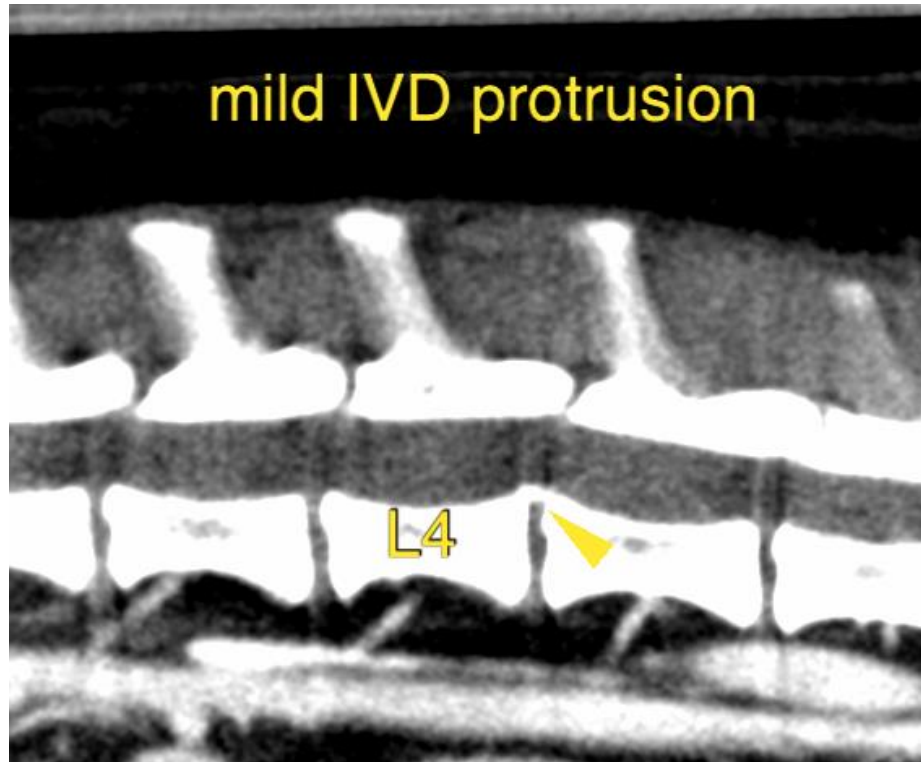
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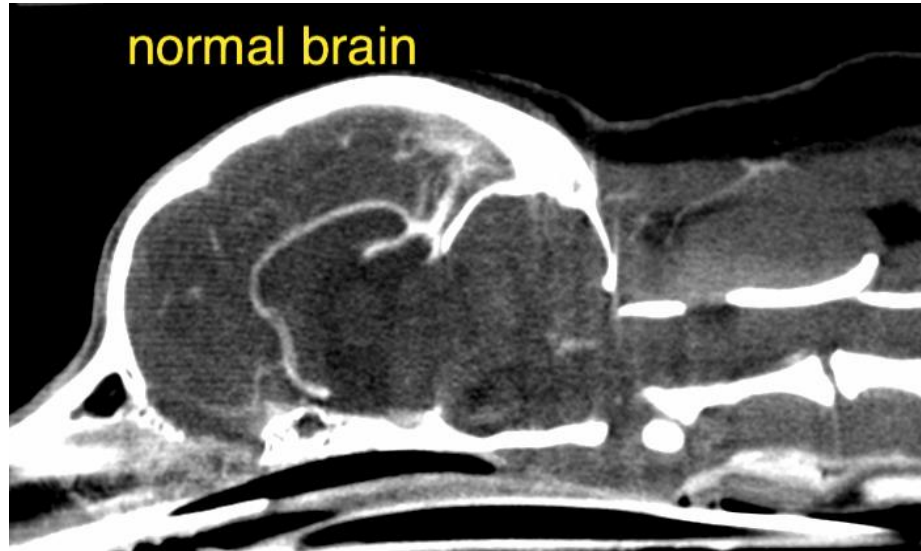
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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