



PATIENT

Caic Corteguera

PRESENTING CLINICAL SIGNS

10/25/2021 Current clinical signs summary (Barking abnormally, and defecating in the house.) Recent Internal medicine consult and abdominal ultrasound: The ultrasound revealed nodules in the spleen which are a new finding and is concerning for infiltrative disease. The renal changes are probably chronic and are consistent with the abnormal creatinine. Emphysematous cystitis was present in the urinary bladder. The mild thickening of the intestines may be a normal variation for Caic or secondary to chronic early enteropathy.

SPECIES

Canine

BREED

German Shepherd

Abnormal PE/Chem/CBC/UA Results: Geriatric gait, needs assistance from time to time (hindlimbs). Suspect degenerative disease. FNA of the spleen pending. Slight azotemia, ALT 224 Urinalysis: heavy growth of E. Coli Radiographs: CONCLUSIONS: Static bilateral coxofemoral degenerative joint disease secondary to hip dysplasia. Multifocal spinal degenerative changes. The mineralization dorsal to the intervertebral disc spaces may indicate artifact from lateralized spondylosis deformans although intervertebral disc disease cannot be excluded. The size of the spleen is likely a normal variant with congestion or infiltrative disease considered less likely.

SEX

Female Spayed

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.

AGE

12 Years

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The tooth elements 105, 205, 206, 302, 305, 306, 311, 401, 405, 406, 410 and 411 are absent. The remaining teeth present ankylosis of the tooth roots.

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. 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.

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 osseous and soft tissue structures of the neck are within normal limits.

Thorax

Multifocal moderate spondylosis formation is seen along the thoracic spine. The intervertebral discs T8/T9 and T9/T10 present moderate protrusion of the respective intervertebral discs.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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A small lipoma is seen in the left axillary region.

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.

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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.

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The lung parenchyma presents the expected architecture and attenuation behavior with interspersed punctuate mineralization.

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

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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. The urinary bladder is moderately distended by fluid attenuating material and presents smooth mucosal lining, unremarkable.

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

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The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The spleen is moderately enlarged with smooth and mild rounded margins. The splenic parenchyma presents multiple peripheral regions with a mild heterogeneous fat-attenuation pattern and post contrast hyperattenuating mild ill-defined nodules.

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

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

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The intervertebral disc T13/L1 is moderately to markedly protruding into the vertebral canal, occupying approximately 75% of the cross-sectional area of the vertebral canal at the same level; the dural tube at the same level is displaced dorsally and to the right and distorted. The intervertebral discs T12/T13, L1/L2, L2/L3, L4/L5, L5/L6 - L7/S1 are mild to moderately protruding into the vertebral canal. Moderate spondylosis formation is seen along the thoracic & lumbar spine is seen. Both coxofemoral joints present moderate to marked osteophyte new bone formation. The acetabular groove bilaterally is shallow, and the center of the femoral heads is lateral to the dorsal acetabular rim.



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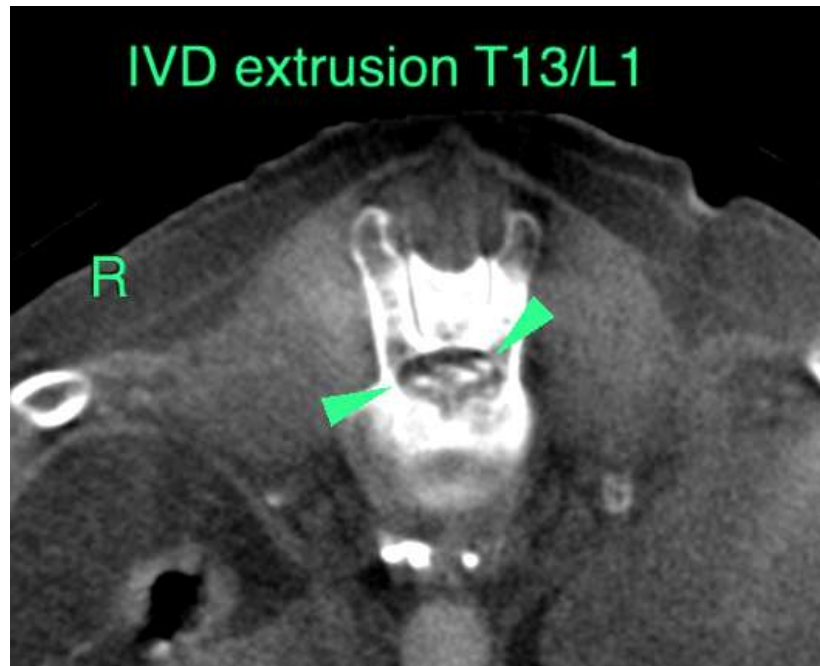
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Splenomegaly with myelolipomas
- Chronic intervertebral disc protrusion T8/T9, T9/T10, T13/L1 & L6/L7 with compressive myelopathy
- Intervertebral disc protrusion T12/T13, L1/L2, L2/L3, L4/L5 and L7/S1 with compressive myelopathy
- Degenerative osteoarthritis coxofemoral joint bilaterally
- Multiple absent teeth and generalized periodontal disease of the remaining teeth with ankylosis of the tooth roots
- Lipoma left axillary region
- Pulmonary osteomas
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intervertebral disc protrusion & advanced degenerative joint disease of the coxofemoral joints explain the problems in getting up.

The splenomegaly is likely a normal anatomical variant. The splenic post contrast hyperattenuating nodules are suggestive for nodular hyperplasia/extramedullary hematopoiesis and I consider the odds for neoplastic invasion low.





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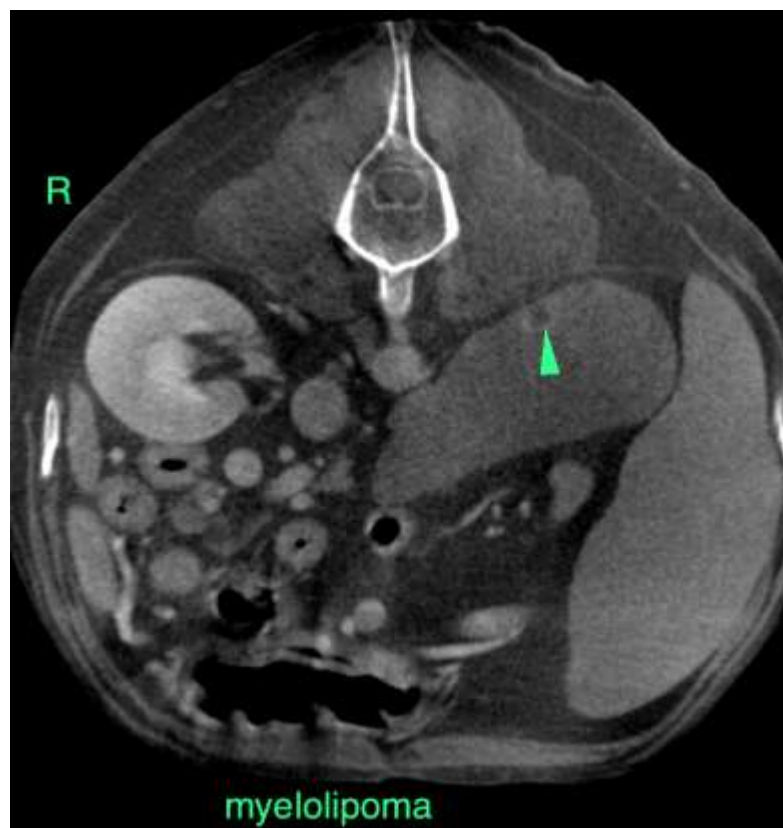
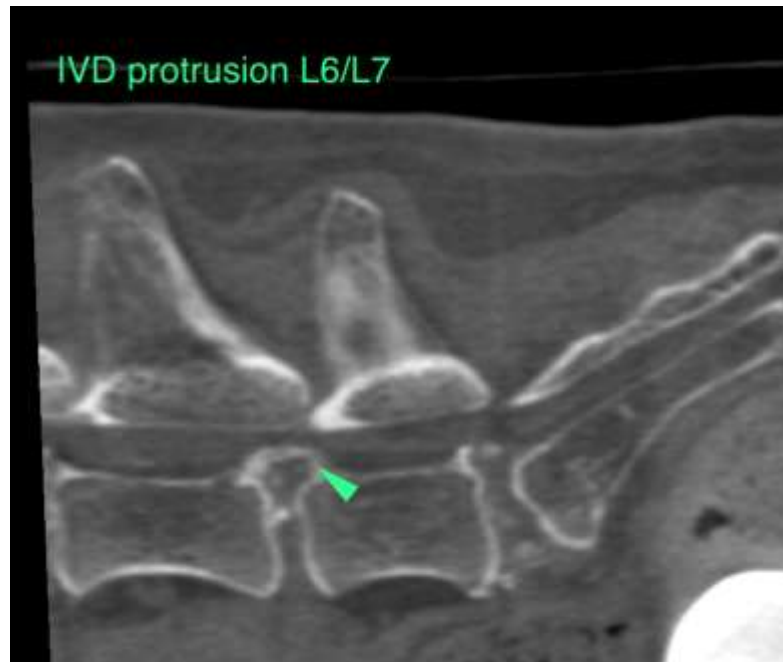
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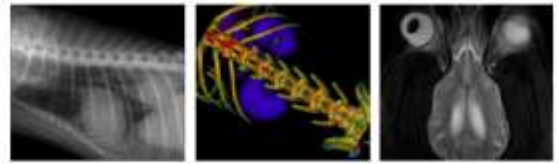
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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