



**PATIENT**

Straz Cabrera

**PRESENTING CLINICAL SIGNS**

Ataxia and hindlimb weakness - progressive over the last year and has periods where he improves. Suspect degenerative myelopathy on top of the severe spondylosis. Abnormal PE/Chem/CBC/UA Results: Transported on a stretcher.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE 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.

**BREED**

German Shepherd

**COMPUTED TOMOGRAPHIC FINDINGS**

Neck & Thorax

**SEX**

Male Neutered

Moderate mineralization of the intervertebral disc C2/C3 is present. Multifocal moderate spondylosis formation is seen along the cervical spine.

**AGE**

12 Years

Multifocal moderate spondylosis formation is seen along the thoracic spine. The subchondral bone of the vertebral endplates C5/C6, T2/T3 to T7/T8 and T10/T11 present moth eaten osteolytic lesions. The intervertebral disc spaces T3/T4, T5/T6 and T7/T8 are collapsed. All intervertebral discs of the thoracic spine are mildly protruding into the vertebral canal, distorting the ventral epidural space. Both shoulder joints present moderate osteophyte new bone formation.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

A mild amount of gravity dependent fluid attenuating material is seen in the dorsal aspect of the pleural cavity as well as a moderate amount of free pleural gas ventrally. The lung lobes are retracted from the thoracic wall. The ventral aspects of the lung present regions of atelectasis. Along the cranial lung lobes, zones with moderate pleural thickening are noted.

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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.

**REFERRING VET**

Meaux

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

Abdomen

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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. A separate left & right caudal vena cava, of the pre-renal segment is visible. Multiple metal attenuating surgical clips are seen in the caudal peritoneal cavity.

**DATE**

2-10-22

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.

Nodular enlargement of the right adrenal gland is appreciated, measuring up to 11 mm in diameter and presenting an irregular contrast enhancement pattern.



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

The splenic volume is moderately increased, and the margins are rounded. The splenic parenchyma is uniform soft tissue attenuating and contrast enhancing.

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Canine

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.

The intervertebral discs L3/L4 to L7/S1 are moderately protruding into the vertebral canal, occupying approximately up to 50% of the cross-sectional area of the vertebral canal at the same level; the dural tube is displaced dorsally and distorted respectively. Generalized advanced spondylosis formation is seen along the lumbar spine.

**SEX**

Male Neutered

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Pneumohydrothorax
- Zones of pleural thickening along cranial long lobes
- Generalized mild to moderate intervertebral disc protrusions along the thoracic & lumbar spine with potential compressive myelopathy along the lumbar spine
- Multifocal chronic discopathy along the cervical, thoracic & lumbar spine with chronic osseous remodeling of the subchondral bone of the associated vertebral endplates
- Nodular enlargement right adrenal gland
- Splenomegaly – suspect normal anatomical variant and pooling of blood secondary to general anesthesia
- Chondroid disc degeneration C2/C3
- Degenerative osteoarthritis shoulder joints bilaterally
- Double caudal vena cava, pre-renal segment
- Spondylosis deformans

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The entire spine presents with advanced degenerative osseous changes and nearly all intervertebral discs of the thoracic & lumbar spine are protruding into the vertebral canal – most accentuated along the lumbar spine. The appreciated changes may all contribute to the described clinical signs and can be deteriorated by accompanying degenerative myelopathy.

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An underlying cause for the pneumothorax and mild pleural effusion is not appreciated. Differentials include blunt thoracic trauma, perforated pulmonary cyst, bulla or less likely abscess, parasitic infection (e.g. Oslerus, Dirofilaria). Tw separate entities with preceding mild pleural effusion and acute spontaneous pneumothorax (e.g. due to positive pressure ventilation) are possible as well.

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The pleural thickening can be a sequela to inflammation – e.g. subclinical chronic pleural effusion – or less likely neoplastic transformation (e.g. mesothelioma). Recommend tapping the pleural effusion for further workup.



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Differentials for the right adrenal nodule include (non)functional macronodular hyperplasia or neoplastic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma).

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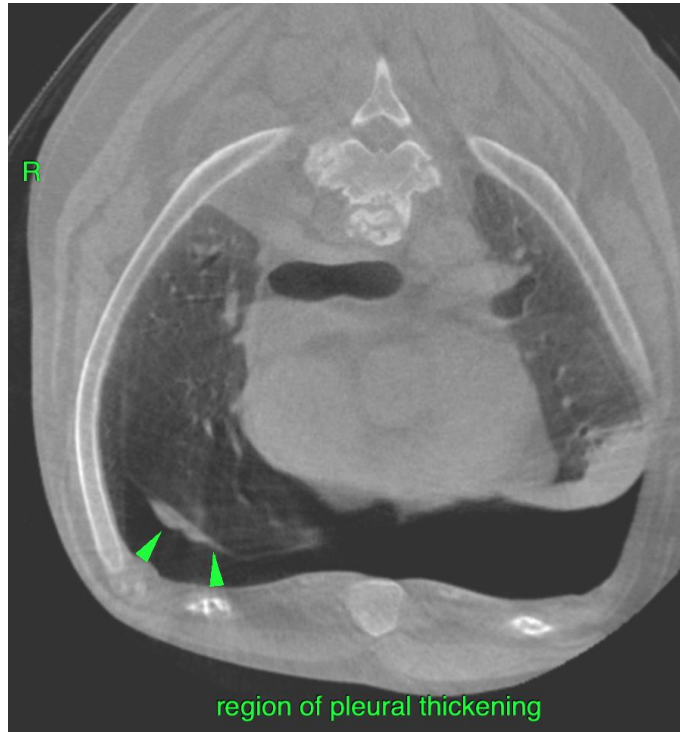
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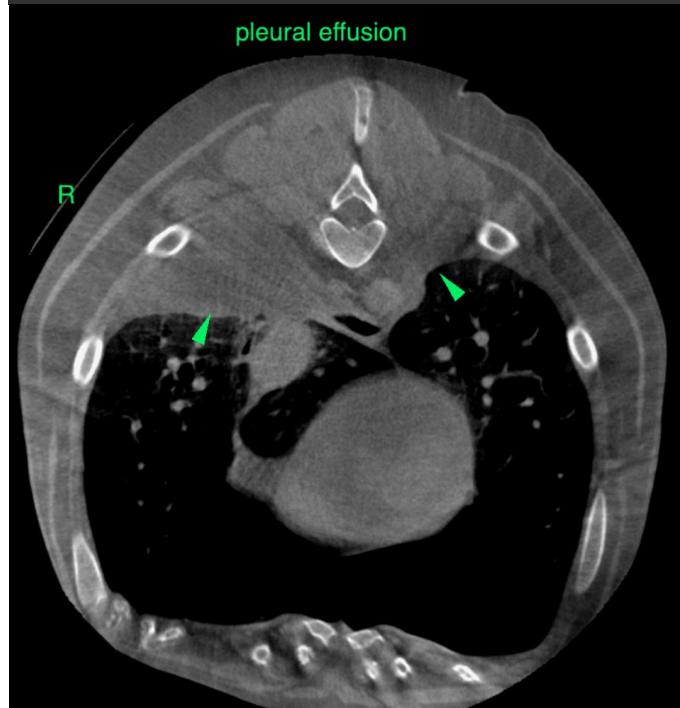
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region of pleural thickening



pleural effusion



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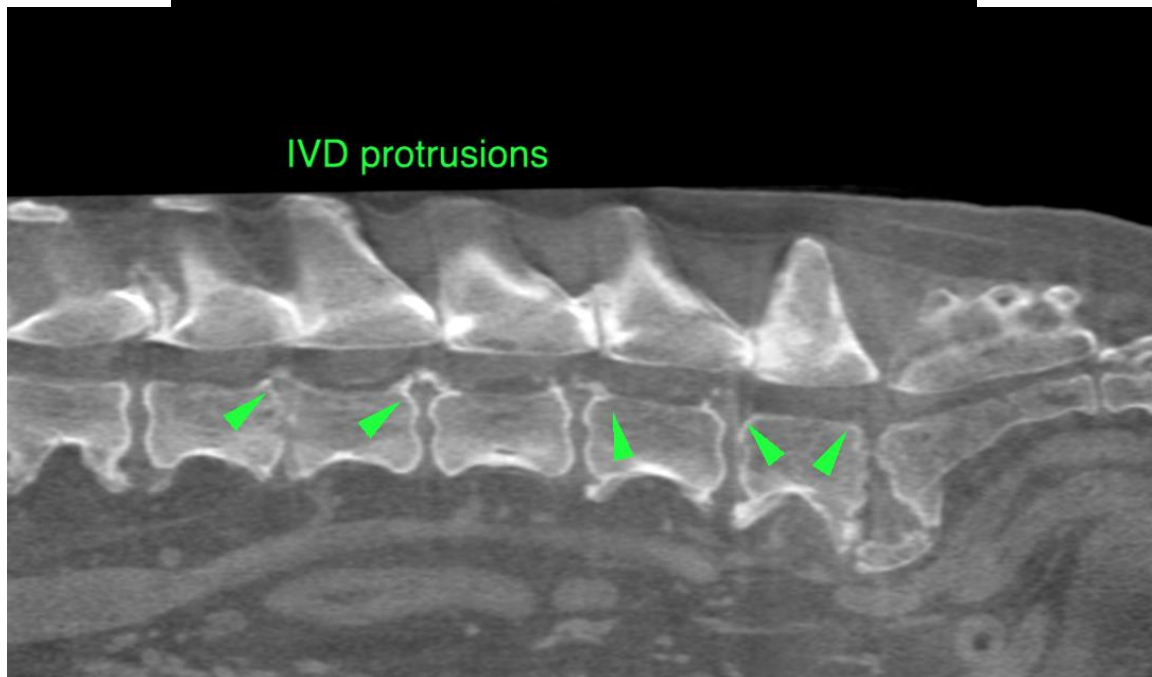
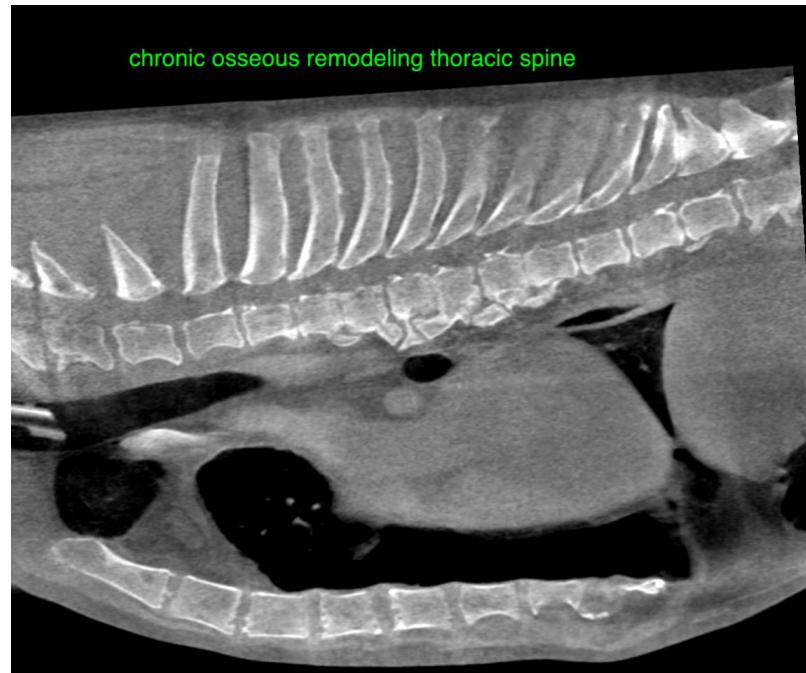
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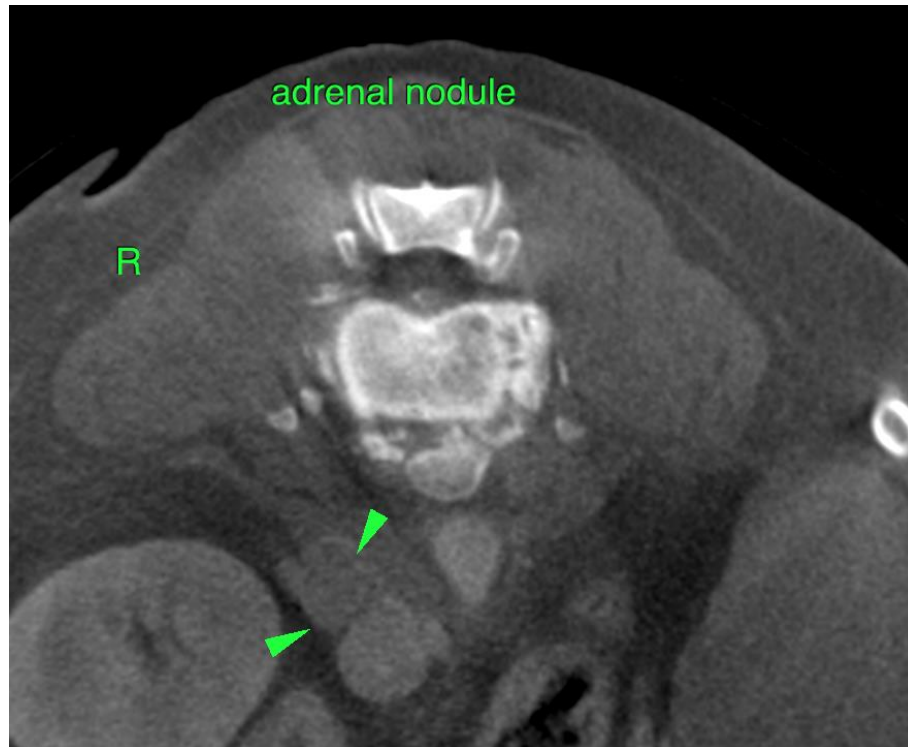
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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