



PATIENT

Nahla Barber

PRESENTING CLINICAL SIGNS

Seizures, Head Gazing, Weakness, hind limbs CP deficits. Ddx Brain Tumor, Inflammatory, Infectious, Neoplasia
 Abnormal PE/Chem/CBC/UA Results: Ambulatory x 4 prior to CT, no CP deficits appreciated prior to CT.

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL, THORACIC & LUMBAR SPINE

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

Pitbull

COMPUTED TOMOGRAPHIC FINDINGS

Skull

SEX

Female Spayed

Triadan 308 is absent.

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

AGE

11 Years

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. Both external ear canals present moderate to marked shell-like mineralization of the wall and the wall of the external ear canals is moderately thickened.

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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.

Thoracic & lumbar spine

REFERRING VET

Meaux

Generalized mineralization peripheral mineralization of the dural tube is seen.

The osseous and surrounding soft tissue structures of the thoracic spine are within normal limits.

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The vertebral endplates L2/L3, L3/L4 and L7/S1 present moderate spondylosis formation. Level with the lumbosacral junction, advanced spondylosis formation is seen in the region of the neuroforamina bilaterally.

DATE

2-18-22

The intervertebral discs L6/L7 and L7/S1 are mildly protruding into the vertebral canal, distorting the ventral epidural space at the same level.

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

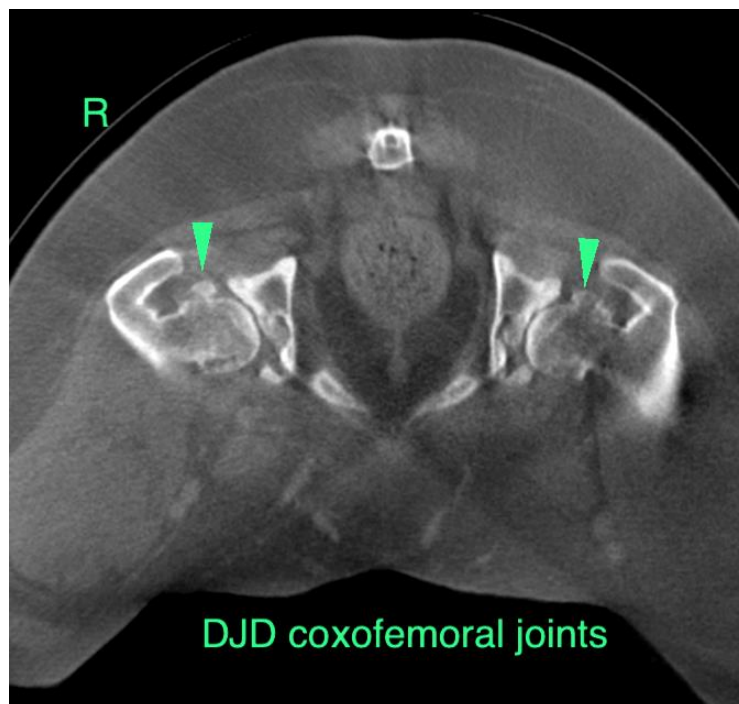
- Lateral spondylosis formation/exostosis region of the neuroforamina L7/S1
- Mild intervertebral disc protrusion L6/L7 and L7/S1 without compressive myelopathy
- Bilateral chronic otitis externa with dystrophic mineralization of the external ear canals
- Degenerative osteoarthritis coxofemoral joints bilaterally due to marked hip dysplasia
- Spondylosis deformans
- Absent triadan 308
- Incidental dural mineralization
- Normal brain

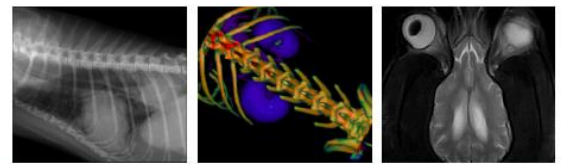
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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

No abnormalities of the spine are appreciated, explaining potential hind limb paresis. The degenerative changes of the lumbosacral junction – accentuated in the region of the neuroforamina – can cause impingement of the spinal nerves L7, being a source for pain. Hind limb weakness might be exacerbated by the degenerative joint disease of the coxofemoral joints.





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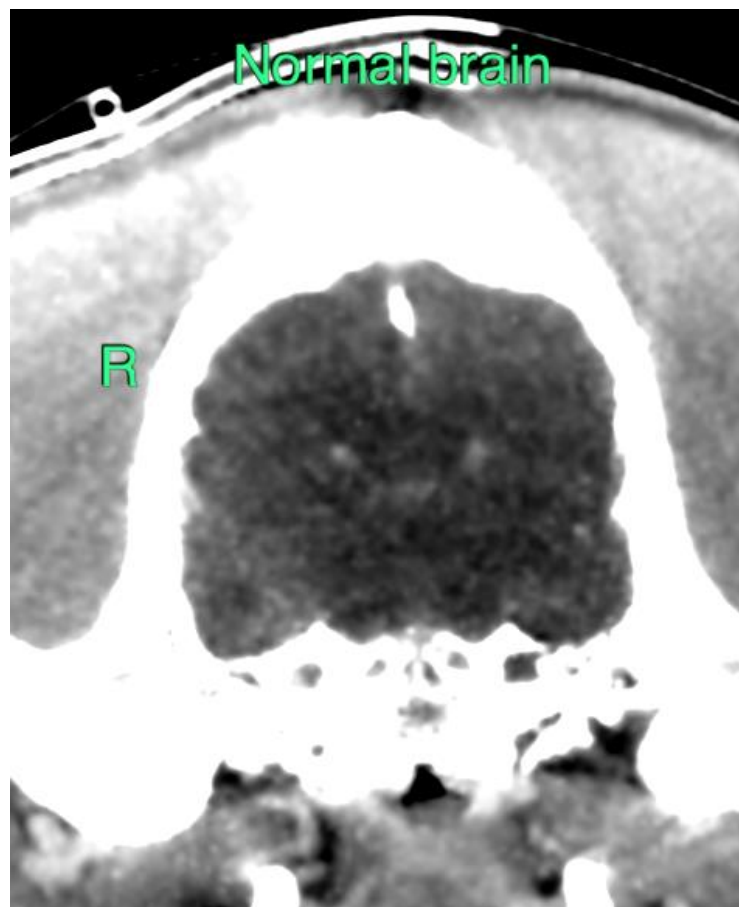
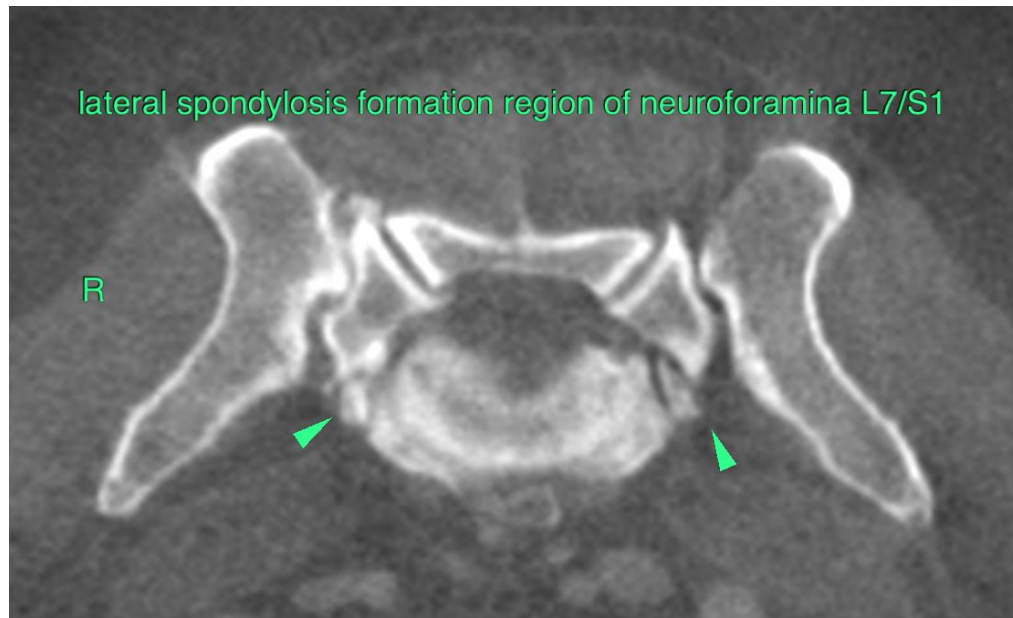
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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