

**PATIENT**

ZWEI WALLACE

PRESENTING CLINICAL SIGNS

LT FRONT LIMB LAMENESS

SPECIES

Canine

BREED

Corgi

SEX

FS

AGE

8 Years

INTERPRETED BYSebastian Schaub, DVM
Dr. med. vet. DipECVDI**HOSPITAL NAME**Animal Surgical
Center**REFERRING VET**Shirley Animal
Hospital**INVOICE**

50438

DATE

2-18-22

COMPUTED TOMOGRAPHY OF THE FRONT LIMBS

A high resolution post-contrast CT study of the front limbs is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The left spinal nerve T1, starting in the respective neuroforamina, are moderately thickened, measuring up to 6 mm in diameter. The thickened spinal nerve can be followed into the axillary region, presenting segmental bulbous widening, measuring up to 17 mm in diameter and tapering again in its course distally –can be followed up to the level at the caudal aspect of the medial humeral epicondyle indicating the ulnar nerve. The enlarged nerve presents a peripherally accentuated contrast enhancement pattern.

The volume of the left brachial musculature is moderately decreased.

The periarticular bones of the left elbow joint present mild osteophyte new bone formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Neuropathy left spinal nerve T1 & left ulnar nerve
- Neurogenic muscle atrophy left front limb
- Mild degenerative osteoarthritis left elbow joint

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with malignant peripheral nerve sheath tumor of the left spinal nerve T1 – continuous with the ulnar nerve. The thickened nerve is extending up into the left neuroforamen T1/T2 but cannot be appreciated within the spinal canal. Surgical resection by the means of amputation of the left front limb and resection of the respective nerve root might be considered as potential treatment option –progressive growth into the spinal canal may cause spinal cord compression ± adjuvant radiation therapy is a potential treatment option as well.



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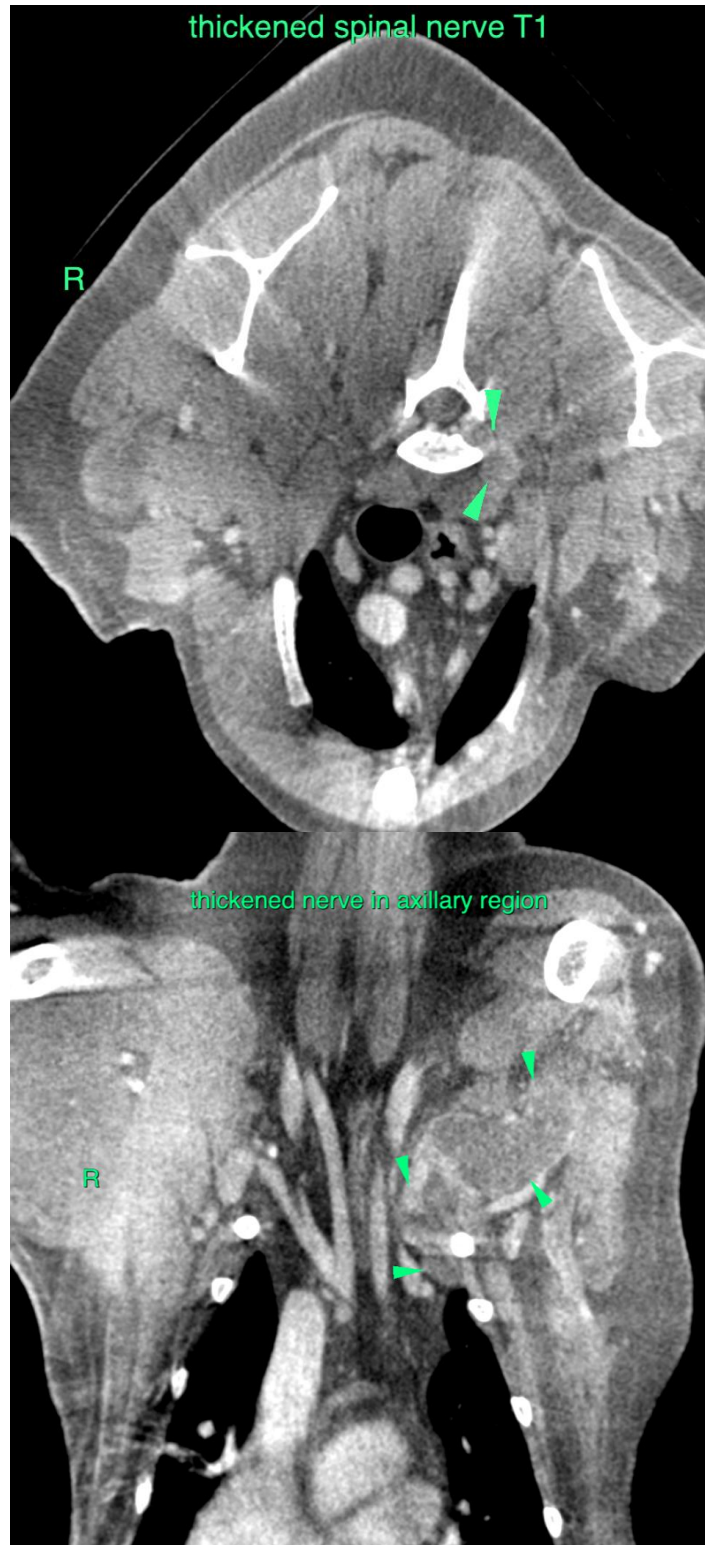
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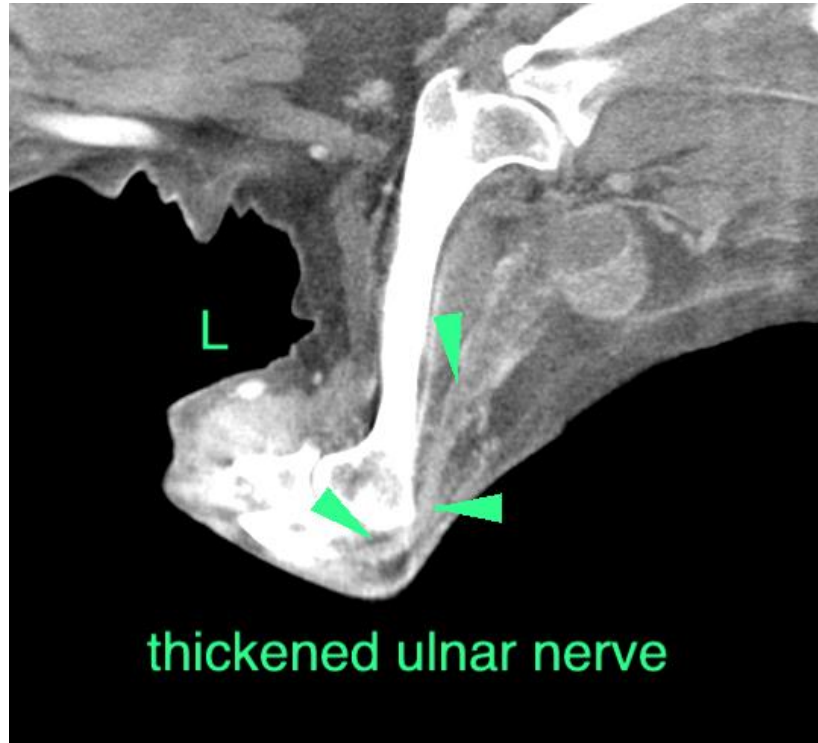
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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