



**PATIENT**

Shieba Williams

**PRESENTING CLINICAL SIGNS**

Slight concavity with deep nodules along right lateral body wall at junction of caudal ribcage. R/O trauma vs. hernia vs. other

**SPECIES**

Feline

**COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

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

**BREED**

DSH

**COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

The 11<sup>th</sup> to 13<sup>th</sup> right rib present a chronic fracture, bridged by smooth callus formation.

**SEX**

F/intact

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.

**AGE**

1 Year

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The ventral dependent aspects of the lung parenchyma present zones with dystelectasis. The remainder of the lung parenchyma present the expected architecture and attenuation behavior.

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.

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.

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.

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

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

**DATE**

2-27-23

The jejunal lymph nodes are prominent.



**PATIENT**

The left transverse process of L2 presents a non-displaced fracture along the base.

Shieba Williams

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Chronic costal fracture 11<sup>th</sup> to 13<sup>th</sup> right rib – in remodeling phase
- Chronic fracture base of the left transverse process L2

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The chronic fractures of the 11<sup>th</sup> to 13<sup>th</sup> rib can be an explanation for the clinically appreciated nodules – check if the position is fitting the clinical location of the felt nodules. I do not see evidence of hernia.

**BREED**

DSH

**SEX**

F/intact

**AGE**

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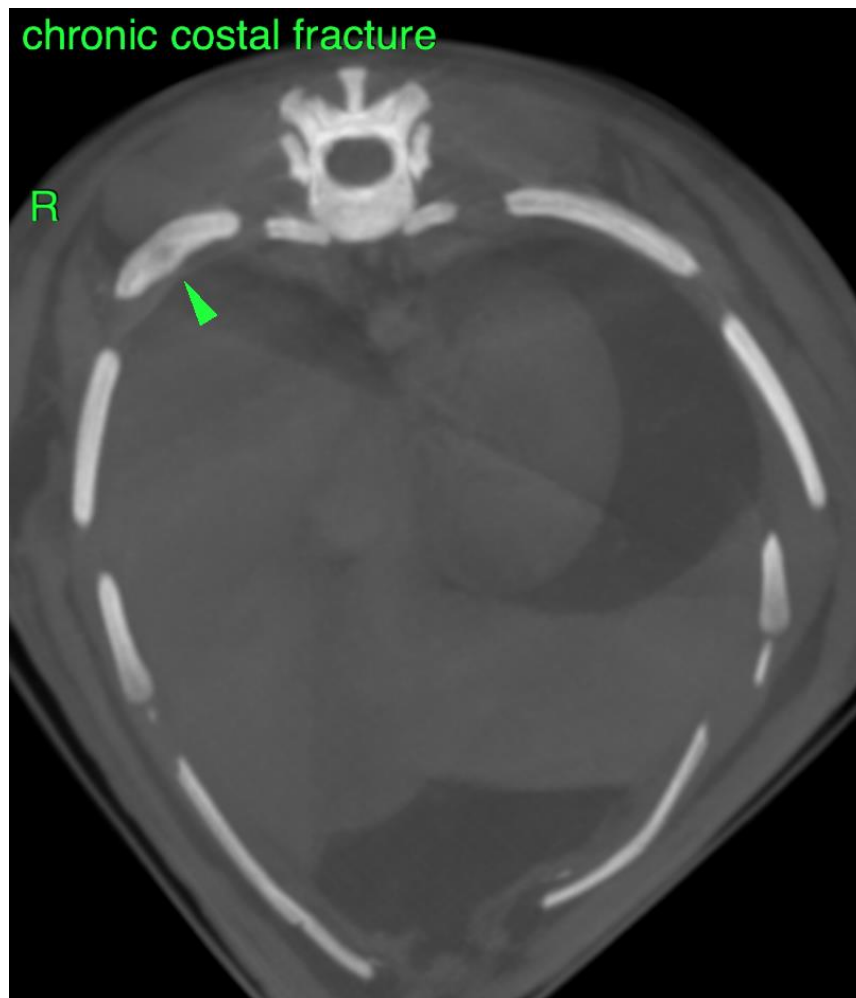
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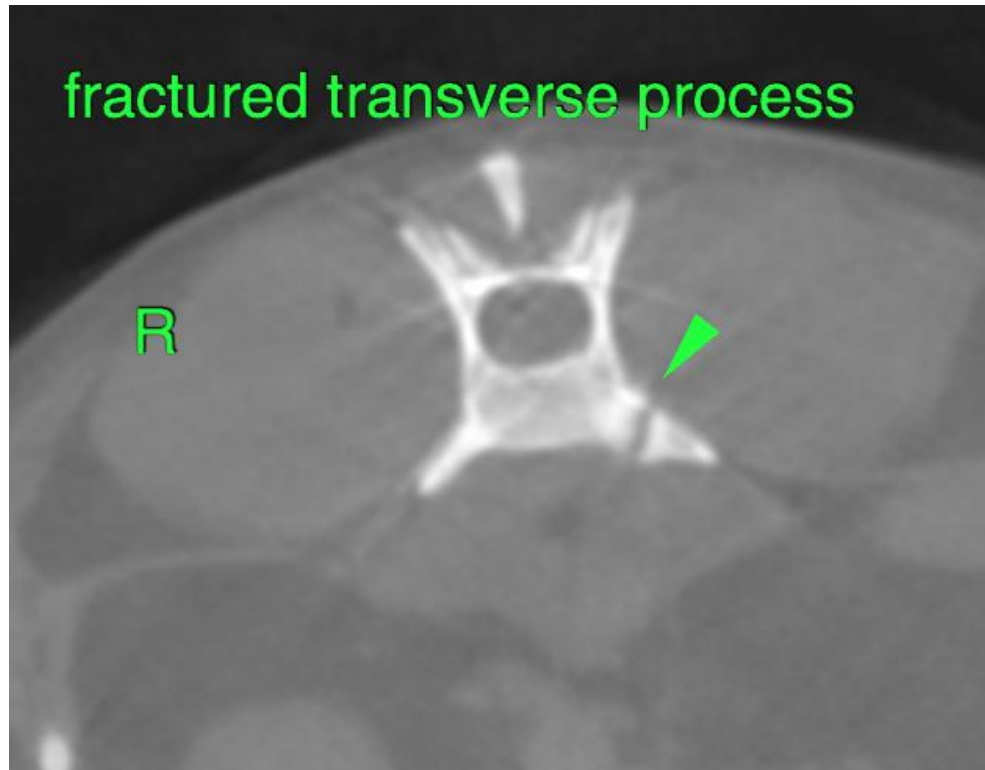
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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