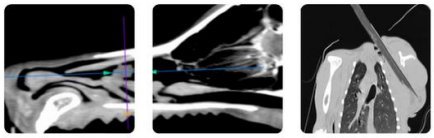


PATIENT

Chu Chu Charlie Crocker

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

8Y

WEIGHT

11.7lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr. Amanda Causey

HOSPITAL NAME

Lifetime Veterinary Center

REFERRING VET

Dr. Dack

INVOICE

73657

DATE

2-9-26

PRESENTING CLINICAL SIGNS

- Full body CT for concern of shaking. Client reports patient will sit quietly, yelp and start shaking. Client is concerned patient is in pain. History of heartworm disease treated in the past. No pain elicited on PE.

Abnormal PE/Chem/CBC/UA Results: NSF on CBC/Chem/UA

COMPUTED TOMOGRAPHY OF THE ENTIRE DOG

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull & Neck

Multiple teeth are absent.

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 unremarkable. The thyroid glands present the expected size, shape and attenuation behavior.

Thorax & Front limbs

T13 presents a transverse process at the left aspect and a rib at the right aspect. Level with the intervertebral disc space T12/T13, heterogeneous hyperattenuating material is protruding into the ventral aspect of the vertebral canal, occupying approximately 20% of the cross-sectional area of the vertebral canal at the same level.

Multiple intervertebral discs along the thoracic spine present mild central mineralization.

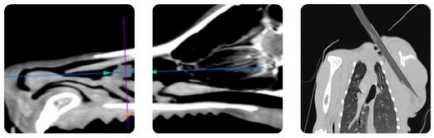
The bony and surrounding soft tissue structures of the front limbs are within normal limits.

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.

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.

The lung parenchyma presents the expected architecture and attenuation behavior.



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

Abdomen & Hind limbs

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

A separate right & left caudal vena cava of the pre-renal segment is seen.

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 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.

In the gallbladder, an irregular shaped, mineral attenuating calculus is seen, measuring 6 x 4 x 7 mm.

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.

Six lumbar vertebra are present.

The osseous and surrounding soft tissue structures of the pelvis are within normal limits. Both coxofemoral joints present smooth osseous margins and congruent joint spaces.

The osseous and soft tissue structures of the hind limbs are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intervertebral disc herniation T12/T13 with likely dynamic myelocompression
- Cholecystolith without mechanical obstruction
- Multiple absent teeth
- Thoracolumbar transitional vertebra T13
- Only six lumbar vertebra
- Double caudal vena cava, pre-renal segment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intervertebral disc herniation T12/T13 is a possible source for intermittent pain and may explain the described clinical signs. As the disc herniation is considered to be chronic, conservative management is considered beneficial.

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Teleradiology
Educational Teleconsultation Services™

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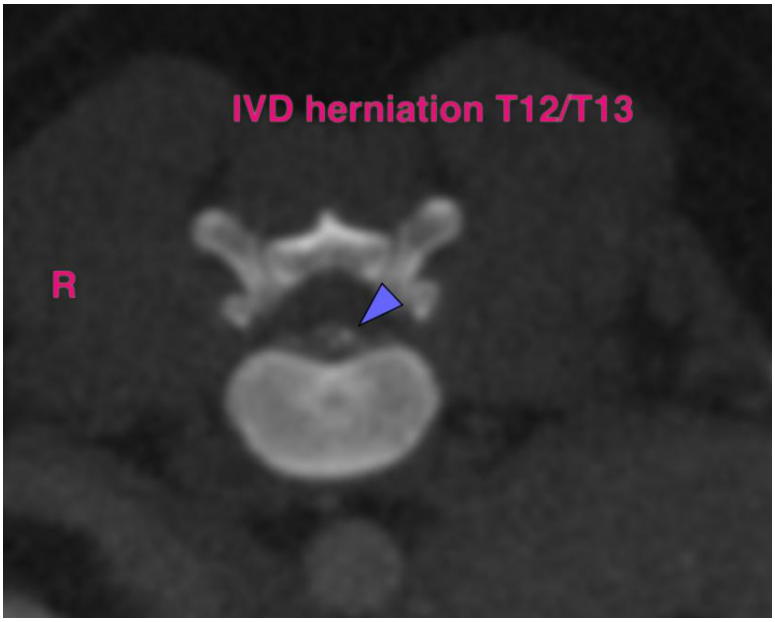

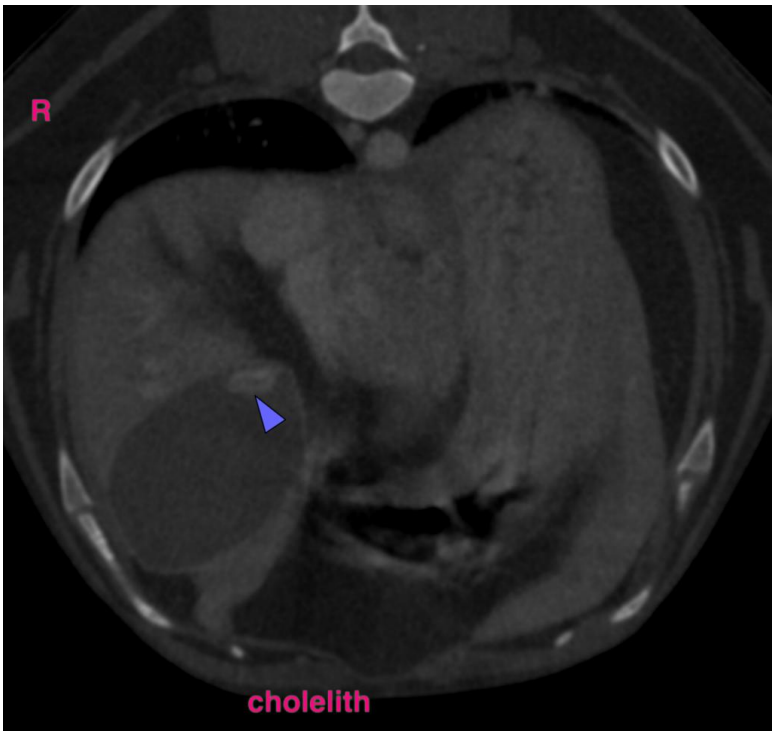

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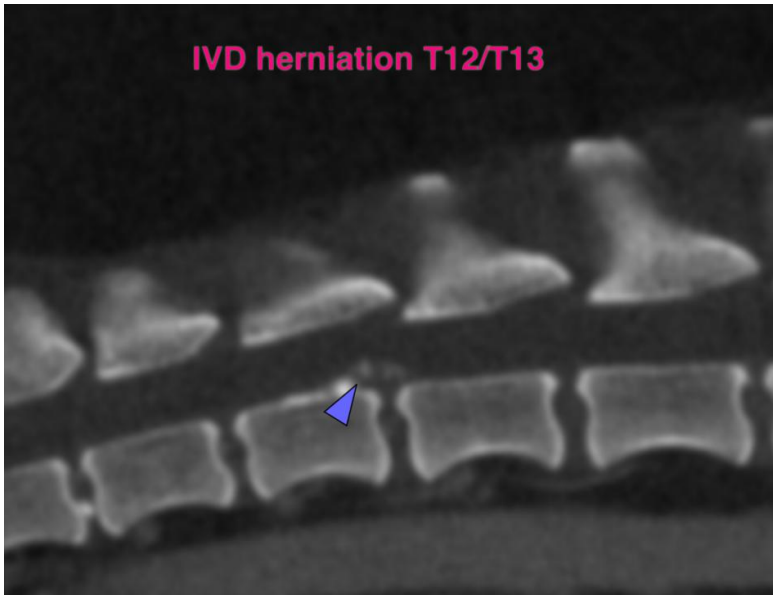

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com