



PATIENT PRESENTING CLINICAL SIGNS

Dweezil Hill 4 week history anorexia, lethargy. Bloodwork early renal disease (creat 1.8). Abdominal ultrasound mild mesenteric lymphadenopathy, mildly increased bowel thickness. Chest radiographs wnl Exploratory surgery with esophagostomy tube placement 2/28 with biopsies of intestine and lymph nodes showed suspect inflammatory bowel disease. Patient developed progressive lameness left hind leg 3/5. Painful on tarsal palpation, radiograph soft tissue swelling with mild degenerative changes. No improvement with pain medication and rest. Whole body CT performed to determine underlying cause of anorexia and left hind lameness. Abnormal PE/Chem/CBC/UA Results:

BREED COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

Russian Blue A high resolution pre- and post-contrast CT study of the abdomen and a plain CT study of the thorax are provided for review.

SEX COMPUTED TOMOGRAPHIC FINDINGS

Spayed Female Skull

AGE Multiple teeth are absent. Triadan 103&203 present with a transverse fracture level with the junction between the crown & root.

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

INTERPRETED BY Sebastian Schaub, DVM
Dr. med. vet. DipECVDI Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

HOSPITAL NAME Aloha Pet & Bird Hospital 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 submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

REFERRING VET An esophagostomy tube is entering the esophagus from the left aspect of the neck.

Dr. Dan Pepen Thorax

The bony and surrounding soft tissue structures – including the front limbs - are within normal limits.

INVOICE The cardiovascular structures including the pulmonary vasculature are within normal limits.

50861 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.

DATE 3-10-22 Small regions of consolidation are seen in the right cranial lung lobe and hilar region of the right caudal lung lobe. 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

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In the post contrast study only limited contrast enhancement is appreciated.

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. The ventral abdominal wall presents a small defect in the umbilical region and a mild amount of peritoneal fat is protruding into the subcutaneous tissue.

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Both kidneys present within normal limits for size, shape and organ architecture. Metal attenuating surgical clips are seen level with the absent ovaries. The adrenal glands are within normal limits for size, shape and organ architecture.

SEX

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous.

AGE

14 Years

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits. The wall of the descending colon is segmentally prominent, measuring up to 3.7 mm in width – suspect secondary to filling status.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The vertebral endplates of the lumbosacral junction present mild ventral & lateral spondylosis formation.

The left hind limb presents a generalized mild to moderate decreased volume of the musculature. The left tarsal joint presents with a circumferential intracapsular soft tissue swelling with moderate thickening of the capsule.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Disuse atrophy musculature left hind limbs
- Articular swelling left talocrural joint
- Equivocal mural thickening wall of descending colon
- Complicated dental fracture 103&203
- Areas of pulmonary consolidation right cranial & caudal lung
- Spondylosis deformans L7/S1
- Placement of an esophagostomy tube

REFERRING VET

Dr. Dan Pepen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study of the skull, thorax and abdomen presents no specific macromorphological abnormality, explaining the chronic clinical signs. The focal prominent wall of the colon is likely a sequela to the lack of distension ± local peristaltic wave.

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The consolidated regions of the lung are most consistent with regions of dystelectasis.

The atrophy of the right hind limb is a sequela to the history of left hind limb lameness. The



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articular swelling of the left talocrural joint is not specific, due to the lack of aggressive imaging features I consider the odds for inflammatory origin higher than for malignant transformation. If not done so yet, FNA sampling/synovial tap is warranted for further workup.

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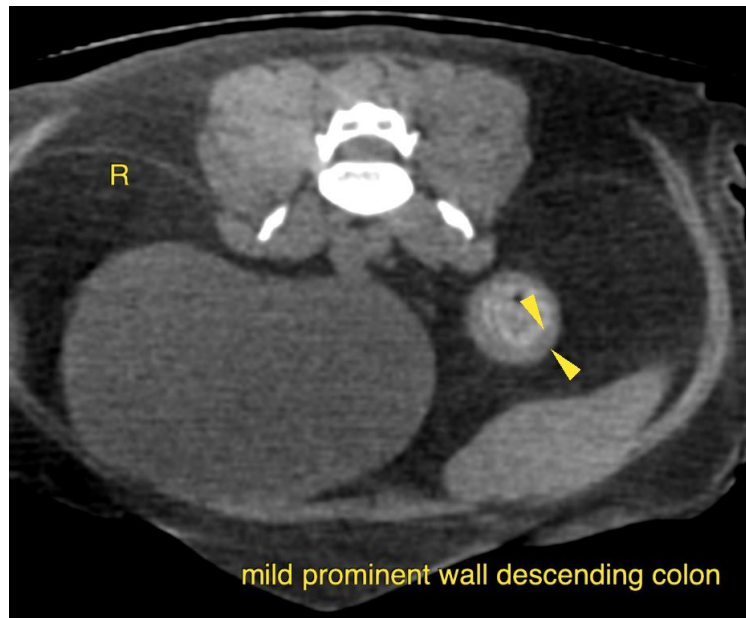
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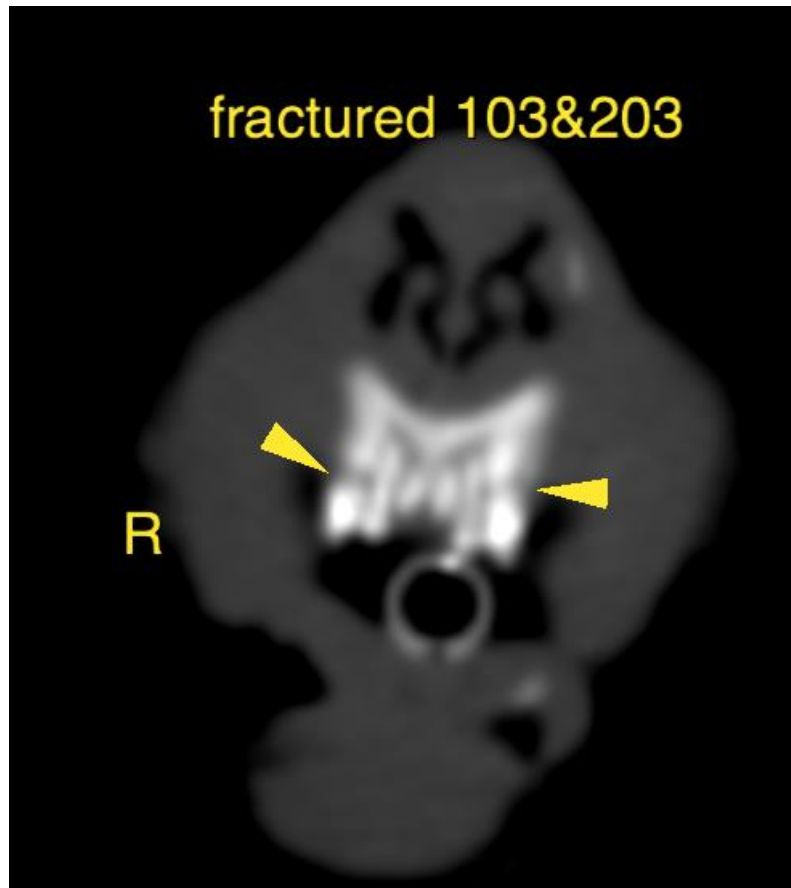
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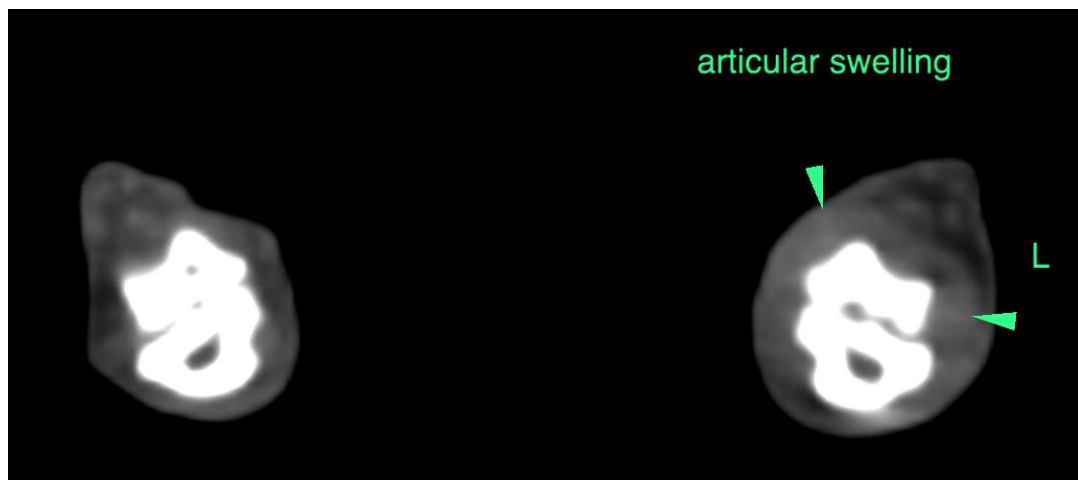
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

Feline

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com

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