



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Oliver Opinante History of excessive panting and abdominal distension abdominal u/s done twice does not reveal abnormalities. LDDS test came back as unsupportive for cushings. Patient was put on denamarin and asked to recheck in 4-6 months. Symptoms have since not since improved.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: chronic ALP elevation

**Canine COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN**

**BREED** 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.

**Boxer COMPUTED TOMOGRAPHIC FINDINGS**

**SEX Skull**

**Neutered Male** The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

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

**AGE**

**10 Years** Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

**INTERPRETED BY**

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.

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

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.

**HOSPITAL NAME**

Animal Surgical  
Center

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.

**Thorax**

**REFERRING VET**

The CT series of the thorax and abdomen present mild to moderate motion artefacts.

Assisi VH

The vertebral endplates C2/C3 and T5/T6 present moderate spondylosis formation.

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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.

**DATE**

3/17/23



**PATIENT**

Oliver Opinante

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.

**SPECIES**

Canine

The ventral dependent aspects of the lung present zones with dystelectasis.

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

**BREED**

**Abdomen**

Boxer

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

**SEX**

Neutered Male

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.

**AGE**

10 Years

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

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

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The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 50% of the cross-sectional area of the vertebral canal at the same level.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Degenerative lumbosacral stenosis with dynamic compression of the cauda equina fibers
- Spondylosis deformans
- Dystelectasis of the lung, due to general anesthesia
- Normal skull

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals no macromorphological abnormality, explaining the history of panting. No clinically relevant abnormalities are seen.

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**SPECIES**

Canine

**BREED**

Boxer



**SEX**

Neutered Male

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.

**AGE**

10 Years

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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