



PATIENT

Gwen Gordon

SPECIES

Iguana

BREED

Iguana

SEX

FI

AGE

8

WEIGHT

8.1kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Levy

HOSPITAL NAME

Emergency Veterinary
Hospital and Specialty
Services Ann Arbor

REFERRING VET

Ivana Levy

INVOICE

74244

DATE

3-17-26

PRESENTING CLINICAL SIGNS

- 2m history of hyporexia, lethargy, not acting like self
- 1 week history of severe hindlimb paresis
- Few month history of inappropriate husbandry
- no history of active egg laying but unknown if has historic follicular development

Abnormal PE/Chem/CBC/UA Results: Non-ambulatory with marked hindlimb paresis and minimal tone movement-withdrawal intact with minimal motor Postural Reactions: Proprioceptive placement – completely absent hindlimbs , Wheelbarrowing – completely absent hindlimbs Reflexes: Attempted, weak withdrawal hindlimbs, appropriate forelimbs Painful caudal spinal palpation BW: Mild anemia, appropriate chemistry and ionized calcium. Brief coelomic ultrasound demonstrated mixed echogenicity round structures, consistent with follicles with mild to moderate coelomic effusion. Small portion of follicles have hypochoic center, concerning for necrosis. Liver is enlarged and demonstrates heterogeneous, mixed echogenicity with regions of increased and decreased echogenicity throughout the parenchyma. Hepatic margins appear mildly rounded.

COMPUTED TOMOGRAPHY OF THE LUMBAR SPINE

A high resolution plain CT study of the dorsal vertebrae provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The last rib bearing vertebra are counted as D1 to D8 and the non-rib bearing vertebra are counted as D9 to D16.

The endplates of D7/D8 to D9/D10 and D16/S1 present irregular shaped moth eaten defects with partial collapse of the intervertebral disc space.

The vertebral body, pedicle and lamina of D14 and D15 present advanced permeative osteolysis along with expansile amorphous periosteal new bone formation at the same level.

Along the left cranial articular process of D11, smooth exostosis formation is seen.

Along the caudal segment of the spine, multifocal spondylosis formation is seen.

Multiple follicles are appreciated in the dorsal aspect of the coelomic cavity.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Polyostotic aggressive osteolysis D14&D15
- Chronic discospondylitis D7/D8 to D9/D10 and D16/S1
- Spondylosis deformans
- Exostosis formation left cranial articular process D11
- Possible follicular stasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The top differentia for the aggressive bone lesion of D14&D15 is vertebral osteomyelitis with possible inflammatory granulation tissue formation – a plausible explanation for the paraparesis. A differential would be primary soft tissue neoplasia – but I would consider this unlikely here.



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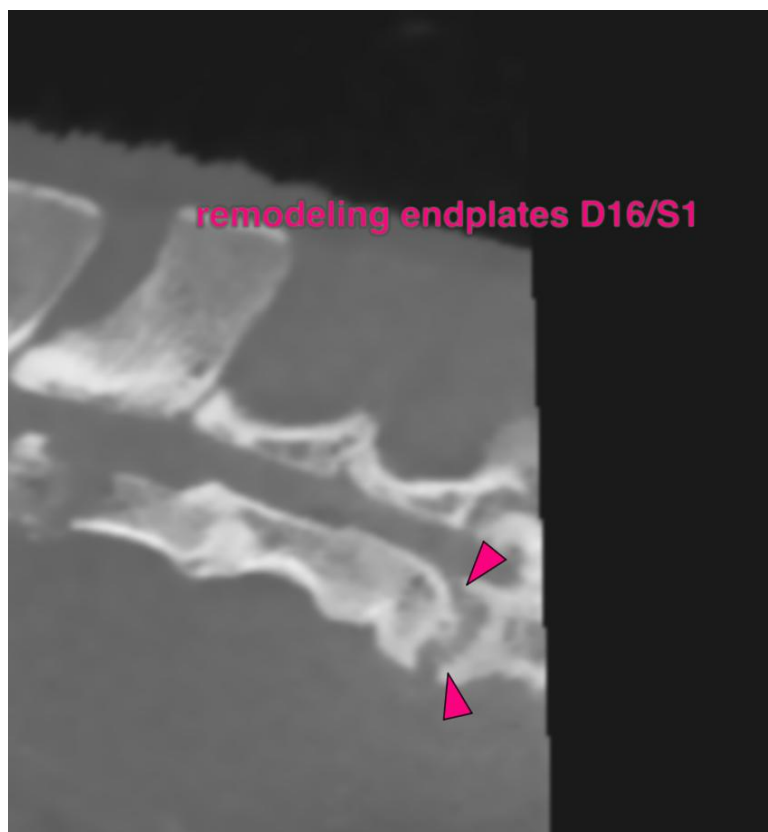
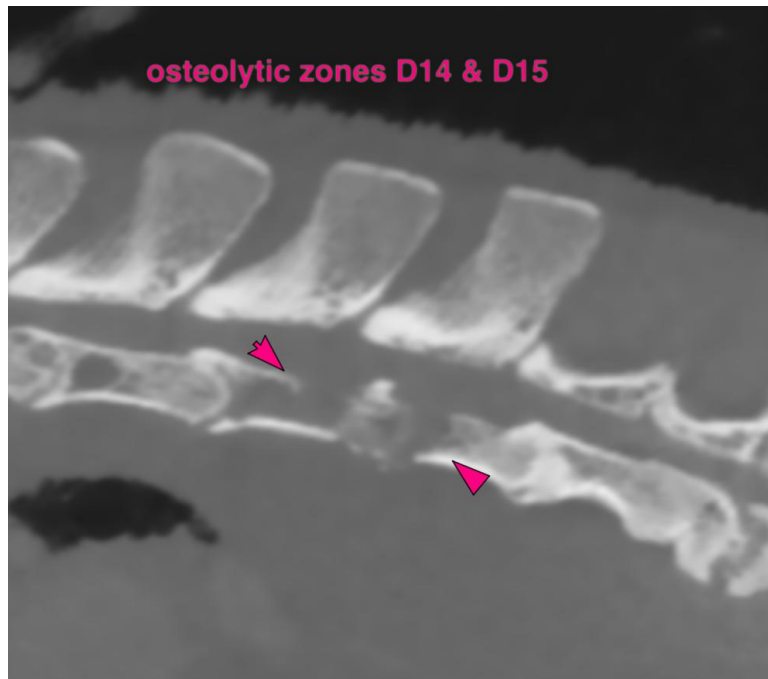
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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