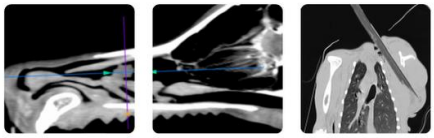


PATIENT

Gizmo Whatford

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

17W

WEIGHT

2

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary Centre

REFERRING VET

Eamon

INVOICE

74305

DATE

3-23-26

PRESENTING CLINICAL SIGNS

- preacute onset hindlimb paresis
- no known trauma
- vaccinated four days earlier and unwell since

Abnormal PE/Chem/CBC/UA Results: wbc elevated BAS normal chem ck high

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

A pre- and post-contrast CT study of the skull, thorax and abdomen in a bone, lung and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The dentition is in transition from the deciduous teeth to the permanent teeth.

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.

Thorax

The axillary lymph nodes bilaterally are prominent.

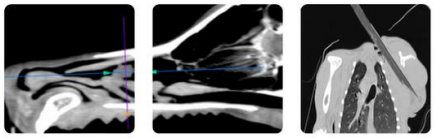
Post contrast administration, level with T9, in the right dorsal aspect of the vertebral canal, moderate contrast enhancing material is seen – partially encompassing the dural tube at the same level – and occupying approximately 70% of the cross-sectional area of the vertebral canal at the same level. The contrast enhancing material is extending over the entire length of the vertebral body T9. The dural tube level T9 is deviated to the left and ventrally and is distorted.

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

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.

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 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.

The medial iliac lymph nodes are moderately prominent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Contrast enhancing likely extradural contrast enhancing mass level T9
- Lymphadenopathy axillary lymph nodes and medial iliac lymph nodes
- Normal skull

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The contrast enhancing mass like material level T9 is a plausible explanation for the presenting clinical signs – differentials include neoplasia such as lymphosarcoma also affecting the affected lymph nodes or granulomata formation (e.g. Toxoplasma, mycotic). A differential is an intradural contrast enhancing lesion that would add myelitis to the differentials list (e.g. FIP). Recommend FNA sampling of the enlarged medial iliac lymph nodes as advanced minimally invasive diagnostic tool. A synovial tap may be beneficial as well.

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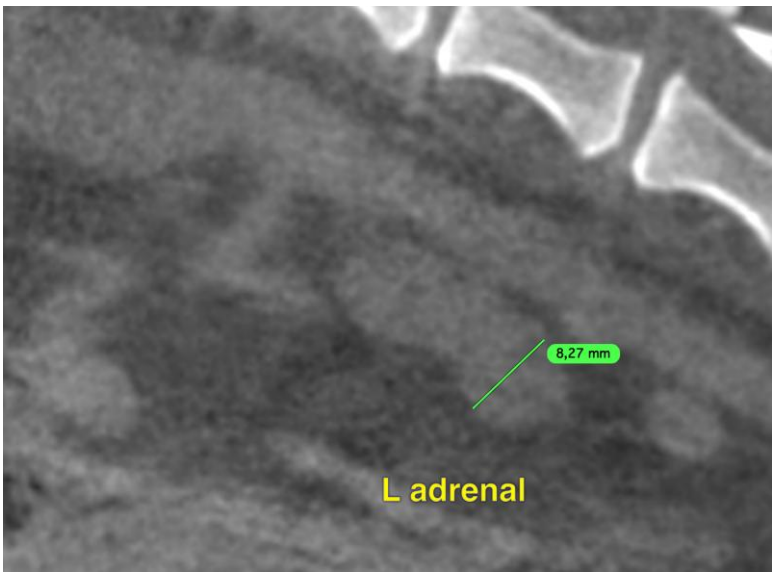

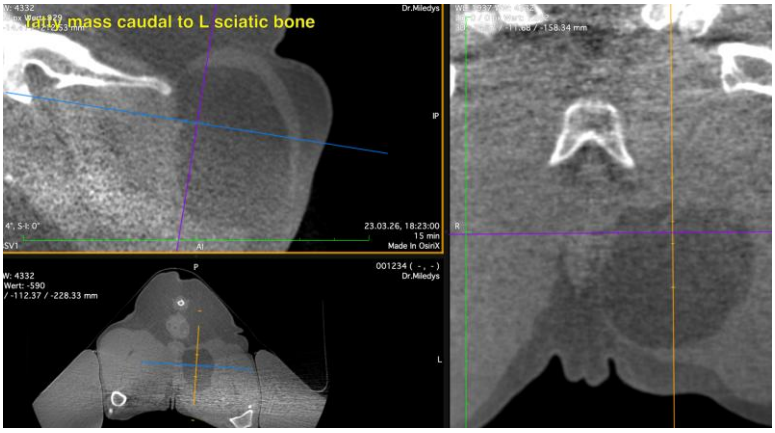

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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