



PATIENT PRESENTING CLINICAL SIGNS

Sydney Oman Presented for intermittent raspy breathing/increased respiratory stridor, episodes of cyanosis, intermittent squeaky bark, increased ALT. On intubation poor bilateral laryngeal movement noted.

SPECIES Abnormal PE/Chem/CBC/UA Results: Alt 370 u/l Alp 852 u/l

Canine

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

BREED

Shetland Sheepdog

COMPUTED TOMOGRAPHIC FINDINGS

Skull

SEX

The tooth elements 110, 306 and 406 are absent. Generalized moderate abrasion of the crowns of the premolar and canine teeth is seen.

FS

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

AGE

13

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

A stitching artefact is seen level with the frontal lobe bilaterally. 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

Northeast Veterinary Referral Hospital

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.

REFERRING VET

Dr. Runde

The osseous and soft tissue structures of the neck are within normal limits.

Thorax

INVOICE

The right superficial cervical lymph node is moderately enlarged, presenting a mild heterogeneous contrast enhancement pattern.

51123

Multifocal moderate spondylosis formation is seen along the thoracic spine.

DATE

3-24-22

Both shoulder joints present moderate osteophyte new bone formation of the periarticular bones and exostosis formation in the bicipital groove, post contrast administration the synovial lining forming the bicipital tendon sheath is thickened and moderate contrast enhancing.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a



PATIENT

Sydney Oman

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.

SPECIES

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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

SEX

FS

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.

AGE

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The adrenal glands are within normal limits for size, shape and organ architecture.

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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 and presents uniform contrast enhancement.

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

In the right epaxial musculature, level with L5 to S1, a mild ill-defined, spindle shaped, fat attenuating mass is visible, measuring 3.1 x 1.6 x 10.3 cm in size.

REFERRING VET

Dr. Runde

Multifocal moderate spondylosis formation is seen along the lumbar spine. The intervertebral discs T13/L1 to L2/L3 are mildly protruding into the vertebral canal.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Lymphadenopathy right superficial cervical lymph node
- Intramuscular – possibly infiltrative – lipoma right epaxial musculature level L5 to S1
- Degenerative osteoarthritis shoulder joints bilaterally and exostosis formation bicipital groove bilaterally
- Mild articular swelling & synovialitis shoulder joints bilaterally
- Multiple absent teeth
- Generalized abrasion of the crowns of the canine and premolar teeth
- Mild intervertebral disc protrusion T13/L1 to L2/L3 without compressive myelopathy

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Sydney Oman

- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study presents no specific abnormality, for the described clinical signs and the presumptive diagnosis is laryngeal paralysis.

SPECIES

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Although the odds for reactive hyperplasia of the right superficial cervical lymph node are high, consider FNA sampling to rule out malignant transformation.

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The degenerative changes of the shoulder joint might be triggered by underlying tenosynovitis of the bicipital tendon – might be subclinical due to lack of clinical signs.

SEX

FS

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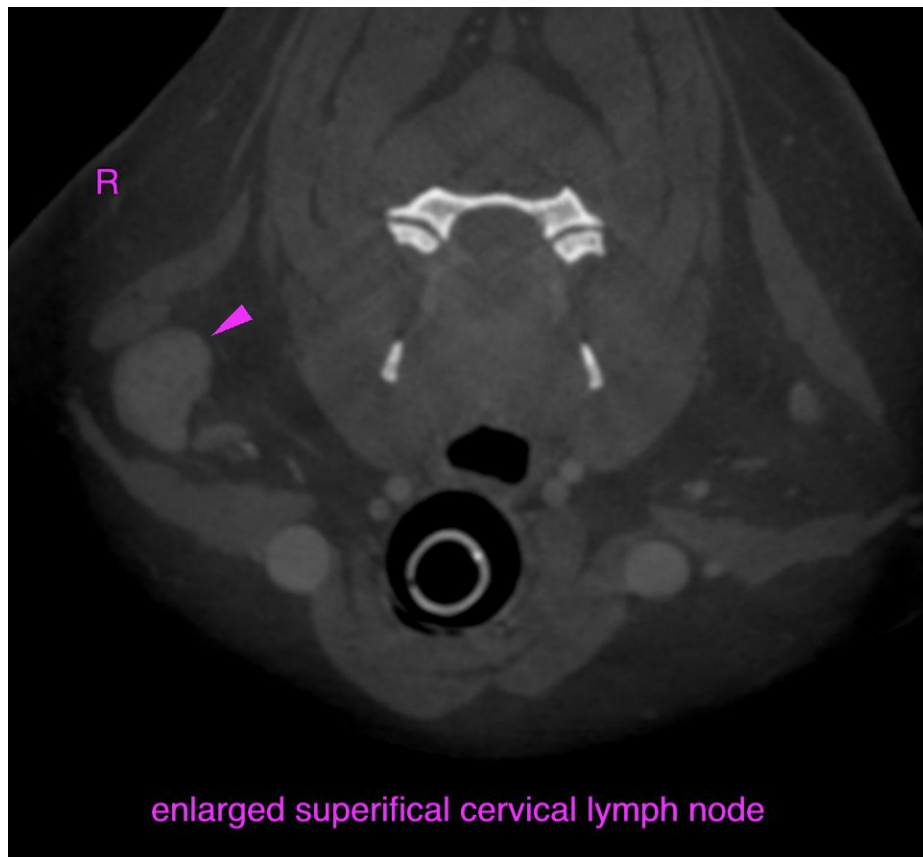
Dr. Runde

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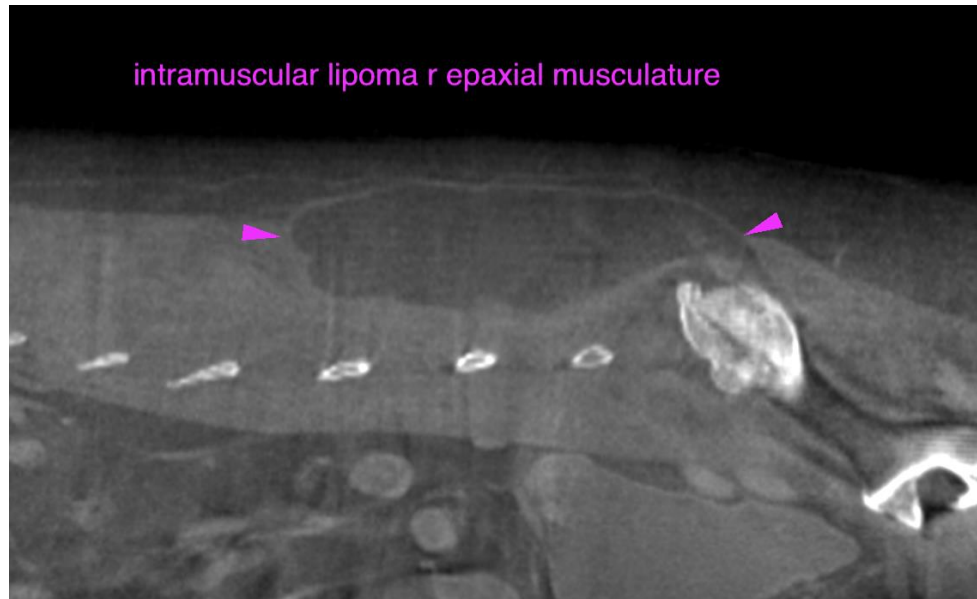
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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