



PATIENT

Dobie Murry

SPECIES

Canine

BREED

Mixed Medium Breed

SEX

Spayed Female

AGE

11 Years

WEIGHT

36.2 pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

José L. Alvarado Bruno
CVT- CT Scan
Technician

HOSPITAL NAME

Veterinary Imaging
Center

REFERRING VET

Dr. N. Garcia DVM

INVOICE

14046

DATE

03/03/26

PRESENTING CLINICAL SIGNS

- Dobie presented for a second opinion of bilateral hindlimb stiffness. Pt was placed on prednisone 0.5 mg/kg PO BID. No improvement seen by O. Today pt showed marked CP deficits from both hind limbs and weakness.

CBC --- mild leukocytosis CHEM --- Chloride mild decreased (108), ALP mild increased (308), AMYL mild decreased (420)

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND THORACIC & LUMBAR SPINE

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent. Along the gum line, multiple polypoid gingival protrusion with central mineralization are appreciated.

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 and Thoracic Spine

Only the dorsal aspects of the thorax are included in the field of view.

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.

Multifocal throughout the lung parenchyma, randomly distributed, well-defined, soft tissue attenuating nodules are appreciated.

At the right ventral aspect of T2 to T8, an ill-defined, uniform soft tissue attenuating and heterogeneous strong contrast enhancing mass is seen – merging with the intercostal muscles. Level with T4 to T6, the contrast enhancing mass is dissecting through the right neuroforamina into the vertebral canal, occupying approximately up to 70% of the cross-sectional area of the vertebral canal at the same level. The vertebral body and left pedicle and laminae of T5 present advanced permeative osteolysis. T5 is foreshortened and the cranial and caudal vertebral endplate are depressed into the vertebral body.



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

Lumbar Spine

Level with the intervertebral disc spaces T13/L1 to L3/L4, disc material is protruding into the vertebral canal, occupying approximately $\leq 15\%$ of the cross-sectional area of the vertebral canal at the same level.

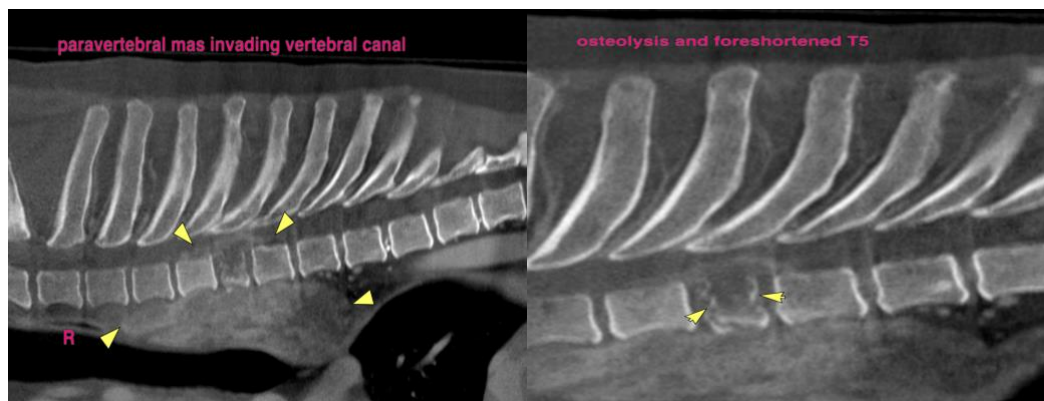
The remainder of the osseous and soft tissue structures of the lumbar spine reveal no abnormalities.

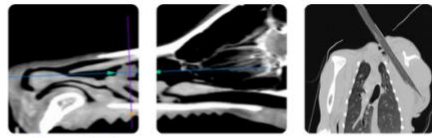
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right paravertebral soft tissue mass T2 to T8 with local invasive growth and invasion of the vertebral canal
- Pathological depression fracture vertebral body T5 due to monostotic aggressive osteolysis of the respective vertebra
- Structured nodular interstitial lung pattern
- Multiple peripheral odontogenic fibromas
- Multiple absent teeth
- Multifocal intervertebral disc herniation along the cranial lumbar spine without compressive myelopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are consistent with primary paravertebral soft tissue neoplasia along the mid segment of the thoracic spine along with osseous involvement and invasion of the vertebral canal – the latter does explain the presenting neurological clinical signs. The nodular lung pattern is indicative for pulmonary metastatic spread. Differentials include sarcoma, histiocytic sarcoma, round cell tumor. The prognosis is considered infaust.





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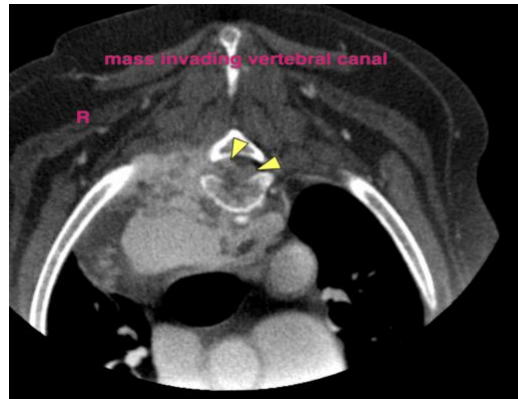
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com