



**PATIENT PRESENTING CLINICAL SIGNS**

Aggie Logan history of phantom pain when reaching up for food and hindlimb ataxic >1yr on the weekend - ataxic in forelimbs, collapsed, able to ambulated for short periods of time then collapsing again neurology exam normal - ataxic when placing but present all four - propriocept normal hind, weak fore no cervical pain with gentle manipulation  
**SPECIES** Abnormal PE/Chem/CBC/UA Results: chem/pcv wl - csf/full bloods pending

Canine

**COMPUTED TOMOGRAPHY OF THE CERVICAL, THORACIC AND LUMBAR SPINE**

**BREED**

A re- and post-contrast – including a myelographic - CT study of the entire spine is provided for review.

GAS

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

Multifocal mild peripheral mineralization of the dural tube is noted.

FS

The facet joints of the cervical spine present mild osteophyte new bone formation.

**AGE**

Multifocal moderate to marked spondylosis formation is seen along the cervical, thoracic and lumbar spine.

9

The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately up to 95% of the cross-sectional area. The lumbosacral intervertebral disc is obliterating the right neuroforamen. The right spinal nerve L7 is thickened level with the neuroforamen and mild contrast enhancing.

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

Post intrathecal contrast administration, moderated left sided protrusion of the intervertebral disc C6/C7 into the vertebral canal is appreciated, mildly distorting the left ventrolateral aspect of the subarachnoid space. All intervertebral discs of the lumbar spine are mildly protruding into the vertebral canal, mildly depressing the ventral subarachnoid space at the same level respectively.

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 Imaging

In the pyloric region of the stomach, including the pyloric antrum and ventral segment of the gastric fundus, a moderate amount of intramural gas is appreciated. Level with the pylorus, gas can be seen dissecting the pyloric wall and extending into the peritoneal cavity.

**REFERRING VET**

Eamon

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**INVOICE**

50837

- Advanced pneumatosis of the gastric wall with focal perforation of the gastric wall and early stage of septic peritonitis
- Degenerative lumbosacral stenosis with right sided neuroforaminal stenosis and segmental neuropathy right spinal nerve L7
- Moderate intervertebral disc protrusion C6/C7 with potential dynamic myelocompression
- Mild intervertebral disc protrusion generalized along the lumbar spine without compressive myelopathy
- Mild serial spondylarthrosis cervical spine
- Spondylosis deformans

**DATE**

3-9-22



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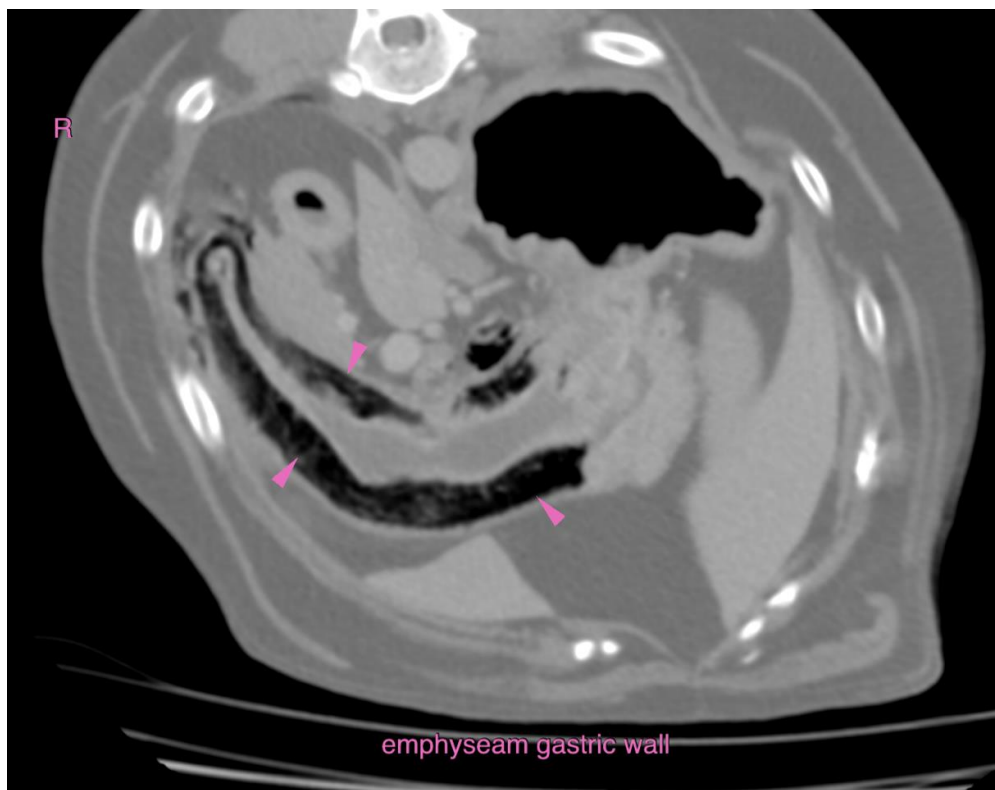
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The main finding is the pneumatosis of the gastric wall with perforation of the gastric wall and emerging pneumoperitoneum. Underlying perforating gastric ulcer is the top differential and surgical intervention is warranted.

No specific abnormality is appreciated, explaining the hind limb ataxia - but advanced degenerative lumbosacral stenosis with right sided neuroforaminal stenosis and accompanying neuritis, being a plausible source for pain in the hind limbs.

The intervertebral disc protrusion C6/C7 can explain the neck pain, due to dynamic spinal cord compression.





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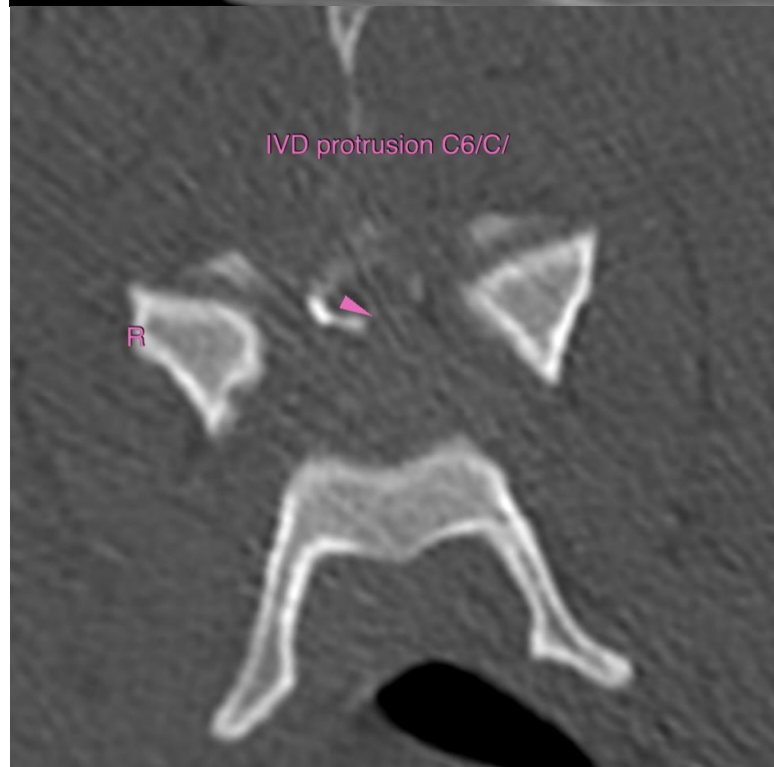
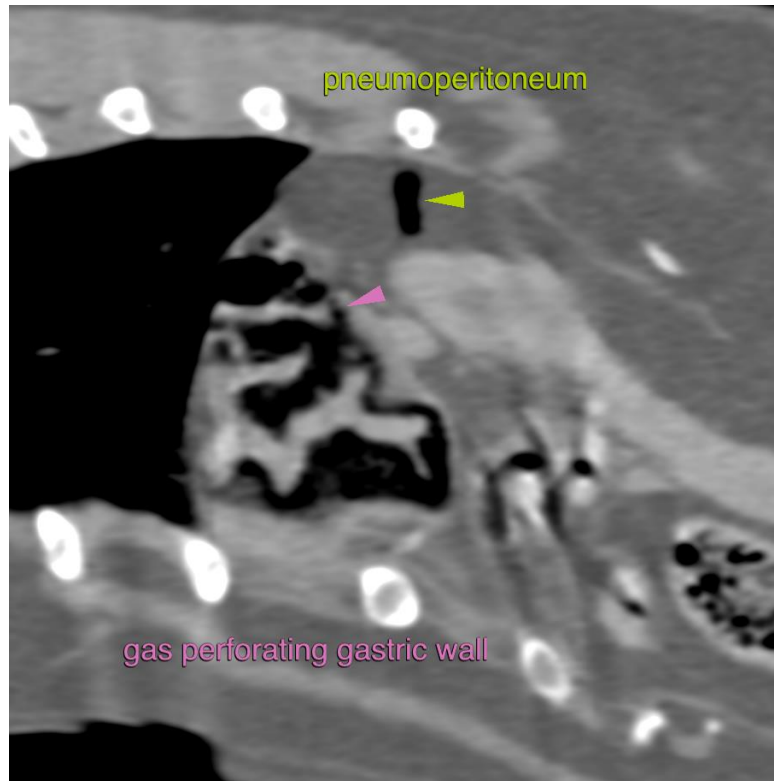
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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