



PATIENT PRESENTING CLINICAL SIGNS

Percy Ferguson History of progressive pelvic limb weakness and atrophy, lethargy, decreased appetite. Some evidence of GI ulcer recently (associated with NSAID therapy)
 Abnormal PE/Chem/CBC/UA Results: bloodwork unremarkable Has MRI confirmed L7 transitional vertebra and L6-7 (disk herniation lateralized to right) Exam suggestive of polyneuropathy with absent patellar and decreased flexor reflexes, worse on the right

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

BREED

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

Poodle (Standard)

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

SEX

The intervertebral discs T12/T13 and T13/L1 are mildly bulging into the vertebral canal, distorting the ventral epidural space at the same level.

MN

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.

AGE

9 Years

The cardiovascular structures including the pulmonary vasculature are within normal limits, but mild mineralization of the wall of the aortic root.

INTERPRETED BY

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.

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In the lateral aspect of the right caudal lung lobe, level with the 7th intercostal space, a well-defined, soft tissue attenuating nodule is seen, measuring 2.1 mm in size. 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

REFERRING VET

Dr. Greg Kilburn

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.

INVOICE

57700

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.

DATE

4-10-23

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.

Multifocal mild spondylosis formation is seen along the lumbar spine. Six lumbar vertebra are present.



PATIENT Sacralization of L7 is noted. The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 70% of the cross-sectional area of the vertebral canal at the same level.

Percy Ferguson

COMPUTED TOMOGRAPHIC DIAGNOSIS

SPECIES

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- Solitary pulmonary nodule right caudal lung lobe ('Ditzel')
- History of degenerative lumbosacral stenosis
- History of symmetric lumbosacral transitional vertebra (Type II) and sacralization of L7
- Mild intervertebral disc protrusion T12/T13 and T13/L1 without compressive myelopathy

BREED

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appreciated Ditzels are nonspecific small soft tissue nodules with unknown dignity, they can present fibrosis, granuloma, mucous impaction, pneumonia or early stage of metastatic disease. I would consider the odds for inflammatory origin of the small nodular lesion high. A follow up CT scan in 4-6 weeks could be used to check if the lesions are increasing in size.

SEX

MN

No additional abnormalities are appreciated, but the known changes of the spine.

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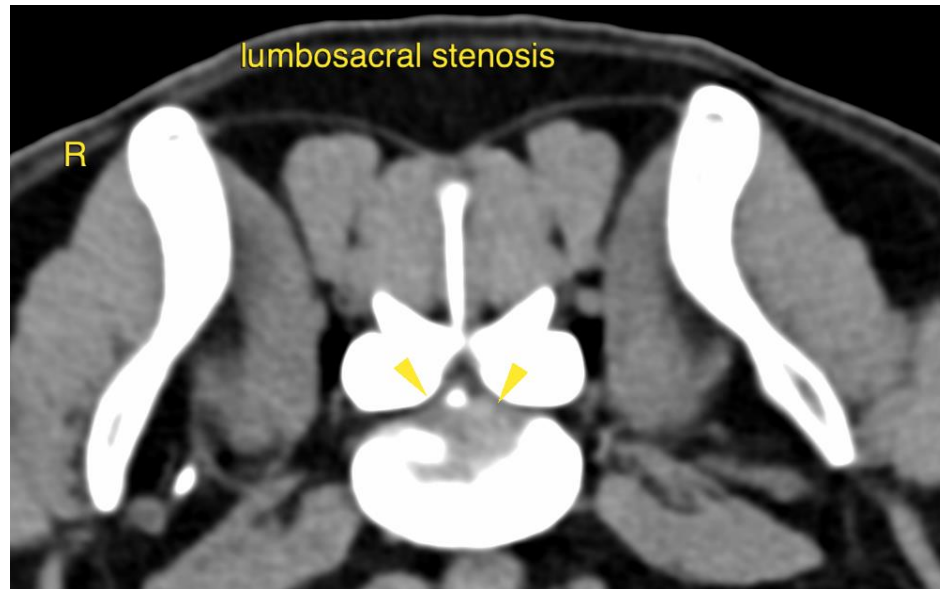
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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