



PATIENT PRESENTING CLINICAL SIGNS

Jada Trout
 ada is an 11yr old, FS, Boxer mix that presented for an ongoing 3-4 month history of bi lateral nasal discharge. Jada has been having a yellow/green discharge from nasal area when just laying at house and also when outside. Jada did have a recent aerobic culture done on 04/04/22 which came back with Pseudomonas and was put on Ciprofloxacin. Owner states since being on antibiotics for the alst 2 days there has been some improvement. Jada does also have a 3-4/6 left sided heart murmur. Jada is currently taking Meloxicam, Benadryl, and supplements for arthritis as well.
 Abnormal PE/Chem/CBC/UA Results:

BREED COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

SEX COMPUTED TOMOGRAPHIC FINDINGS

FS
Skull

AGE
 12
 Triadan 301 is absent.

Int eh nasal cavity a moderate amount of soft tissue attenuating, non-contrast enhancing material is attached to the nasal mucosal lining.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

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.

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 Veterinary

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.

REFERRING VET

Dr. Young
Thorax

Multifocal mild to moderate spondylosis formation is seen along the thoracic & lumbar spine. Protruding from the craniodistal aspect of the spina scapulae, a hook shaped exostosis is seen.

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 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.

DATE

4-13-22
 The cardiovascular structures including the pulmonary vasculature are within normal limits.



PATIENT

Jada Trout

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.

SPECIES

Canine

The lung parenchyma presents the expected architecture and attenuation behavior with interspersed punctuate mineralization.

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

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Boxer Mix

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. In the right mid ventral abdomen, a well-defined, ovoid shaped, soft tissue attenuating nodule, measuring 2.5 x 1.2 x 2.2 cm in size is visible – located adjacent to small intestinal loops.

SEX

FS

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration both kidneys present with small roundish parenchymal filling defects in the renal cortex.

AGE

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The right adrenal gland presents with an intraparenchymal nodular lesion with mild heterogeneous contrast enhancement pattern, measuring 10 mm in diameter.

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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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.

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Dr. Young

The intervertebral discs T12/T13 to L4/L5 are mildly protruding into the vertebral canal, distorting the ventral epidural space at the same level. The vertebral endplates of the lumbosacral junction present multiple well-defined spherical defects of the subchondral bone, demarcated by a thin sclerotic rim. A moderate step formation is seen between L7&S1 with S1 being in a relative ventral position in relation to L1. A vacuum phenomenon is seen in the intervertebral disc space L7/S1. The lumbosacral intervertebral disc is significantly into the vertebral canal, the cauda equina fibers at the same level are deviated dorsally. The vertebral endplates of the lumbosacral junction present moderate ventral and lateral spondylosis formation.

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PATIENT **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Jada Trout
- Peritoneal soft tissue nodule mid right ventral abdomen
 - Rhinitis
 - Degenerative lumbosacral stenosis with potential neuroforaminal stenosis caused by lateral spondylosis formation and advanced chronic osseous remodeling of the respective vertebral endplates
- SPECIES**
- Canine
- Nodular enlargement right adrenal gland
 - Mild intervertebral disc protrusion T12/T13 to L4/L5 without compressive myelopathy
 - Renal cysts
- BREED**
- Boxer Mix
- Absent triadan 301
 - Spondylosis deformans
 - No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

FS

The computed tomographic findings are compatible with chronic non-specific rhinitis (e.g. lymphocytic plasmocytic, eosinophilic) ± viral/bacterial superinfection. The changes noted are not typical of fungal rhinitis or a foreign body related rhinitis. There is no evidence of neoplastic disease.

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The peritoneal nodular lesion appears not to be associated with an abdominal organ and potentials include granuloma, nodular fat necrosis, peritoneal cyst, hematoma or neoplastic disease. Ultrasound guided FNA sampling can be used as advanced diagnostic test.

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The nodular enlargement of the right adrenal gland is suggestive for (non)functional macronodular hyperplasia. Differentials include incidentaloma or early stage of neoplastic disease (e.g. adenoma, adenocarcinoma, pheochromocytoma). Consider testing of the pituitary-adrenal axis.

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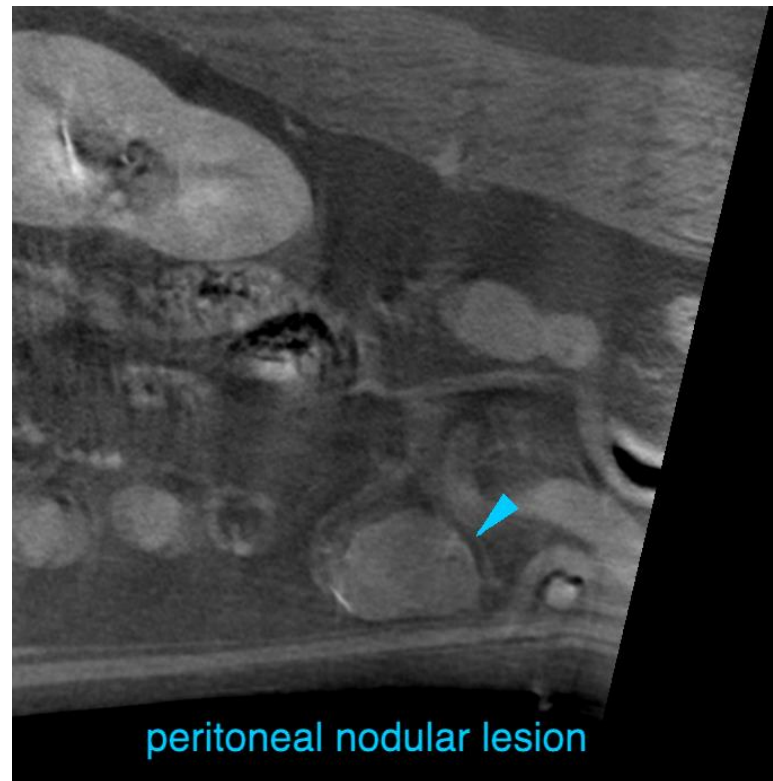
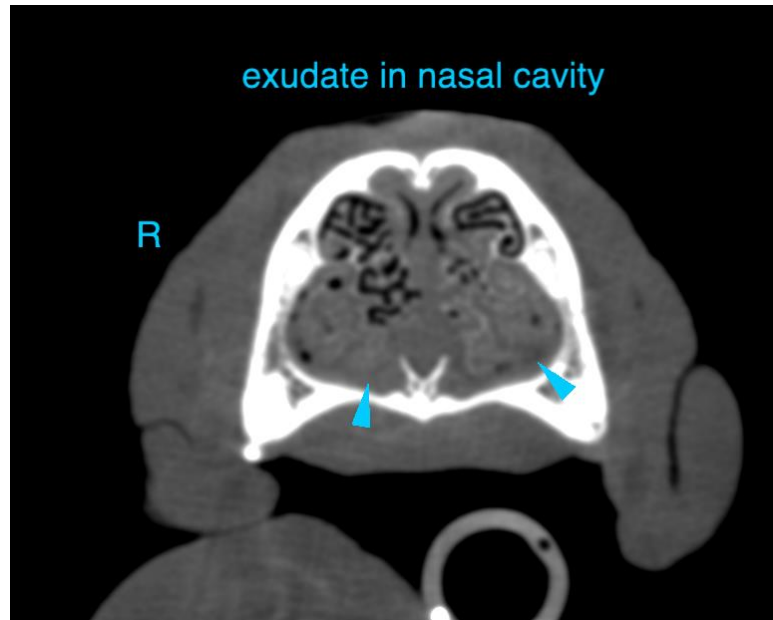
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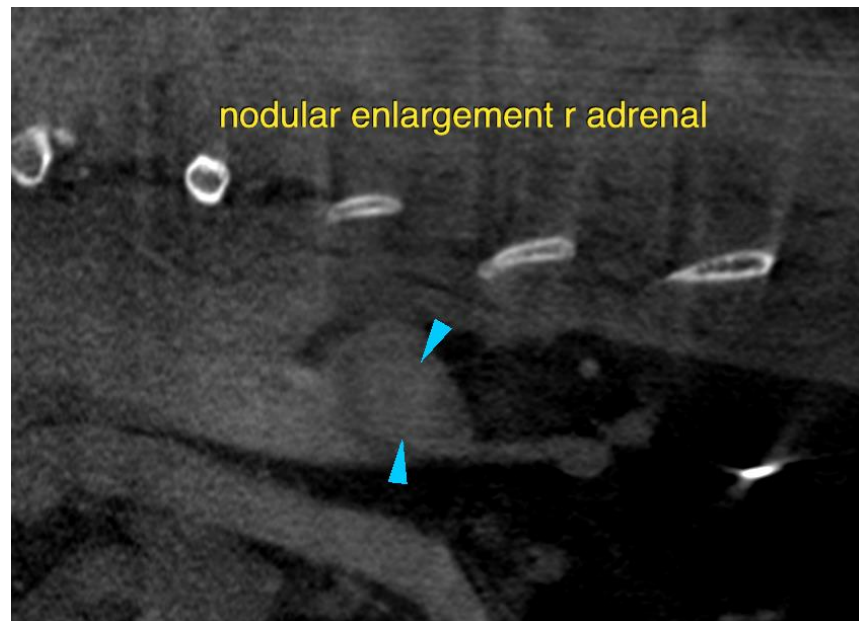
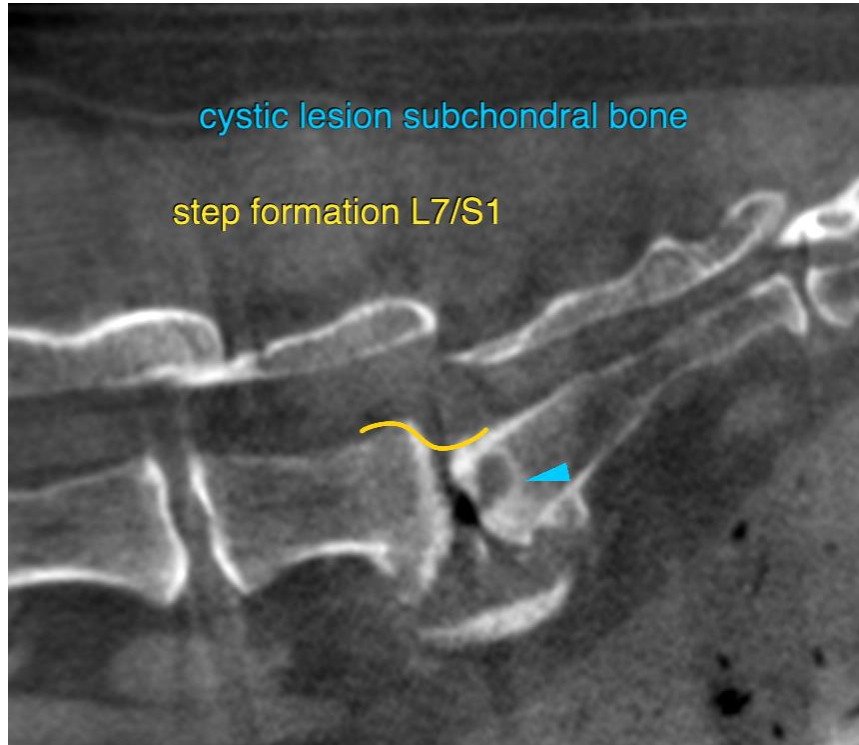
Dr. Young

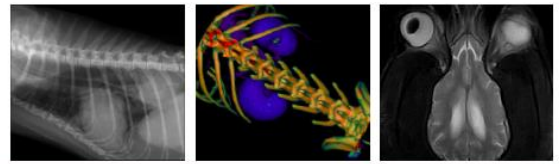
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Boxer Mix

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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