



**PATIENT PRESENTING CLINICAL SIGNS**

**Kelsey Magiulli** Patient started limping on Friday, NWB Saturday RTL. Painful on palpation- trying to bite. Joint disease in all four limbs CCL bilateral, hypothyroid. Hx Atopic Dermatitis. At the end of March owner ran a senior screen UTI w/ rods 10 day course of Clavamox. ALP 12/13 T4 2.4; HGB 18.4; HCT 50; ALP 256; GGT 4 3/14 T4 1.3; HGB 17.3; HCT 53; ALP 699; GGT 5. 4/11 T4 <0.5; HGB 11.7; HCT 36; ALP 639; GGT 15. Plan image with contrast. Owner anesthetized with midaz/prop for lameness evaluation; inconclusive rads. Incidental calcified lesion on L 5th digit. Owner did nocita ring block on Monday. Lameness improved.  
**Abnormal PE/Chem/CBC/UA Results:** Epoc Lactate (H) @ 3.08 Reference range (0.6-3.0) otherwise WNL

**BREED**

Bull Terrier

**COMPUTED TOMOGRAPHY OF THE THORAX, FRONT LIMBS, AND ABDOMEN**

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

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**COMPUTED TOMOGRAPHIC FINDINGS**

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Thorax & Front limbs

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

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Multifocal mild spondylosis formation is seen along the thoracic spine.

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Both shoulder joints present smooth osseous margins and the surrounding soft tissue structures are within normal limits.

**INTERPRETED BY**

The elbow joints bilaterally present smooth osseous margins. The medial coronoid process of the elbow joints is well-defined and has a homogeneous density.

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

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At the palmar aspect of the proximal interphalangeal joint of the fifth phalanx of the left front limb, a well-defined, ovoid shaped mineral attenuating body is seen, measuring 6.9 x 4.7 x 7.1 mm.

The fourth digit of the right front paw presents a circumferential, homogeneous soft tissue swelling.

**REFERRING VET**

Dr. Lea Hayes

The axillary and superficial cervical lymph nodes bilaterally are prominent.

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.

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The cardiovascular structures including the pulmonary vasculature are within normal limits.

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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.

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The lung parenchyma presents the expected architecture and attenuation behavior.

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



**PATIENT** Abdomen

Kelsey Magiulli The abdomen presents with motion artefacts, blurring the margins of the abdominal organs.

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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Canine

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.

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 position and content of the gastrointestinal tract are considered within normal limits throughout.

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The vertebral endplates of the lumbosacral junction present mild spondylosis formation. The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 30% of the cross-sectional area of the vertebral canal at the same level.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Dystrophic mineralization palmar aspect fifth digit left front paw – questionable clinical relevance
- Soft tissue swelling fourth digit right front paw
- Lymphadenopathy axillary and superficial cervical lymph nodes bilaterally
- Normal abdomen

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Wilvet Salem

The CT study presents no macromorphological abnormality, explaining the acute left front limb lameness. The dystrophic mineralization at the palmar aspect of the fifth digit of the left front limb is considered an incidental finding. Check clinically for signs of joint effusion warranting synovial tap.

**REFERRING VET**

Dr. Lea Hayes

There is evidence of bilateral lymphadenopathy of the axillary and superficial cervical lymph nodes, suggestive for reactive hyperplasia possibly due to inflammatory process in the tributary region – would include the front limbs. Recommend FNA sampling to confirm the diagnosis and ruling out neoplastic infiltration.

A soft tissue swelling of the fourth digit of the right front limb is appreciated without osseous changes – an inflammatory or traumatic origin are considered most likely, there is little chance for neoplastic infiltration. Check clinically for signs of

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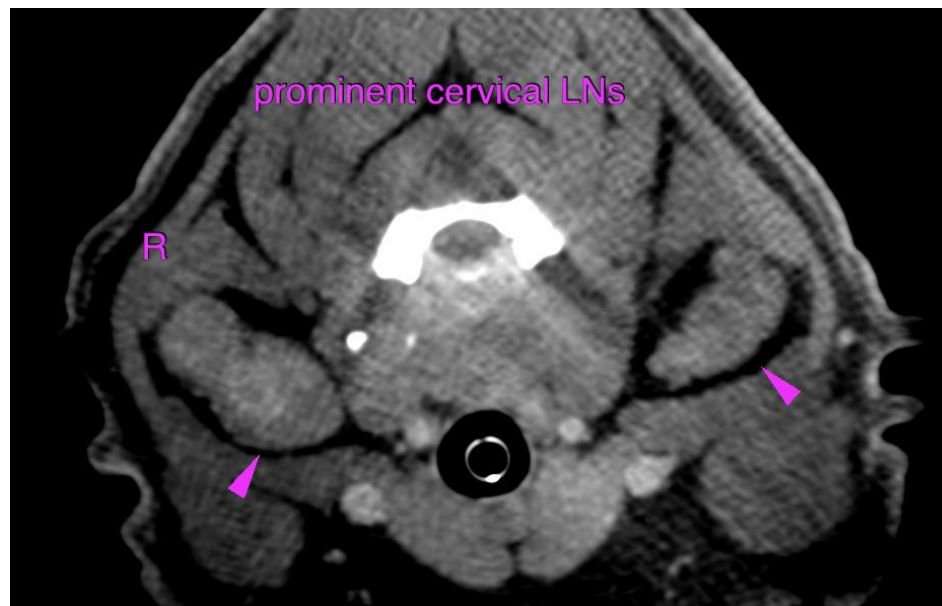
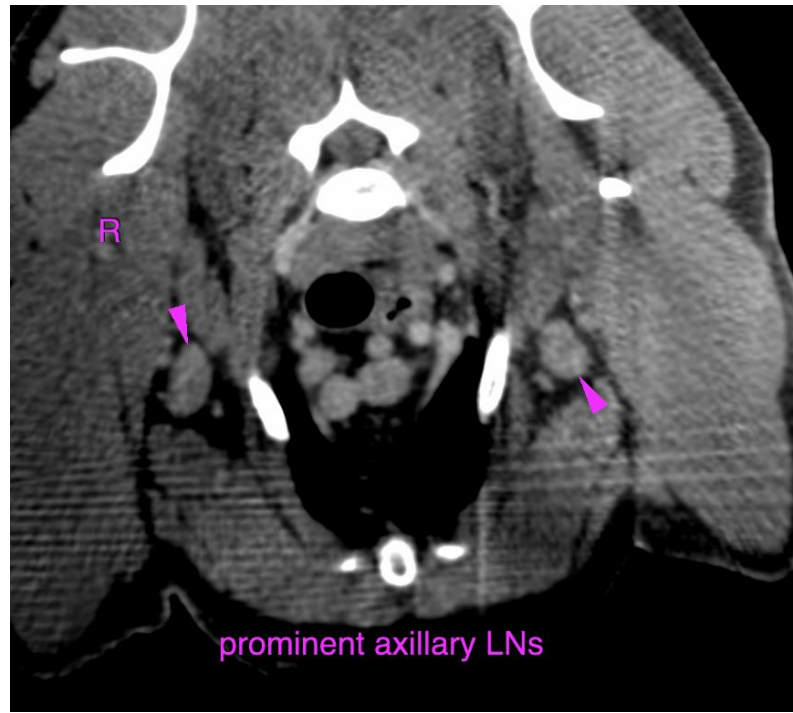
Dr. Lea Hayes

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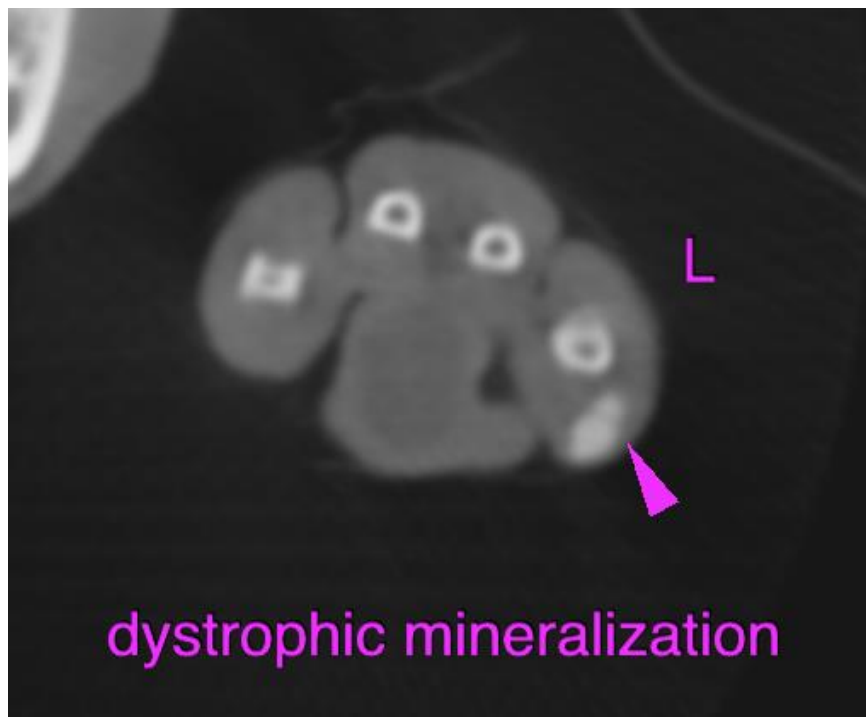
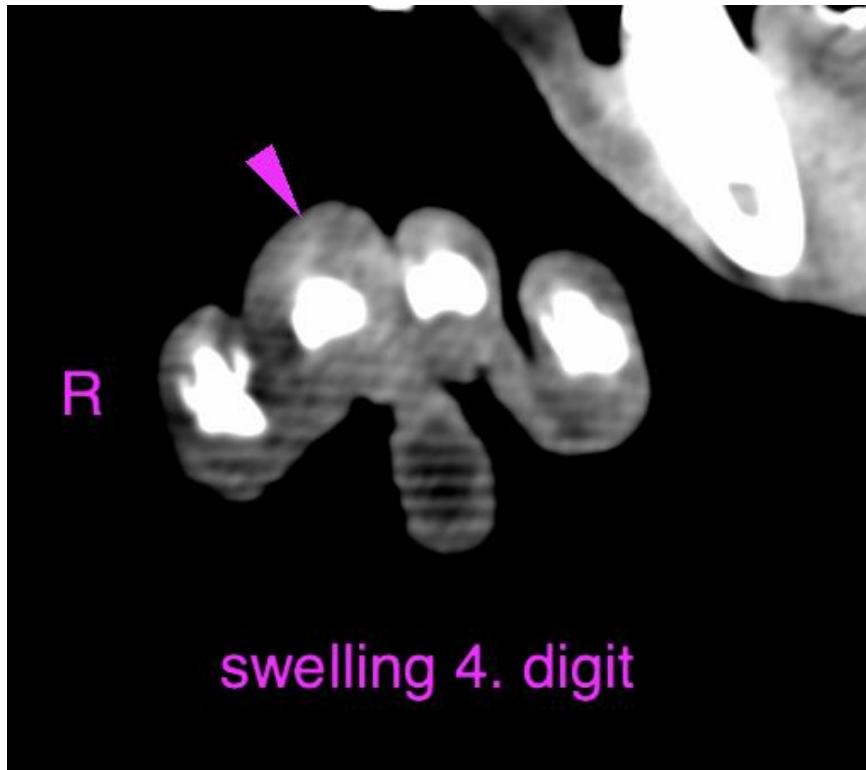
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Kelsey Magiulli

**SPECIES** 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.

Canine

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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.

Bull Terrier

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

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Sebastian Schaub, DVM  
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