



PATIENT

Garfield Rescue

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

1

WEIGHT

3.57

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Infermuso

INVOICE

74639

DATE

4-16-26

PRESENTING CLINICAL SIGNS

Patient was found on train tracks by rescue a few days ago. Patient is non ambulatory

COMPUTED TOMOGRAPHY OF THE SKULL, NECK, THORAX, ABDOMEN AND PELVIS

A high resolution plain CT study of the skull, neck, thorax, abdomen and pelvis is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull & Neck

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

The osseous lining of the right lateral and dorsal aspect of the nose presents a comminuted fracture with multiple osseous fragments that are deviated into the subcutaneous tissue. The right nasal cavity presents moderate destruction of the conchal structures and soft tissue material is attached to the 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 submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

The osseous and soft tissue structures of the neck reveal no abnormalities.

Thorax

The mid diaphysis of the right humerus presents a comminuted fracture

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

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

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.

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.

Abdomen

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.

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.



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The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

Stitching artefacts are appreciated along the lumbar spine.

The caudal vertebral endplate of L7 is separated from the vertebra body and is moderately deviated – along with the sacrum – to the right. The facet joints L7/S1 are widened.

The right femoral head is luxated craniodorsally. In the right acetabular groove, level with the insertion of the ligamentum teres, a small osseous fragment is appreciate – the femoral head presents a corresponding defect.

Step formation in the physis of the left femoral head is appreciated.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Acute traumatic Salter Harris Type II fracture caudal vertebral endplate L7 with moderate right sided displacement
- Acute traumatic comminuted fracture mid diaphysis right humerus
- Traumatic craniodorsal luxation right femoral head with small avulsion fragment in the acetabular groove
- Salter Harris Type I fracture left femoral head with mild step formation
- Acute traumatic complex fracture osseous lining right lateral and dorsal aspect of the nose.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are fitting the history of polytrauma.



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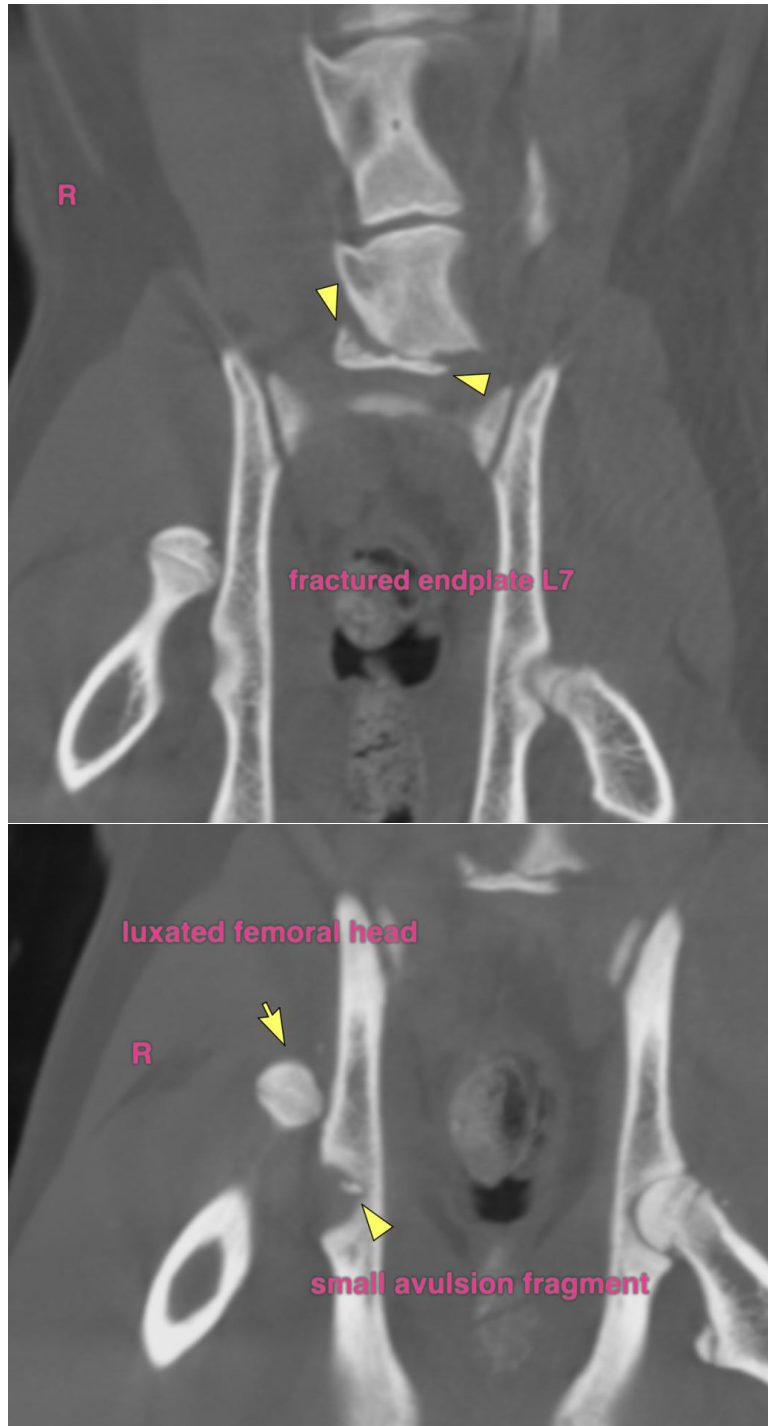
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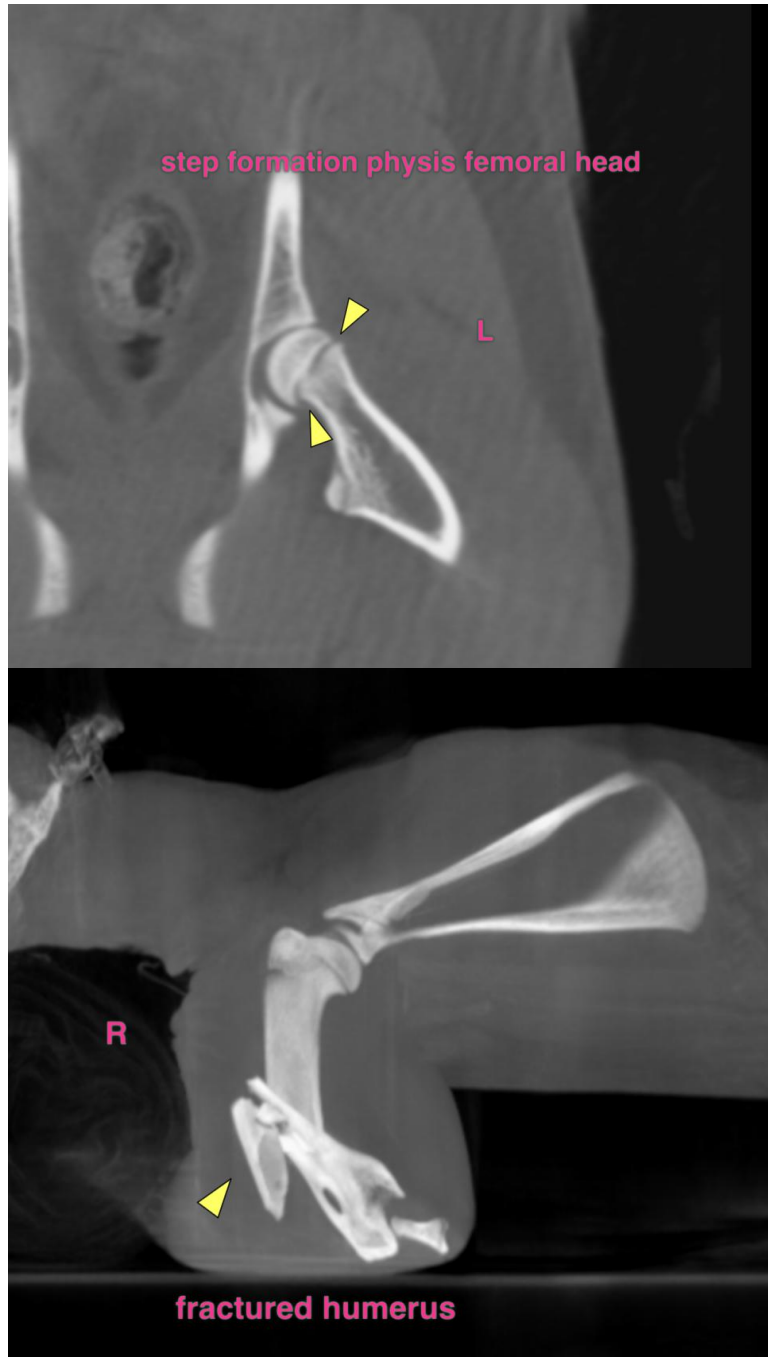
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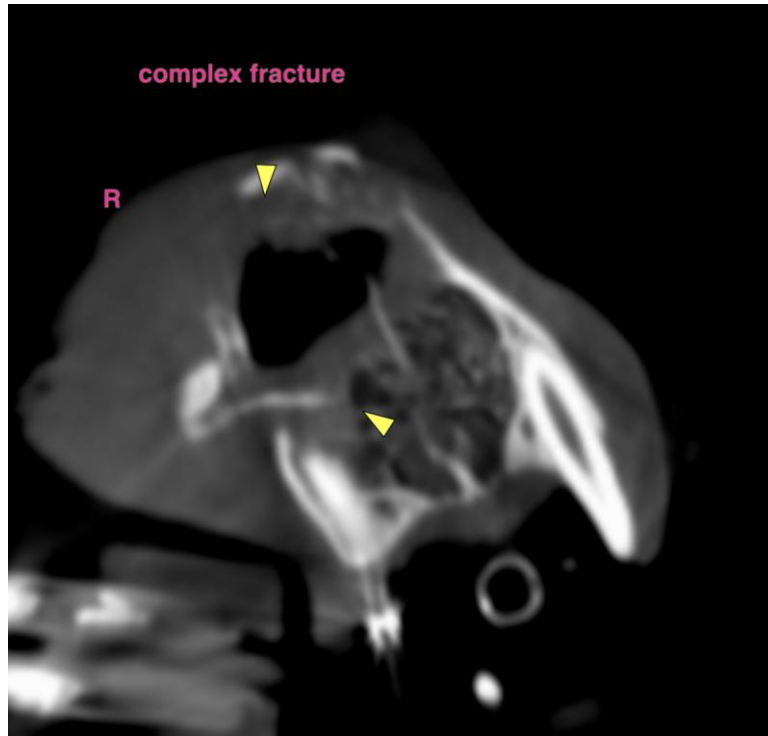
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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