



PATIENT

Katarina Adams

SPECIES

Feline

BREED

Domestic Short Hair

SEX

FN

AGE

14

WEIGHT

3.5

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Henry Xue

HOSPITAL NAME

Belconnen Veterinary
Centre

REFERRING VET

Henry Xue

INVOICE

74727

DATE

4-22-26

PRESENTING CLINICAL SIGNS

fall off the 2 floor balcony
circled and collapsed
non ambulatory
normal, or mild enhanced patellar reflex
history of hyperT, but resolved with RI therapy
Abnormal PE/Chem/CBC/UA Results: mild hypokalemia ,and mild hypophosphatemia

COMPUTED TOMOGRAPHY OF THE SKULL AND ABDOMEN

A pre- and post-contrast CT study of the skull and abdomen in a bone and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The pictured parts of the dentition are complete. The canine teeth present variable degree of ankylosis and resorptive lesions of the roots.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth 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 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.

Both thyroid glands are enlarged, measuring up to 1.5 cm in height, and present a heterogeneous contrast enhancement pattern, sparing multiple intraparenchymal hypoattenuating areas.

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 and homogeneous contrast enhancement, unremarkable.

The volume of the pancreas is decreased. The pancreatic duct is mildly dilated. The common bile duct is prominent.

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



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The right femoral head is absent. The right acetabular groove is filled with osseous material. Surrounding the right femoral head, multiple well-defined, mineral attenuating roundish bodies are seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

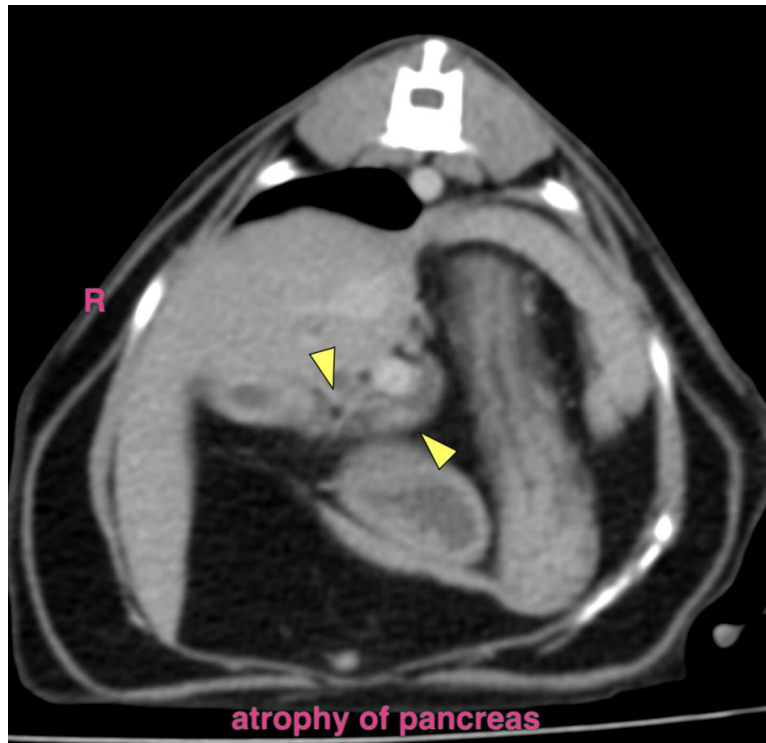
- Enlarged thyroid glands with central cavitory lesions
- Resorptive lesions and ankylosis roots of the canine teeth
- Atrophy of the pancreas
- Suspect history of right sided femoral head ostectomy with localized metaplasia
- Normal brain

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no specific abnormalities and an underlying cause for the presenting neurological clinical signs cannot be specified – a transient ischemic insult may be a potential. In case of strong clinical suspicion for intraparenchymal changes of the CNS, a MRI can be used as advanced imaging modality.

The atrophy of the pancreas can be a sequela to preceding chronic pancreatitis.

The enlarged thyroid glands are most suggestive for (non)functional cystic adenoma or less likely thyroid carcinoma formation. FNA sampling may be used for specification along with complete blood work including T4 level.





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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