



## PATIENT

Gizmo Whatford

## SPECIES

Feline

## BREED

Norwegian Forest

## SEX

MN

## AGE

6M

## WEIGHT

3

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Eamon

## HOSPITAL NAME

Belconnen Veterinary  
Centre

## REFERRING VET

Eamon

## INVOICE

74995

## DATE

5-13-26

## PRESENTING CLINICAL SIGNS

hindlimb ataxia  
- previous ct showing thoracic spinal granuloma  
- treated with GS for suspect FIP  
Abnormal PE/Chem/CBC/UA Results: cbc/chem t4 pending

## COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

## COMPUTED TOMOGRAPHIC FINDINGS

The growth plates of the skeletal structures are age related visible.

### Thorax & Thoracic spine

The caudal aspect of the dorsal lamina of T8 and the cranial aspect of the dorsal lamina of T9 are deviated ventrally into the vertebral canal – the cross-sectional area of the vertebral canal is narrowed by approximately 40% at the same level. The dural tube level T8/T9 is deviated ventrally and distorted. The contrast enhancing lesion level T9 is not appreciated anymore. The remainder of the osseous and soft tissue structures of the thoracic spine are within normal limits.

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.

The thymus is age related visible in the cranioventral aspect of the mediastinum

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 urinary bladder is moderately distended.

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 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.

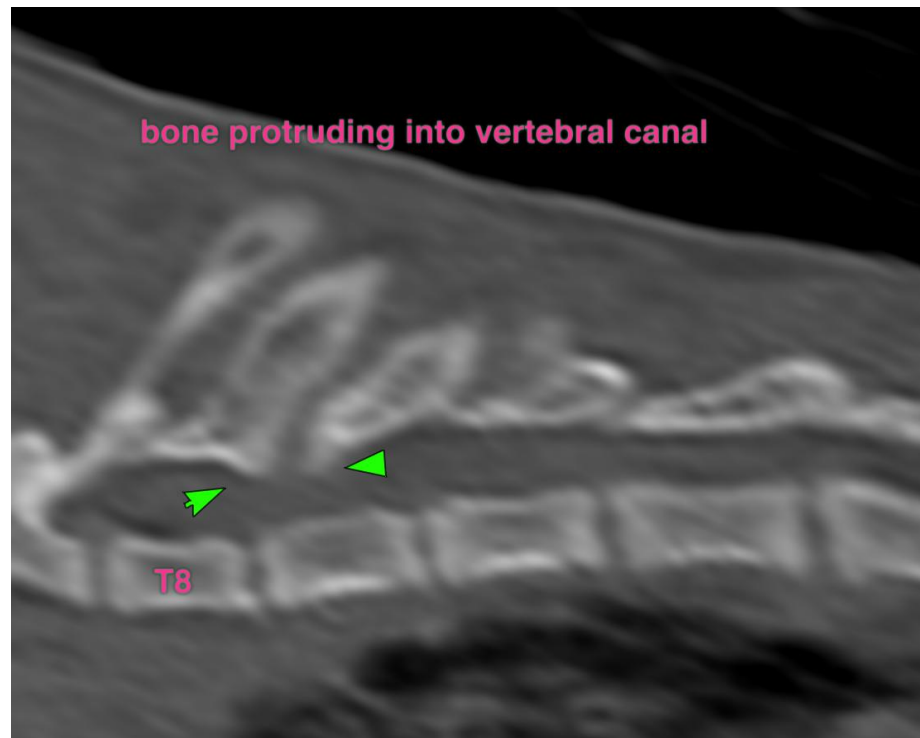
The bony and surrounding soft tissue structures reveal no abnormalities.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Vertebral canal stenosis T8/T9 with secondary myelocompression – region of preceding contrast uptake that is not appreciated anymore
- Normal thorax
- Normal abdomen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT reveals stenosis of the vertebral canal level T8/T9 due to ventral deviation of the dorsal lamina at the same level – both congenital or traumatic origin are possible. As there was a preceding contrast enhancing structure level with the new bone formation, the odds for trauma may be increased. An unlikely differential would be osteochondroma. Surgical management appears beneficial.





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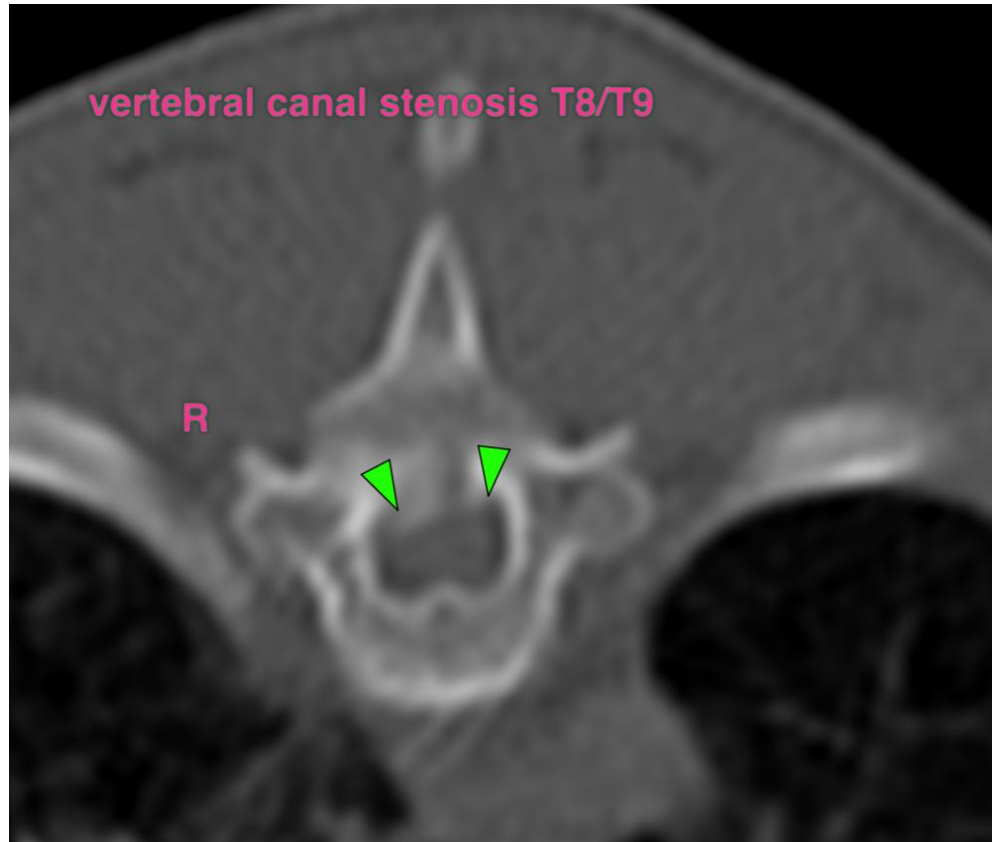
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)