



PATIENT PRESENTING CLINICAL SIGNS

Piper Blake Patient presented for swelling on the right glutious region 1 month ago ,area has increased in size since then, feels firm and like it is in the muscle, patient is now limping, radiographs show no metastasis and it is soft tissue opaque. THIS IS AN EMPLOYEE PET

SPECIES Abnormal PE/Chem/CBC/UA Results: Bloodwork and urinalysis abnormalities-Calcium - 11.1mg/dl, Sodium -153mEq/L, Osmolality (Calc) -325 mOsm/kg Total protein -7.4 G/dl
 Canine ,Globulins-3.9g/dl, HCT 19g/dl, MCV -77fL, CHCM 29g/dl , Urine PH >9

COMPUTED TOMOGRAPHY OF THE HIND LIMBS, SKULL, & THORAX

BREED A high resolution pre- and post-contrast CT study of the hind limbs and a plain CT study of the skull and the thorax are provided for review.

Lab

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Triadan 201 presents a significant periapical widening of the periodontal space.

Mild atrophy of the nasal conchal structures bilaterally is appreciated..

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. In both external ear canals a mild to moderate amount of soft tissue attenuating material is attached to the epithelial lining.

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.

C7 presents with a rudimentary rib bilaterally and the right rib of C7 is fused with the rib of T1.

Thorax

Moderate spondylosis formation is seen along the thoracic spine and the respective vertebral endplates present small moth eaten osteolytic lesions and sclerosis of the subchondral bone.

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.

The pictured parts of the cranial abdomen are within normal limits.

INTERPRETED BY

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 Hospital Deland

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Dr. Schwanebeck

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PATIENT Pelvis/Hind limbs

Piper Blake Multifocal moderate to marked spondylosis formation is seen along the pictured parts of the lumbar spine.

SPECIES Canine
 The vertebral endplates of the lumbosacral junction present moderate spondylosis formation; the subchondral bone of the respective vertebral endplates presents multiple geographic osteolytic lesions, demarcated by a thin sclerotic rim. Moderate new bone formation is seen level with the neuroforamina L7/S1 with narrowing of the respective neuroforamina. The lumbosacral intervertebral disc is moderately protruding into the vertebral canal. The left spinal nerve L7 is moderately thickened level with the neuroforamen.

BREED Lab
 Both coxofemoral joints present moderate osteophyte new bone formation, L>R.

SEX Female Spayed
 At the caudal aspect of the right thigh, in the fascial plane between the semitendinosus and semimembranosus muscle, a well-defined, uniform fat-attenuating mass, measuring 5.9 x 8.4 x 11.9 cm in size is appreciated. The mass is extending from the level of the proximal femoral diaphysis distally up to the caudal aspect of the head of the ipsilateral gastrocnemius muscle. The right sciatic nerve can be followed along the over the complete length of the mass at the lateral aspect.

AGE **COMPUTED TOMOGRAPHIC DIAGNOSIS**

9 Years

- Intermuscular lipoma caudal aspect right thigh
- Degenerative lumbosacral stenosis with advanced osseous remodeling of the vertebral endplates and new bone formation level with the respective neuroforamina bilaterally
- Segmental neuropathy left spinal nerve L7
- Degenerative osteoarthritis coxofemoral joints bilaterally, L>>R, due to hip dysplasia
- Periodontal abscess 201
- Bilateral otitis externa
- Mild atrophy of the nasal conchal structures
- Spondylosis deformans
- Chronic remodeling of the vertebral endplates of multiple thoracic vertebra, due to chronic discopathy
- Rudimentary ribs C7

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass at the caudal aspect of the right thigh is consistent with an intermuscular lipoma. Complete surgical resection appears feasible. During surgical intervention be aware of the right sciatic nerve coursing along the lateral aspect of the mass.

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There is evidence of advanced degenerative lumbosacral stenosis with predominant osseous remodeling and new bone formation level with the neuroforamina. The thickened left spinal nerve L7 indicates secondary neuritis due to neuroforaminal stenosis. The clinical relevance of the changes at the lumbosacral junction is unclear, as there is no respective history. If clinical signs develop, consider local glucocorticoid application in first instance, as osseous changes are likely to rebuild after surgical resection.

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The mild conchal atrophy can be a sequela to non-specific rhinitis (e.g. lymphocytic plasmocytic, eosinophilic), the clinical relevance of the finding is questionable due to the lack of respective



PATIENT

clinical signs.

Piper Blake

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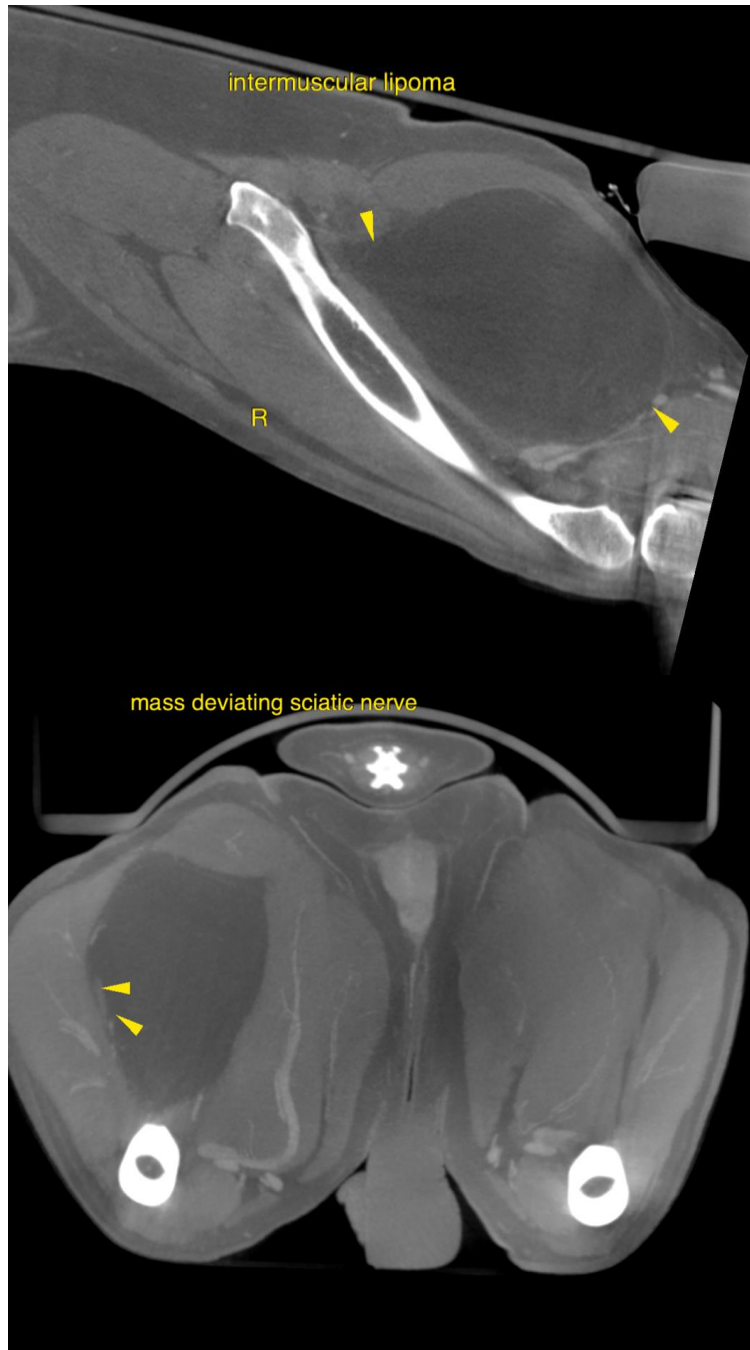
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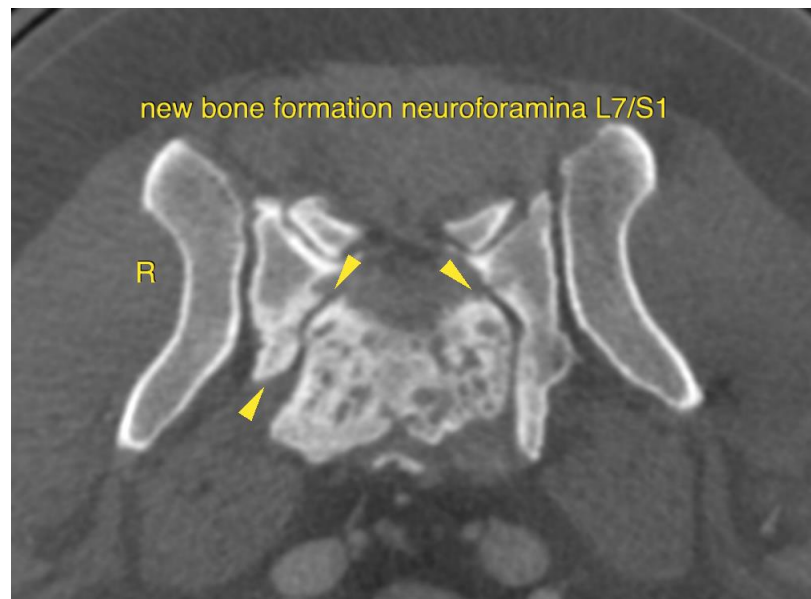
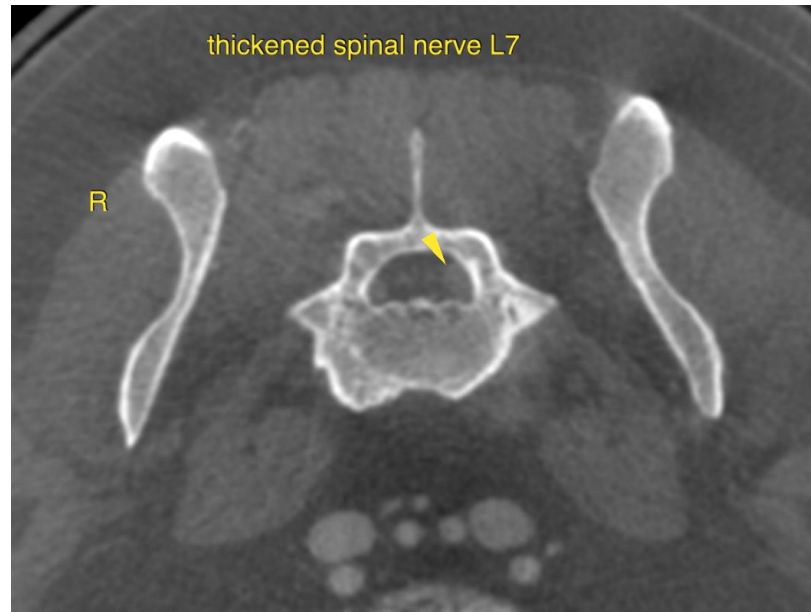
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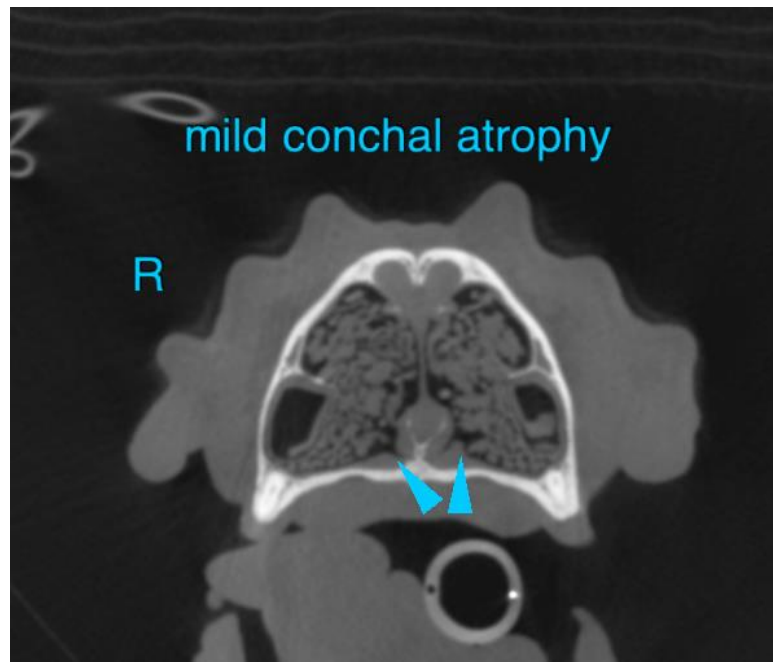
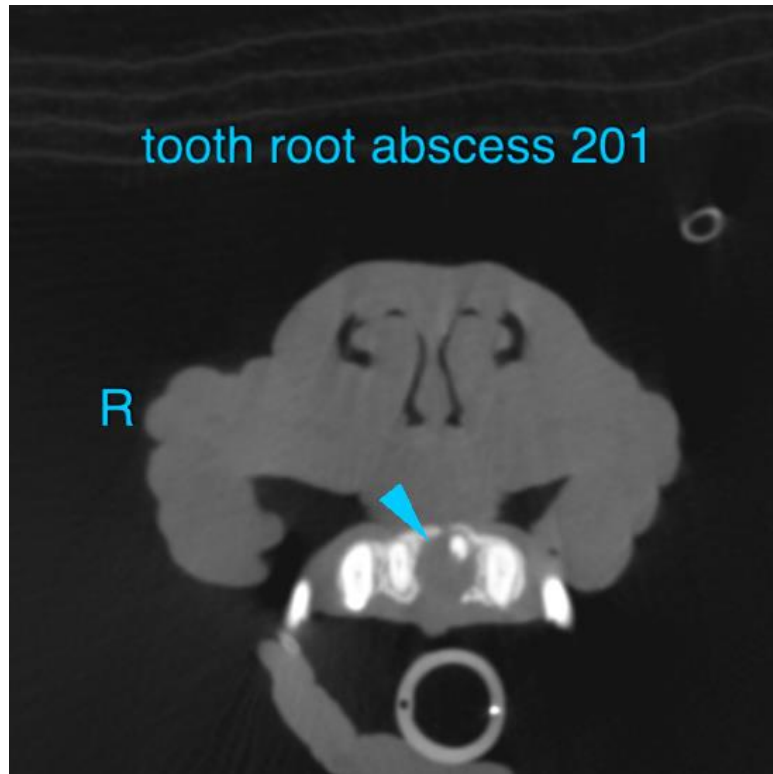
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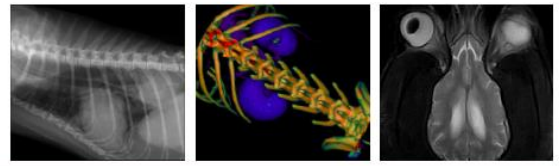
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Piper Blake

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.

SPECIES

Canine

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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