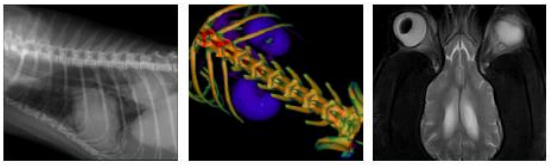

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1-800-838-4268 info@sonopath.com

PATIENT

Mateo Rodriguez

SPECIES

Canine

BREED

Rottweiler Mix

SEX

MN

AGE

9 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Veterinary Image Center

REFERRING VET

Dr. G. Cintron, DVM

INVOICE

58985

DATE

6-22-23

PRESENTING CLINICAL SIGNS

Mateo assessment from 6/17/2023: QAR, recumbent, mild icteric, anorexic, not urinating since yesterday. The second blood transfusion was done 6/13-6/14. Today we removed 620 ml of urine with sterile urine catheterization. Owner reported in patient urinary incontinence and hind limbs paraperesis since 6/12/2023. Patient has deep pain.
Abnormal PE/Chem/CBC/UA Results: CBC --- moderate-severe anemia, mild leukocytosis and mild thrombocytopenia 134K/uL CHEM --- mild hyperglycemia, BUN mild increased, liver enzymes increased(ALKP severe increased)

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

In the right epaxial musculature at the caudal aspect of the 13th right rib, an intramuscular, well-defined, ovoid shaped lipoma is seen.

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 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, but regions of dystelectasis of the left lung lobes and randomly distributed interspersed punctuate mineralization.

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 both kidneys present small (<2 mm) parenchymal filling defects as well as multiple hypoattenuating bands emanating from the periphery into the renal parenchyma

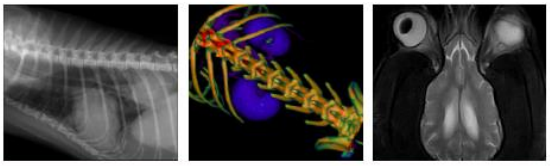
The adrenal glands are within normal limits for size, shape and organ architecture.

The spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The hepatic volume is increased and the liver is protruding caudally beyond the costal arch; the caudoventral hepatic margins are rounded. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

A small amount of mineralized, gravity dependent material is seen in the gallbladder.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform



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contrast enhancement.

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

Multifocal streaks of granular mineralization of the subcutaneous tissue is seen along the gluteal and perineal region.

The intervertebral discs T13/L1 and L1/L2 are mildly The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 40% of the cross-sectional area of the vertebral canal at the same level.

In pictured parts of both hind limbs, a lipoma is seen in the fascial plane at the caudodorsal aspect of the right thigh.

Overall the musculature presents an increased fatty component

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Degenerative lumbosacral stenosis with dynamic compression of the cauda equina fibers
- Intervertebral disc protrusion T13/L1 and L1/L2 without compressive myelopathy
- Calcinosis cutis
- Hepatomegaly
- Small amount of mineralized biliary sludge
- Interfascial lipoma caudodistal aspect right thigh
- Suspect generalized muscle wasting and fatty replacement
- Intramuscular lipoma right epaxial musculature level T13/L1
- Renal cortical cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An underlying cause for the paraparesis cannot be specified, the appreciated intervertebral disc protrusions are only mild and the degenerative lumbosacral stenosis does not explain paraparesis. Due to the acute onset of clinical signs, differentials can include ischemic myelopathy (e.g. fibrocartilaginous embolism) or acute non-compressive nucleus pulposus extrusion. If there is strong suspicion for intradural lesion, workup can be complemented by a myelographic CT study or MRI study of the spine.

Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. In case of doubt, ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup.

The muscle wasting in combination with eh calcinosis cutis can indicate hyperadrenocorticism (endogenous versus exogenous).

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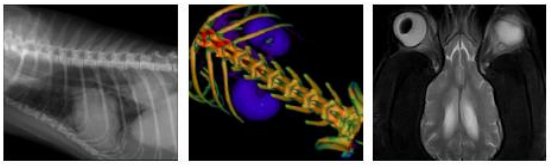

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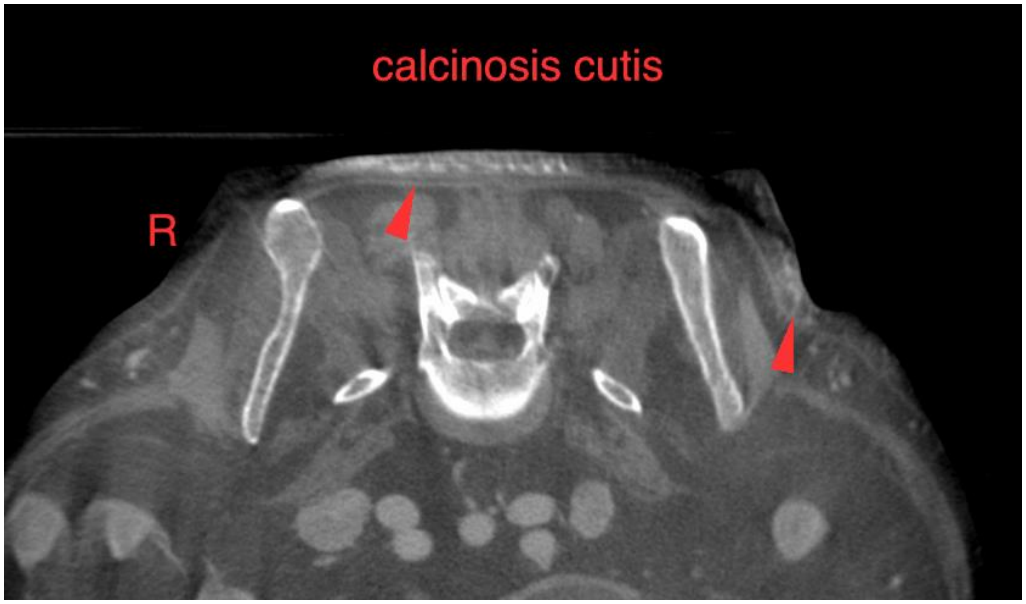

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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