



**PATIENT**

Butter Kate

**PRESENTING CLINICAL SIGNS**

Acute onset LHL paralysis w/ decreased femoral pulse and stiffness. FIV positive

**SPECIES**

Feline

**COMPUTED TOMOGRAPHY OF THE ABDOMEN**

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

**BREED**

DSH

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

**SEX**

Female Spayed

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

**AGE**

11 Years

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.

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.

Both coxofemoral joints present with mild osteophyte new bone formation along the cranio-lateral acetabular rim.

Post contrast administration, no filling defects are noted along the aorta and its branches.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Nephrolithiasis bilaterally without signs of obstruction
- Mild degenerative osteoarthritis coxofemoral joints bilaterally

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study of the abdomen presents without abnormalities, explaining the monoparesis of the left hind limb, no thrombus material can be appreciated along the aorta, left external iliac artery or femoral artery. However, blood pressure measurement on all four limbs in comparison can be used to check for disturbed arterial vascular supply.

Rule out lesion pathology of the spinal cord, like ischemic myelopathy/fibrocartilaginous embolism, acute non-compressive nucleus pulposus extrusion or due to the acute onset of clinical signs less likely intramedullary neoplasm.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Green Dog Dental and  
Wellness

**REFERRING VET**

Ren Garcia, DVM

**INVOICE**

52636

**DATE**

6-28-22



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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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