



PATIENT PRESENTING CLINICAL SIGNS

Tex Ollson Patient has had ongoing illness starting with increased resp rate & effort, lethargy, decreased mobility of the hing legs and finally paralysis of all limbs starting June 28th. No obvious pain on palpation along spine, however on neck motility there is discomfort noted. Anal tone is present, withdrawl reflexes are intact on all 4 limbs. Possibly a grade 1 heart murmur though it is difficult to auscultate. Patient was hospitalized and given pain reliever injections, anti-inflammatory injections and muscle relaxant injection with no improvement noted.

SPECIES

Canine

BREED

Shepherd X

COMPUTED TOMOGRAPHY OF THE CERVICAL, THORACIC AND LUMBAR SPINE

A high resolution pre- and post-contrast CT study of the entire spine is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Multifocal mild peripheral mineralization of the dural tube is appreciated along the entire spine.

MN

The vertebral endplates of the lumbosacral junction present mild ventral spondylosis formation.

The dural tube presents an even diameter throughout the cervical, thoracic and lumbar spine.

AGE

12 Years

In the pictured parts of the thorax, a uniform soft tissue attenuating and contrast enhancing ovoid shaped mass is visible, measuring approximately 10.5 x 8.8 cm in size. The mediastinum is deviated to the left by the mass effect and the lung lobes in contact with the right caudal lung lobe are distorted.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

A lipoma is seen in the left axillary region and medial to the right scapula,, demarcated by a thin soft tissue attenuating capsule respectively.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large pulmonary soft tissue mass right caudal lung lobe
- Left axillary lipoma and right sided subscapular lipoma
- Spondylosis deformans L7/S1
- Mild dural mineralization

HOSPITAL NAME

Bridgwater
Veterinary Hospital
and Wellness Centre

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. S. Klonisch

No macromorphological abnormalities of the spine are appreciated, explaining acute onset progressive paresis. Potentials can include acute non-compressive nucleus pulposus extrusion, fibrocartilaginous embolism, myelitis, polyneuropathy, intramedullary neoplasia or less likely extrusion of isoattenuating disc material. Either a myelographic CT study or MRI study of the spine can be used as advanced imaging modality.

INVOICE

52625

The pulmonary mass is highly suggestive for primary pulmonary neoplasia, such with carcinoma being most common. FNA sampling by the 8th intercostal space can be performed as advanced diagnostic test.

DATE

6-29-22



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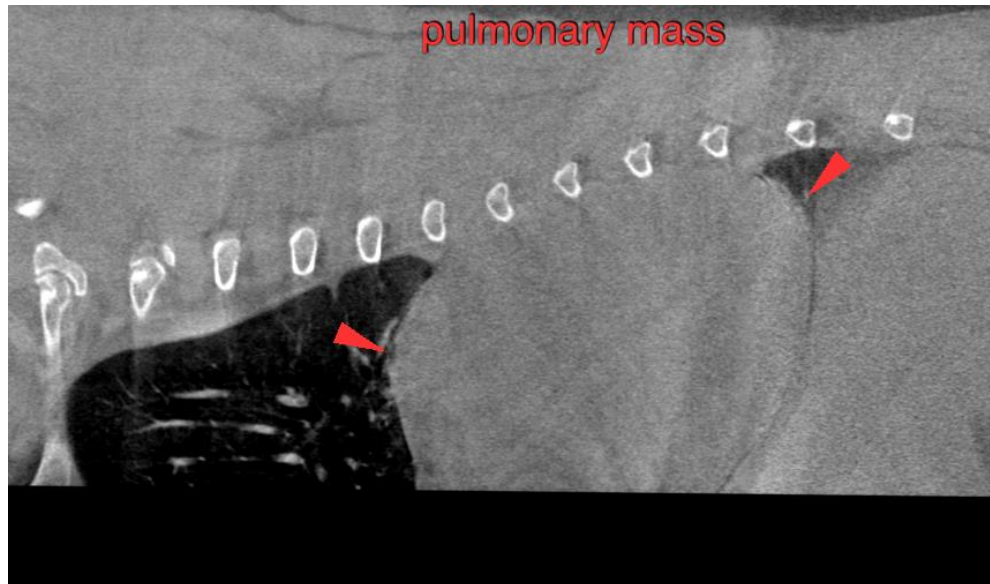
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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