



PATIENT PRESENTING CLINICAL SIGNS

HONEY JENNIS The patient presents today for CT after seeing Dr. Levine and it being recommended for possible additional diagnostics to help diagnose spinal abnormalities/hind end deficits. The patient has a history of hind end weakness/inappropriate gait, muscle wasting in the hind limbs bilaterally, and inability to defecate without help eliminating. The patient has to be expressed or helped to eliminate externally to defecate. She is able to urinate and posture but also dribbles randomly. The patient wears a diaper when inside and when outside the owner will take off the diaper. The owner reports activity helps her defecate and sometimes she can eliminate small amounts of stool on her own, but has little to no anal tone. The current owner(Ariel) is the sister to Kayla, and has been a foster for the patient since 10 weeks old. An owner was found who had plans to adopt the patient this week but the plans fell through, so Kayla will be adopting from her sister and continuing to try to find her a home. The original owners had an accidental litter of puppies that are golden/choc lab mix, and the patient was the runt. The patient has been eating, drinking, no vomiting nor diarrhea, no coughing nor sneezing, has great energy. The patient receives 2.5mg PO Cisapride BID, and Simparica Trio SIM. She is up-to-date on vaccs and needs one last set of vaccines+ Rabies vaccs.

SPECIES

Canine

BREED

Golden Retriever Mix

SEX

Female

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

AGE

5 Months

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

The bony and surrounding soft tissue structures 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.

HOSPITAL NAME

Critical Vet
Care/Suncoast Vet

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.

REFERRING VET

Dr. Young

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.

INVOICE

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Abdomen

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

DATE

7/14/23



PATIENT

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

SPECIES

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

BREED

Golden Retriever Mix

At the medial aspect of the cranial extremity of the spleen, a roundish, well-defined, structure is noted, presenting the same attenuation and contrast enhancement pattern like the spleen.

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

SEX

Female

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

AGE

5 Months

S1 presents an unfused dorsal lamina and the dural tube is deviating dorsally. A thin, soft tissue band is extending from the dural tube caudodorsally into the subcutaneous tissue – presenting a focal concave depression of the cutaneous surface.

The acetabular groove bilaterally is shallow. The left femoral head is subluxated dorsally.

INTERPRETED BY

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Spina bifida S1 with meningo(myelo)cele
- Hip dysplasia with dorsal subluxation left femoral head
- Splenunculus
- Structural normal thorax

HOSPITAL NAME

Critical Vet
Care/Suncoast Vet

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spina bifida and the associated meningo(myelo)cele level S1 is a plausible explanation for the described clinical signs. MRI can be used for further clarification if a meningocele or meningomyelocele is present. The chances of surgical management of the meningo(myelo)cele can be discussed with neurologist.

REFERRING VET

Dr. Young

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PATIENT

Honey Jennis

SPECIES

Canine

BREED

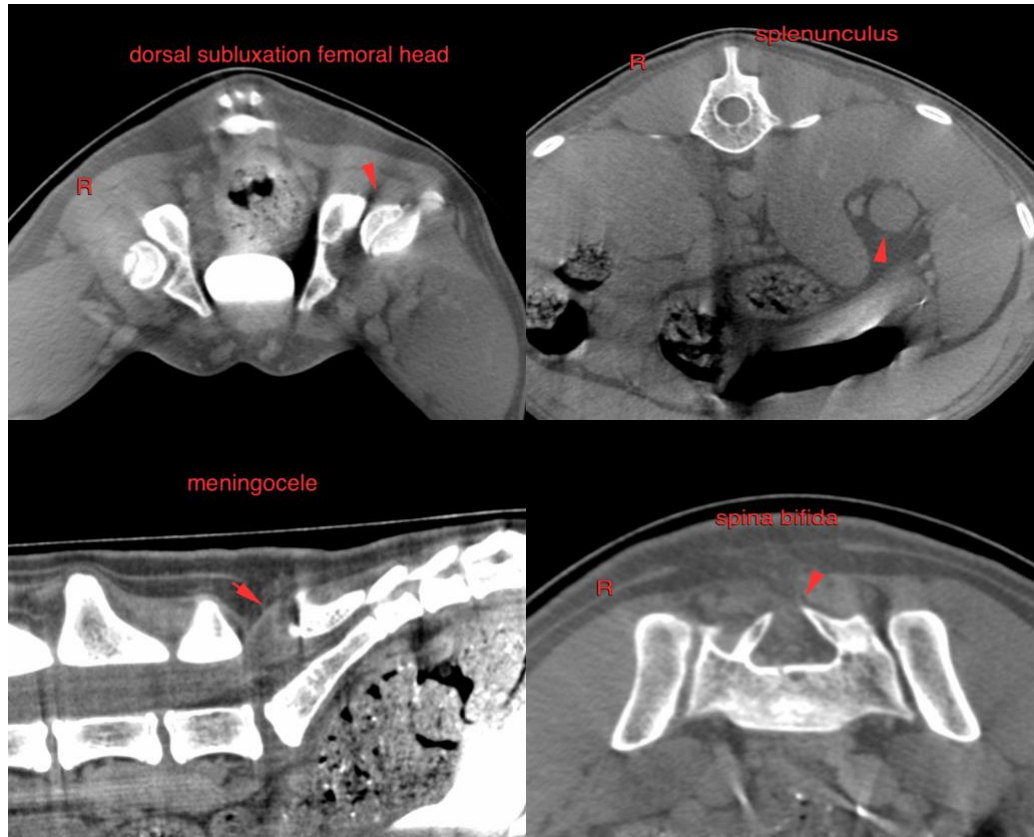
Golden Retriever Mix

SEX

Female

AGE

5 Months



INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

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.

HOSPITAL NAME

Critical Vet
Care/Suncoast Vet

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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REFERRING VET

Dr. Young

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