



**PATIENT PRESENTING CLINICAL SIGNS**

**Apollo Lewer** History: Reduced appetite and weight loss for last week. Was at boarding facility for 1 week, lost weight. Hypersalivating, right sided. Temp of 103.2F Lethargic

**SPECIES** Abnormal PE/Chem/CBC/UA Results: 7/21 Lab: CBC: HCT 54.5%, WBC 6.33 K/uL, Neut 5.43, Lymph 0.41, Mono 0.46, Eosin 0.01 (Stress leukogram), PLT 154k/uL Chem: Creat 1.0, BUN 13, TP 7.8, Globulin 4.6 (H), ALT 666 (H), ALP 210, Amylase 1796(H) 7/22 Labs: EPOC: pH 7.355 (L), Na 146, K 3.7, lac 1.35, BUN 12, Creat 0.74, HCT 46 PT: WNL EKG:No abnormal complexes

**BREED COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN**

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

**SEX COMPUTED TOMOGRAPHIC FINDINGS**

**Neutered Male** **Skull**

**AGE** The tooth elements 301, 302, 305, 402, 403 and 405 are absent. The crown of triadan 404 presents a crescent shaped depression at the lingual surface.

**10 Years** In the nasal cavity bilaterally, a moderate amount of fluid attenuating material is attached to the mucosal lining of the conchal & turbinate structures.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

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. The external ear canals are within normal limits.

**HOSPITAL NAME**

Wilvet Salem

An asymmetric conformation of caudal cranial fossa is seen – considered as anatomical variant. The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

**REFERRING VET**

Dr. Emi Menzen

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.

**Thorax**

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The bony and surrounding soft tissue structures are within normal limits.

**DATE**

7/22/22



**PATIENT**

Apollo Lewer

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.

**SPECIES**

Canine

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.

**BREED**

Boxer

The lung parenchyma presents the expected architecture and attenuation behavior with randomly distributed interspersed punctuate mineralization.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

**SEX**

**Abdomen**

Neutered Male

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

**AGE**

10 Years

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 urinary bladder is not included within the field of view.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

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

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

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The wall of the gallbladder is mildly thickened measuring 3.4 mm in width, the wall-layering is maintained.

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

**REFERRING VET**

Dr. Emi Menzen

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

Multifocal mild spondylosis formation is seen along the lumbar spine. The vertebral endplates of the lumbosacral junction present moderate spondylosis formation.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Mild generalized mural swelling gallbladder wall
- Rhinitis

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**PATIENT**

Apollo Lower

- Multiple absent teeth
- Pulmonary osteomas
- Spondylosis deformans

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Canine

The CT study presents no specific abnormality, explaining the presenting clinical signs. The increase in amylase in combination with the edema of the gallbladder wall can be a sequela to pancreatitis. Cholecystitis is a consideration for the edematous swelling of the gallbladder wall as well. Complementing blood work by cpli is considered beneficial.

**BREED**

Boxer

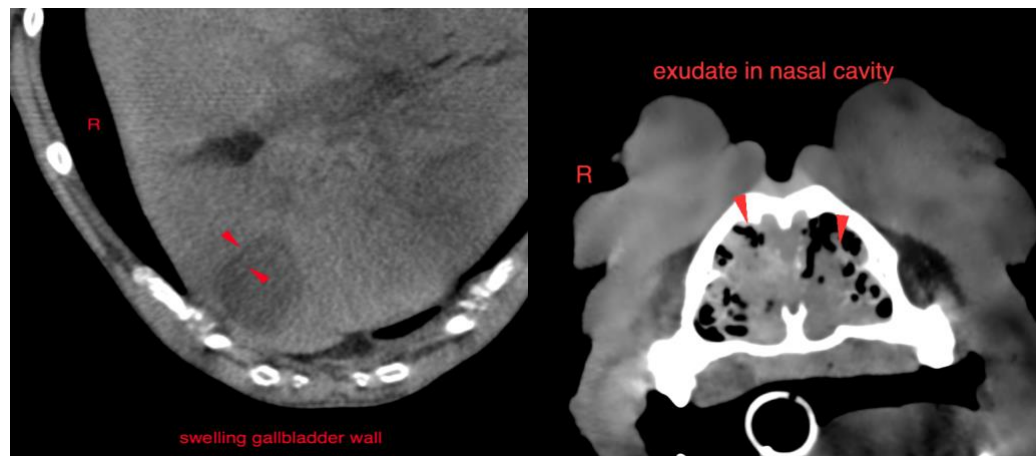
As there is no history of nasal discharge, the findings the rhinitis detected by computed tomography needs to be correlated with clinical signs.

**SEX**

Neutered Male

**AGE**

10 Years



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DVM Dr. med. vet.  
DipECVDI

**HOSPITAL NAME**

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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.

**REFERRING VET**

Dr. Emi Menzen

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

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**PATIENT**

Apollo Lower

**SPECIES**

Canine

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**SEX**

Neutered Male

**AGE**

10 Years

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