



**PATIENT**

Mabel Destefano

**PRESENTING CLINICAL SIGNS**

Chronic diarrhea, some improvement on Prednisone and Metronidazole. Bilaterally torn CCL

**COMPUTED TOMOGRAPHY OF THE THORAX, ABDOMEN AND HIND LIMBS**

**SPECIES**

Canine

A high resolution pre- and post-contrast CT study of the abdomen, a post-contrast CT study of the hind limbs and a plain CT study of the thorax are provided for review.

**BREED**

Border Collie Mix

Thorax

The right humeral head presents with a geographic osteolytic lesion.

**SEX**

Female Spayed

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.

**AGE**

7 Years, 5 Months

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, with randomly interspersed punctuate mineralization.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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

Abdomen

**HOSPITAL NAME**

Catskill Veterinary Services, PLLC

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 a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

**REFERRING VET**

Dr. Daniella Carbone

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.

**INVOICE**

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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.

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The bony and surrounding soft tissue structures reveal no abnormalities.

Hind limbs



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The volume of the thigh musculature bilaterally is moderately decreased, R>L.

The periarticular bones of both hind limbs present moderate osteophyte new bone formation and there is evidence of moderate intracapsular swelling of the stifle joints and distension of the outpouching of the joint capsule along the long digital extensor muscle.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- History of cranial cruciate ligament rupture of both stifle joints
- Secondary degenerative osteoarthritis of the stifle joints and significant articular swelling
- Disuse atrophy thigh musculature bilaterally, R>L
- Monostotic benign osteolytic lesion right proximal humeral epiphysis
- Structural normal thorax, but pulmonary osteomas
- Structural normal abdomen

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Unfortunately, the CT study presents without abnormalities, explaining the history of chronic diarrhea.

**AGE**

7 Years, 5 Months

The osteolytic lesion of the right proximal humeral epiphysis is most consistent with an osseous cyst like lesion or fatty bone marrow replacement. If lameness develops, recommend reevaluating the humerus. In case of doubt consider either a follow up CT scan or radiographs of the right proximal humerus in 6-8 weeks.

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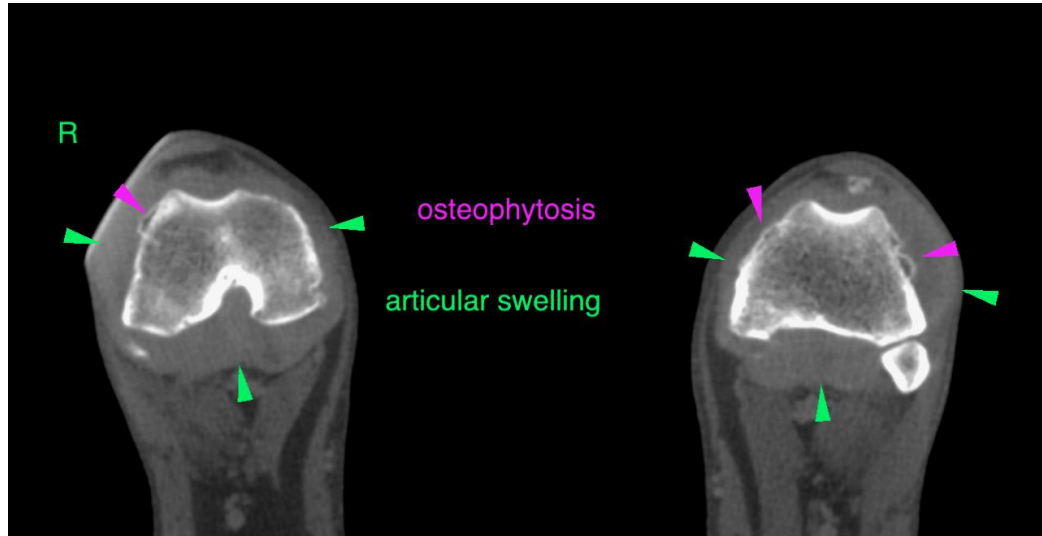
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
sebast.schaub@gmail.com