



PATIENT PRESENTING CLINICAL SIGNS

Kairi Cameron Presented to us July 22 for stiff gait, unwilling to walk, and yelping/groaning when lying down. No improvement with tramadol and gabapentin. Since May has been intermittently limping but very mild. On PE, thoracolumbar pain and stiff gait. MRI performed July 22, hyperintensity of epaxial muscles so submitted muscle biopsies & performed hemilaminectomy to collect epidural fat for culture. Muscles were pallor with caseous appearance. Histopath came back as myositis with no obvious cause. Epidural fat nsf. Culture pending. Moderate oozing intraop from epaxial muscles. Nsf on CSF. Clinically getting worst and more painful despite improving bloodwork results and opioids. Not interested in eating and yelps whenever she is picked up around her chest. Previous hx: diabetes mellitus (diagnosed Jan 2023, well managed), mass in stomach found on ultrasound Jan 2023 with endoscopic biopsies Feb 2023 (concerning but not diagnostic for neoplasia), hx pyometra May 18, 2023 (good recovery), performed surgical biopsies of gastric mass but still inconclusive, hx mammary masses.

SPECIES Canine

BREED Eurasier

SEX FS

Abnormal PE/Chem/CBC/UA Results: Non-ambulatory tetraparetic (yelps and refuses to stand) and appears painful around right shoulder/neck region. No other neurological deficits. She has developed pitting edema in her left tarsus and right forelimb. She has mild blood-tinged crusting nasal discharge (noted previously before hospitalization). CBC - mild progressive non-reg anemia, moderate thrombocytopenia (platelet clumping noted), mild leukocytosis (improving; mild neutrophilia and monocytosis) CK - mildly elevated (improving) Chem - mild hyperglycemia, mildly elevated ALP, mildly elevated amylase and mild hypercholesterolemia.

AGE COMPUTED TOMOGRAPHY OF THE SKULL, THORAX, ABDOMEN, FRONT & HIND PAWS

8 Years A pre- and post-contrast CT study in a bone, lung and soft tissue reconstruction are provided for review.

INTERPRETED BY

COMPUTED TOMOGRAPHIC FINDINGS

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

HOSPITAL NAME

A nasoesophageal catheter is appreciated in the right nasal cavity. The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Animal Health Partners

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

REFERRING VET

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.

Dr. Greg Kilburn

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.

INVOICE

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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 & Front limbs

DATE

7-30-23

Multiple vertebral body along the thoracic spine present randomly distributed ill-defined moth eaten osteolytic lesions. At the ventral aspect of the vertebral body of T2 to T4, immature periosteal new bone formation are appreciated. Level with C4/C5, T3, T4, T6 mild peripheral contrast enhancing material is bulging into the vertebral canal, mildly distorting the dural tube at the same level



PATIENT respectively.

Kairi Cameron Immature periosteal new bone formation is seen along the medial surface of the neck of the left scapula. The humeral head bilaterally presents moth eaten osteolytic lesions.

SPECIES Both elbow joints present very mild osteophyte new bone formation. The osseous and soft tissue structures of the antebrachium, carpus and front paw bilaterally are within normal limits.

Canine The sternal lymph nodes are prominent.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

BREED 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.

Eurasier In the ventral aspect of the accessory lung lobe, a well-defined soft tissue attenuating nodule, measuring 8 mm in diameter is appreciated.

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

FS

Abdomen & Hind limbs

AGE In the post contrast series, only the cranial abdomen is included in the field of view.

8 Years The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. The medial iliac lymph nodes are prominent.

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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.

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

HOSPITAL NAME

Animal Health Partners A splenic lymph node is moderately enlarged, rounded and has a heterogeneous contrast enhancement pattern.

The gallbladder wall is thickened, measuring up to 12 mm in width; the wall layering is maintained.

REFERRING VET

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

Dr. Greg Kilburn

The gastric wall is generalized thickened, measuring 16 mm in width; the wall layering is maintained.

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The right facet joint L2/L3 is absent and a defect is seen in the right lamina L2/L3. The vertebral bodies along the lumbar spine present ill-defined moth eaten osteolytic lesions.

59555 An edematous soft tissue swelling is appreciated at the dorsal aspect of the left tarsal joint and craniodistal aspect of the left tibia.

DATE

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Sebastian Schaub, DVM
Dr. med. vet. DipECVDI



PATIENT COMPUTED TOMOGRAPHIC DIAGNOSIS

Kairi Cameron

- Polyostotic semiaggressive osteolytic lesions, multifocal along the thoracic and lumbar spine, humerus bilaterally, left scapula
- Multifocal extradural mild contrast enhancing soft tissue material in the vertebral canal, level with C4/C5, T3, T4, T6

SPECIES

Canine

- Lymphadenopathy splenic lymph node, medial iliac lymph nodes & sternal lymph nodes
- Solitary pulmonary soft tissue nodule accessory lung lobe
- Mild degenerative osteoarthritis elbow joints bilaterally
- Generalized mural swelling gastric wall with maintained wall layering

BREED

Eurasier

- Gallbladder wall edema
- History
- History of pitting edema region of left tarsal joint

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The polyostotic osteolytic lesions and multifocal contrast enhancing extradural soft tissue material is highly concerning for disseminated neoplastic disease such as lymphosarcoma, myeloma, (polyostotic osteosarcoma) metastasis. A potential for the multiple osteolytic lesions is (hematogenic) osteomyelitis (e.g. mycotic, Leishmaniasis). The appreciated changes along the spine are a plausible explanation for the presenting clinical signs.

AGE

8 Years

The generalized thickening of the gastric wall is not specific and can be caused by gastritis or diffuse neoplastic infiltration.

INTERPRETED BY

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Differentials for the solitary pulmonary nodule include granuloma, fibrosis, round pneumonia/mucus impaction or metastasis.

FNA sampling of the enlarged lymph nodes ± bone biopsy of the humeral heads can be considered as advanced diagnostic tests.

HOSPITAL NAME

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REFERRING VET

Dr. Greg Kilburn

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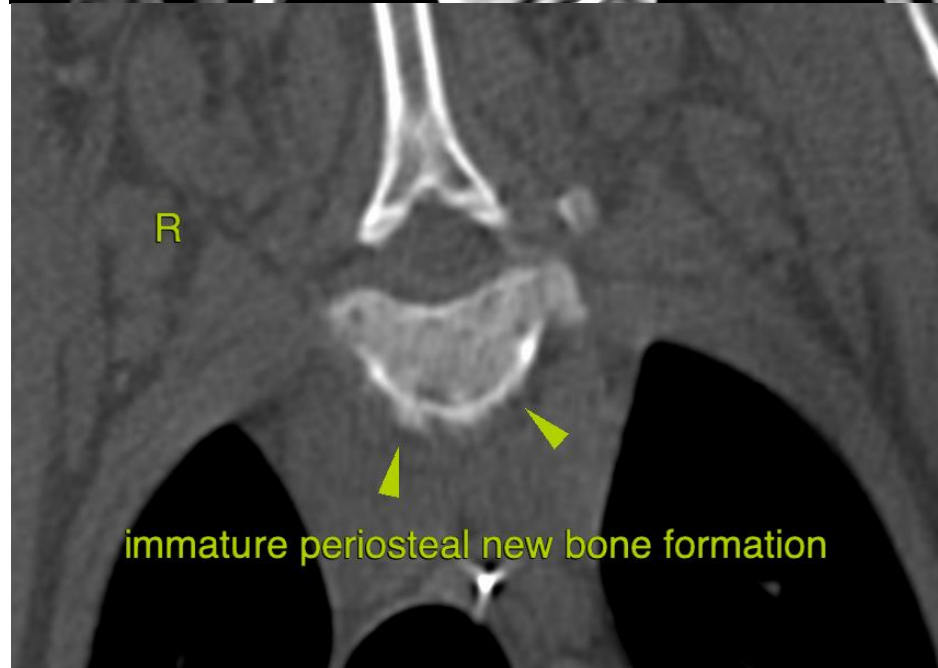
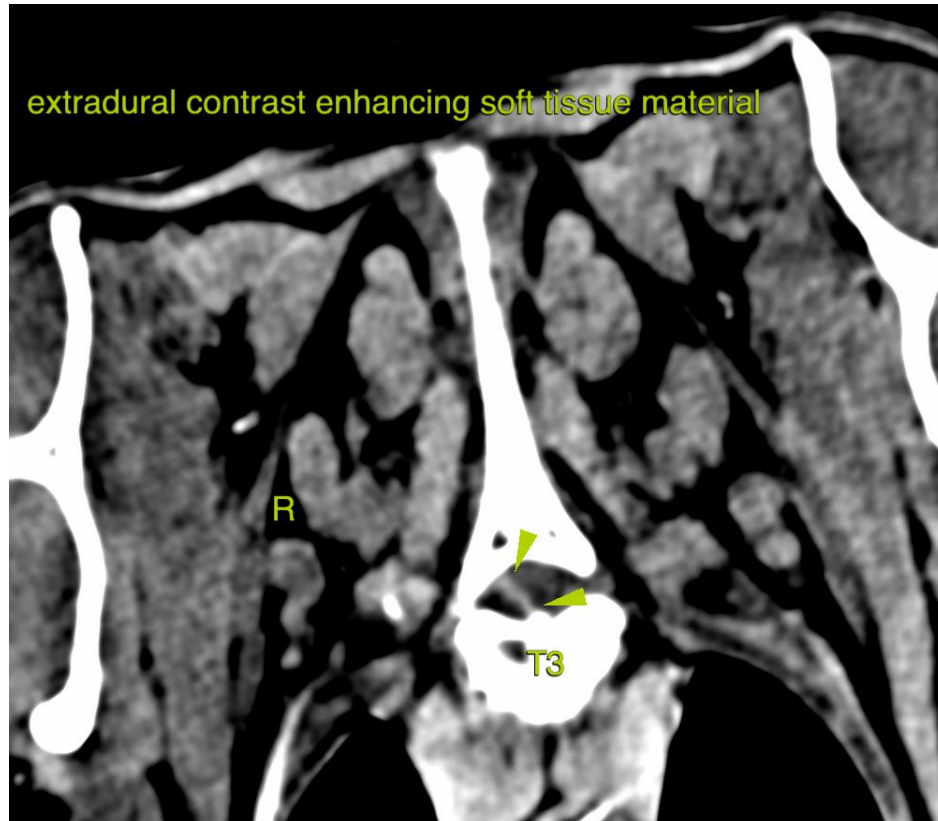
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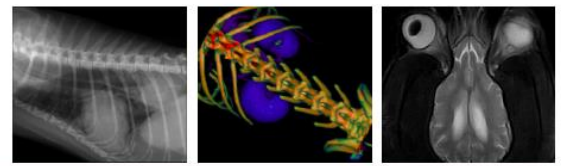
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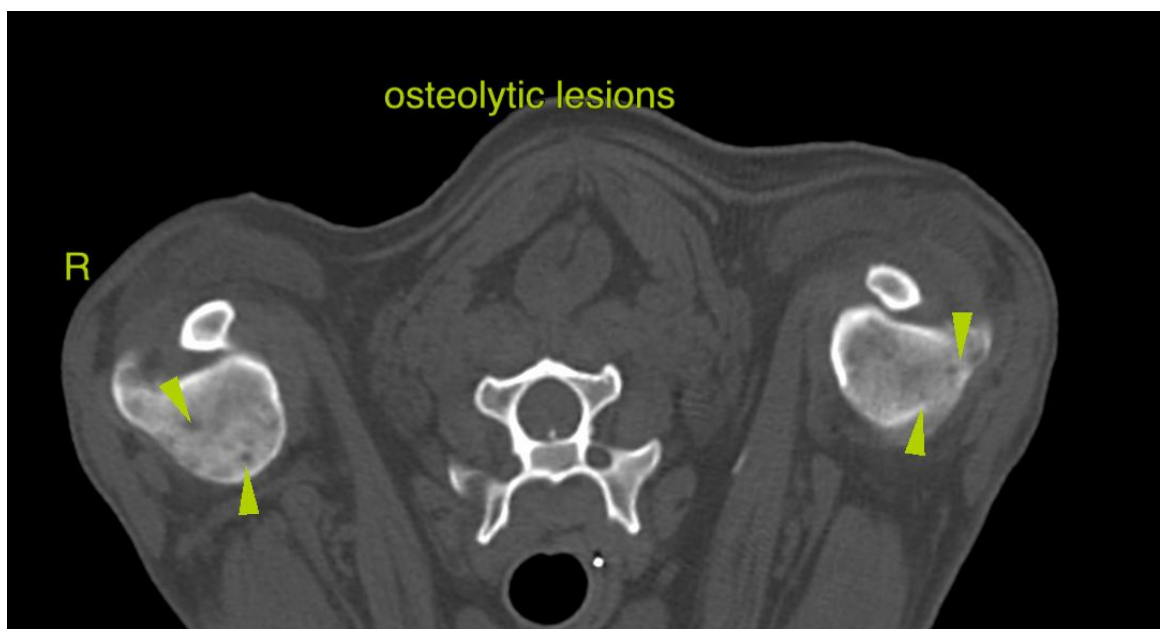
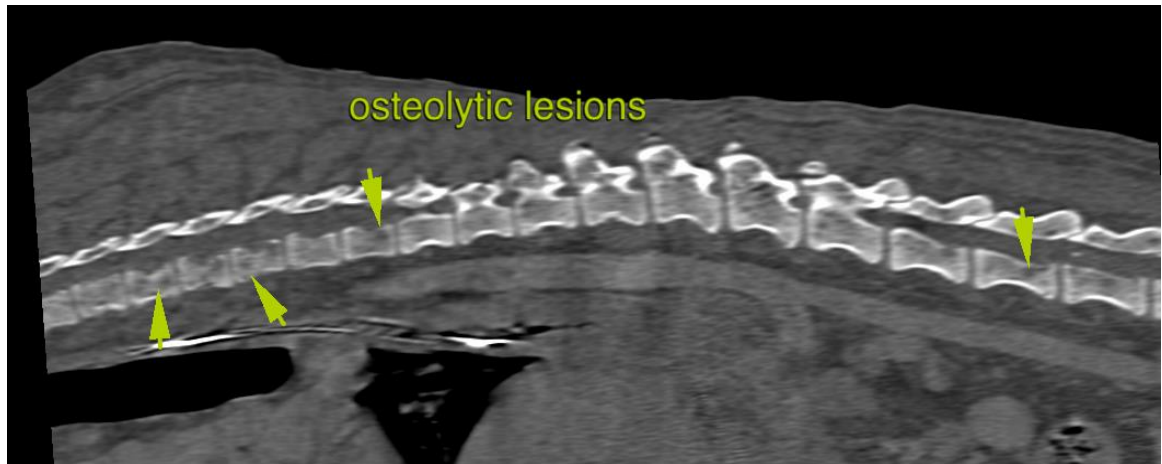
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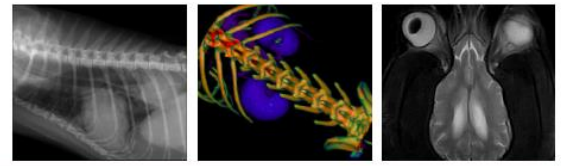
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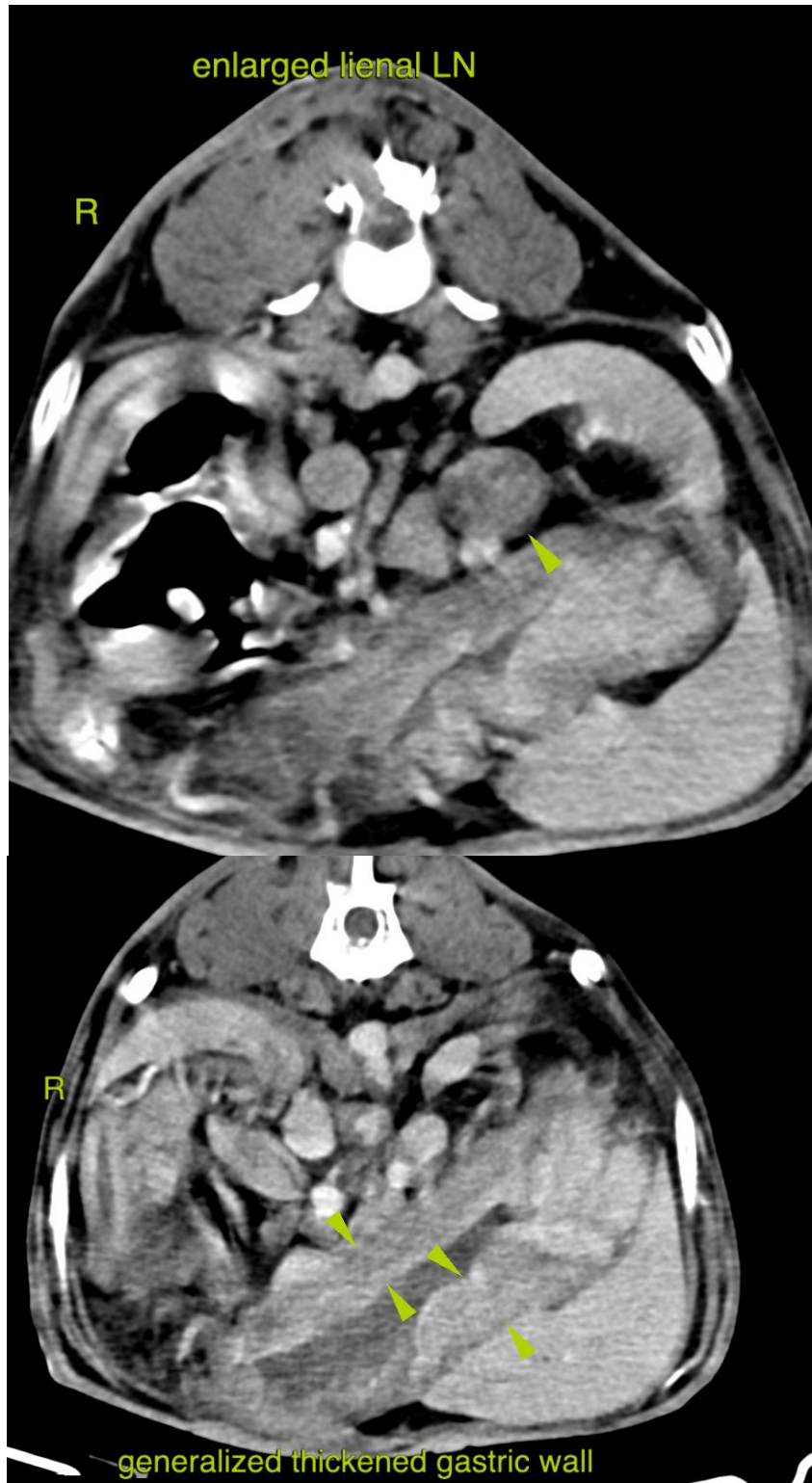
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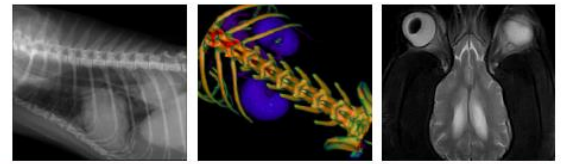
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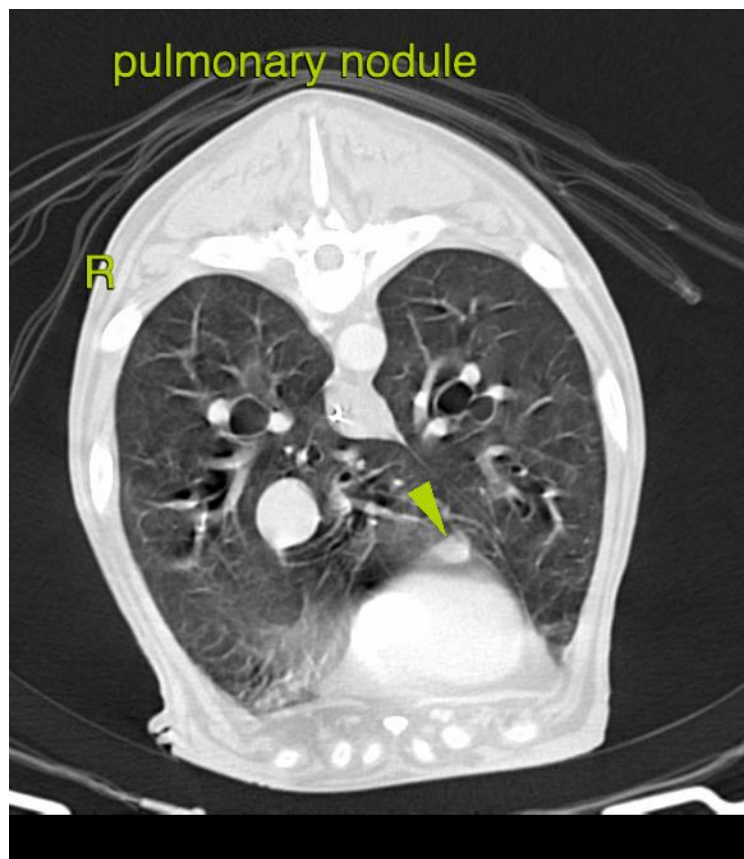
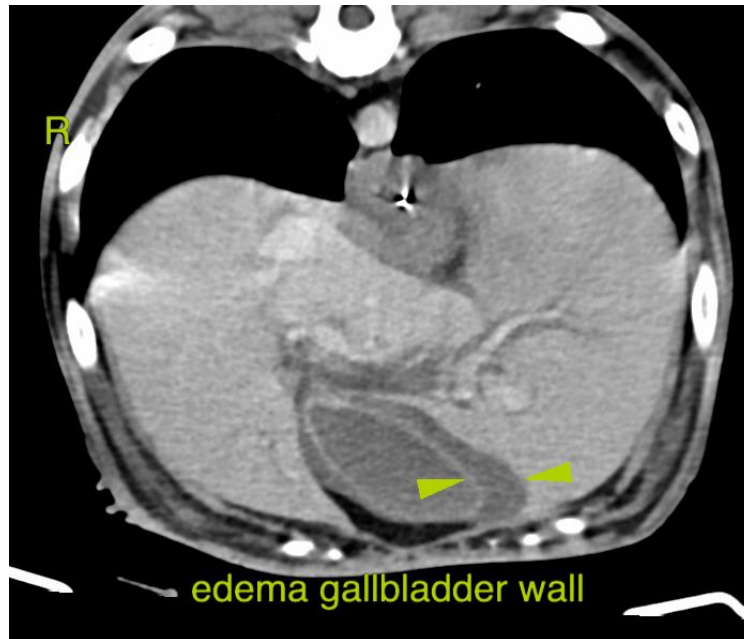
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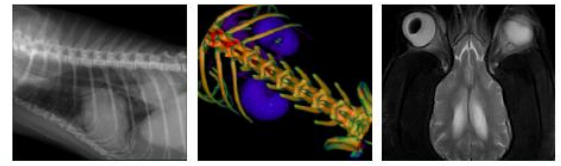
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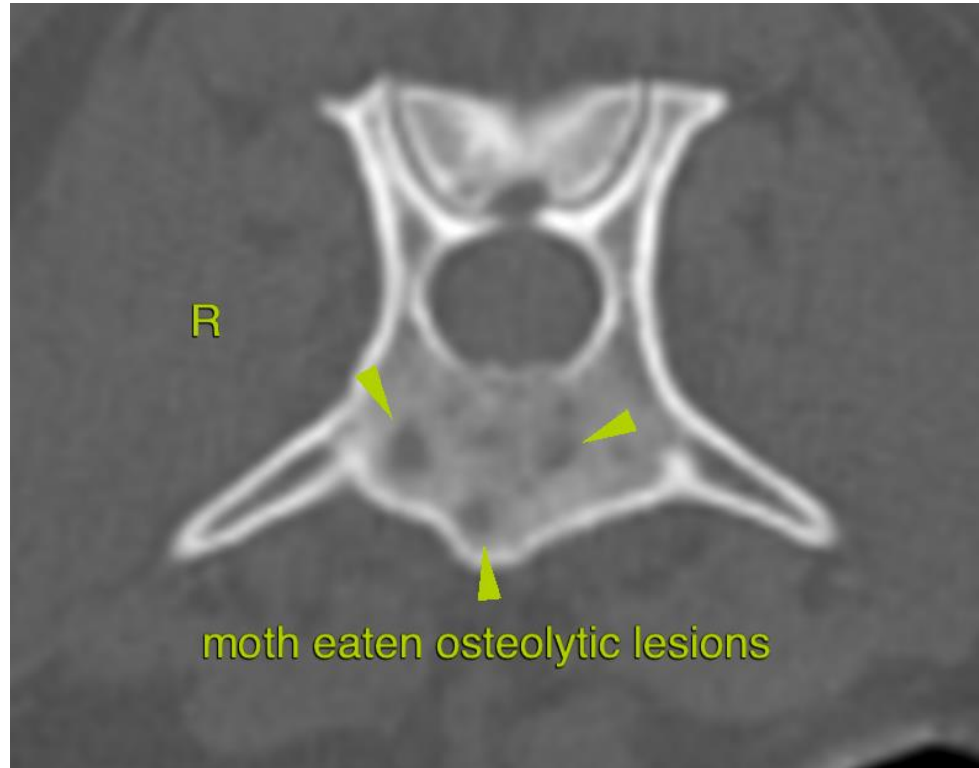
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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