



PATIENT

Luisa Bischoff

PRESENTING CLINICAL SIGNS

Patient presents with anorexia 3 days ago and ataxia.
Abnormal PE/Chem/CBC/UA Results: CBC --- WBC increased CHEM --- GLU severe decreased, TP and GLOB mild increased 4Dx --- negative for all

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

BREED

Labrador Retriever

COMPUTED TOMOGRAPHIC FINDINGS

Skull

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

SEX

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

SF

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

AGE

11 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

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.

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Thorax

Solid periosteal new bone formation is seen at the caudodorsal aspect of the spine of the scapular bilaterally. The osseous margins at the lateral aspect of the greater tubercle of the humerus bilaterally are irregular - level with the insertion of the tendon of the infraspinatus muscle.

REFERRING VET

Dr. J. Cruz, DVM

The superficial cervical lymph nodes bilaterally are prominent.

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.

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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.

DATE

7-5-22

The left lung lobes present a moderately decreased volume and ground-glass attenuating parenchyma. The parenchyma of the right lung lobes presents the expected architecture and attenuation behavior. Multifocal punctuate mineralization of the lung parenchyma is appreciated.

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



PATIENT abnormal dilation.

Luisa Bischoff Abdomen

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

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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. In the urinary bladder, a moderate amount of sedimented hyperattenuating material is appreciated. Post contrast administration, multiple small finger like projections are noted protruding from the mucosal lining of the urinary bladder into the lumen.

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

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

SEX

SF

The spleen is prominent and presents rounded margins. The splenic parenchyma is uniform soft tissue attenuating and contrast enhancing.

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

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

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The right medial iliac lymph node is prominent.

The intervertebral discs L2/L3, L3/L4, L6/L7 are mildly protruding into the vertebral canal. A stitching artefact is noted level with L5. Level with the intervertebral disc space L5/L6, heterogeneous mineralized material is mild to moderately protruding into the vertebral canal, occupying approximately 10% of the cross-sectional area of the vertebral canal at the same level. Chronic osseous remodeling of the vertebral endplates of the lumbosacral junction is visible. The lumbosacral intervertebral disc is moderately protruding into the vertebral canal. Both coxofemoral joints present moderate osteophyte new bone formation.

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The retroperitoneal fat adjacent to the distal segment of the left iliopsoas muscle presents mild fat-stranding.

REFERRING VET

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The right tensor fasciae latae muscle presents with an intramuscular lipoma with feathered margins.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Lymphadenopathy superficial cervical lymph nodes, left axillary lymph node and right medial iliac lymph node
- Splenomegaly
- Suspect polypoid cystitis with crystalluria
- Degenerative lumbosacral stenosis with likely dynamic compression of the cauda equina fibers and chronic osseous remodeling of the respective vertebral endplates
- Intervertebral disc protrusion L5/L6 with potential dynamic myelocompression
- Mild intervertebral disc protrusion L2/L3, L3/L4, L6/L7 without compressive myelopathy
- Infiltrative lipoma confined to the right tensor fasciae latae muscle



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- Degenerative osteoarthritis coxofemoral joints bilaterally, due to hip dysplasia
- Insertional desmopathy infraspinatus muscle bilaterally with small dystrophic mineralization and local chronic osseous remodeling
- Dystelectasis left lung lobes, due to general anesthesia
- Spondylosis deformans

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No specific abnormality for the current anorexia is appreciated. The lymphadenopathy of multiple lymph nodes is not specific and both reactive hyperplasia or neoplastic infiltration (e.g. round cell tumor) need to be considered. Recommend FNA sampling for further differentiation.

SEX

SF

The splenomegaly can be accentuated by pooling of blood secondary to general anesthesia. To rule out diffuse infiltrative disease, ultrasound guided FNA sampling can be used as advanced minimally invasive diagnostic tool.

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Depending on the clinical course of ataxia, acute on chronic disc disease is considered likely here as well as ischemic myelopathy or degenerative myelopathy.

The localized fat-stranding along the distal aspect of the left iliopsoas muscle can be a sequela to preceding muscle trauma – possibly as a sequela to ataxia with muscle straining.

Recommend complete urinalysis.

INTERPRETED BY

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If lab work is suggestive for insulinoma, diagnostic celiotomy with thorough palpation of the pancreas is recommended, no nodular lesion is appreciated in the current CT study.

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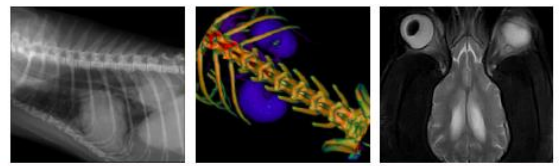
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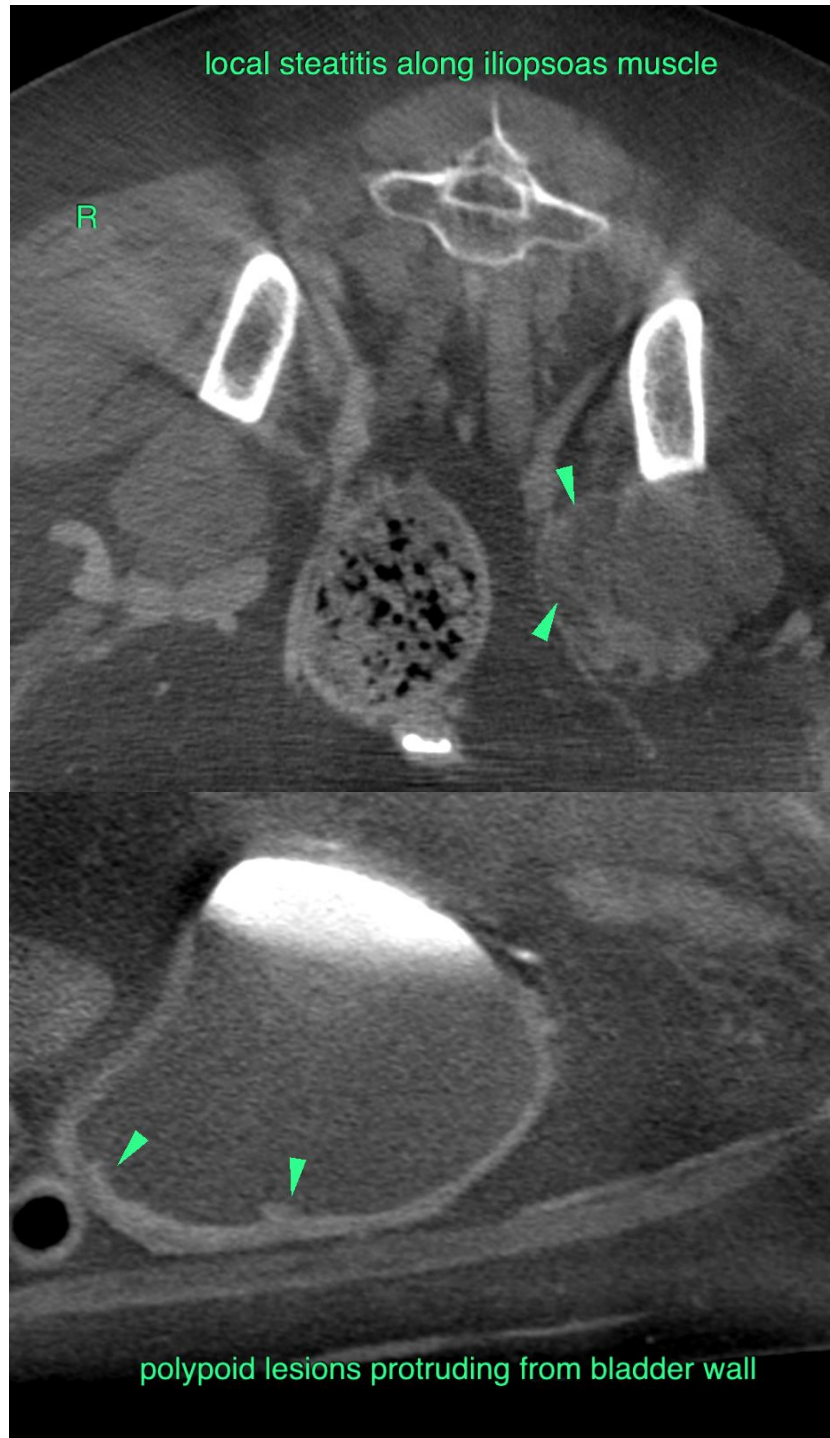
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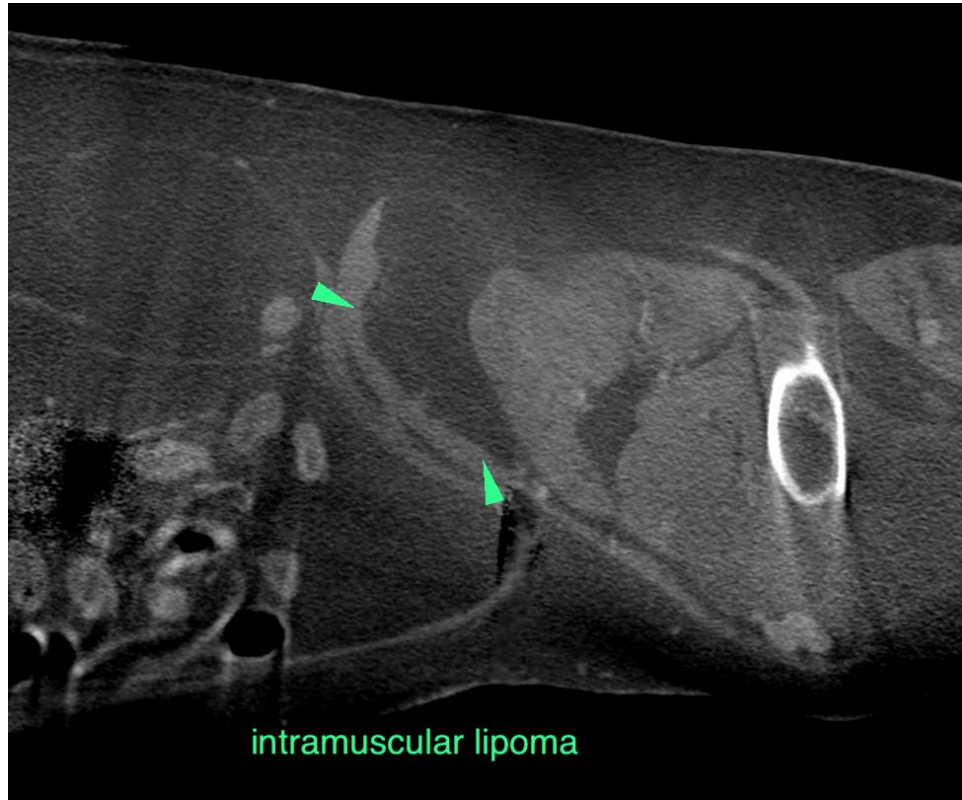
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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