



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Woody Javier
SPECIES Canine
BREED Pharaoh Hound
SEX Male
AGE 9 Years

History: Woody a 9 year old, M Pharaoh Hound, presented to the AHP Neurology Service on August 17, 2021 for a scheduled recheck examination. He was previously diagnosed with C2-C3 arachnoid diverticulum, with secondary spinal cord compression, intramedullar lesion, and suspected meningitis along with caudal cervical spondylomyelopathy, mild, suspected incidental. 5 days ago, he was much better and was able to walk on his own, even if wobbly. Suddenly, 4 days ago, he started to decline until being non ambulatory and being back to his previous neurological status. Woody saw Dr Wolfson this morning to run a CBD which results are normal. Mentation: normal Cranial nerve examination: normal Gait/posture: Non-ambulatory without assistance. When supported, he is knuckling and crossing over in the 4 limbs but it is worse in the thoracic limbs. Severe spastic tetraparesis, worse in the front legs. Postural reactions: absent in all four limbs Spinal reflexes: withdrawal reflex absent in the left thoracic limb and decreased in the right thoracic limb and normal in the pelvic limbs Sensory/nociception: diffuse hyperesthesia elicited with palpation along the vertebral column

Abnormal PE/Chem/CBC/UA Results:

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen in a soft tissue, bone and lung reconstruction are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

INTERPRETED BY

Thorax:

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

The cranial vertebral endplate of C7 presents with small cystic lesions of the subchondral bone. The intervertebral disc space C6/C7 is moderately narrowed and a small vacuum phenomenon is seen in the intervertebral disc space.

HOSPITAL NAME

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Multifocal spondylosis formation is seen along the thoracic and lumbar spine spine and mild peripheral mineralization of the dural tube is seen.

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.

REFERRING VET

Dr. Marchal

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

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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

8/19/21



PATIENT

Woody Javier The ventral and caudolateral aspects of the lung, L>R, present multiple regions with compression atelectasis due to general anesthesia. The remainder of the lung parenchyma present the expected architecture and attenuation behavior.

SPECIES

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

Abdomen:

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

BREED

Pharaoh Hound 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. A urinary catheter is extending up into the urinary bladder and the urinary bladder is empty. The prostate is symmetrically moderately enlarged. The prostatic parenchyma is heterogeneous contrast enhancing sparing multiple well-defined variable shaped fluid attenuating lesions.

SEX

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

AGE

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

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

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI The dorsal third of the gastric fundus presents a moderate thickening of the wall, measuring 1.1 cm in width; the wall layering is maintained, the rugal folds at the same level are prominent. The position, delineation, wall and content of the intestinal tract are considered within normal limits throughout. Advanced ankylosis of the iliosacral joints is noted.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Prostatomegaly with intraparenchymal cysts
- Mural thickening of the gastric wall with maintained wall layering
- Dystelectasis of the lung due to general anesthesia
- Incidental dural mineralization
- Chronic discopathy C6/C and possible Schmorl nodules cranial endplate C7
- Ankylosis iliosacral joints
- Spondylosis deformans

REFERRING VET

Dr. Marchal

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

12619 The current CT study of the thorax and abdomen presents without clinically relevant abnormalities, explaining the deterioration of clinical signs.

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PATIENT

The prostatic changes are consistent with benign prostatic hyperplasia with intraprostatic cysts. Rectal exam would be beneficial if pain can be elicited on palpation to check for evidence of prostatitis.

Woody Javier

The thickened gastric wall is compatible with gastritis.

SPECIES

Canine

BREED

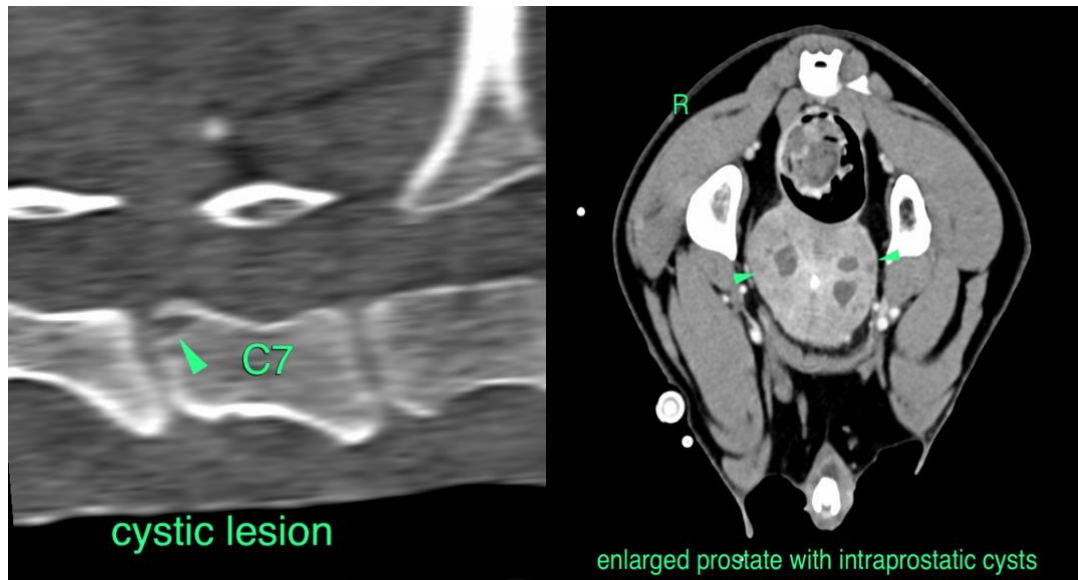
Pharaoh Hound

SEX

Male

AGE

9 Years



INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

HOSPITAL NAME

Animal Health
Partners

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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REFERRING VET

Dr. Marchal

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