



PATIENT PRESENTING CLINICAL SIGNS

Whitey Dog Tales
Rescue

Whitney is rescue dog from Kuwait. He was rescued from the streets and first presented to Royal Animal Hospital in Kuwait on June 14th. Upon presentation at that time he was non-ambulatory. Survey Radiographs were taken and raised suspicion for osteomyelitis and he was started on antibiotics. Myelography was performed on July 2021 and showed T12-T13 compression and mass effect at C2-C3. He underwent C2-C3 ventral slot on July 7th 2021. He was still non-ambulatory by Aug 2021 and had developed pressure sore on the thoracic limbs elbows. He moved to Canada on Sept 19th 2021 and was evaluated at Dog Tales Rescue and Sanctuary. On assessment, he was noted to be able to stand but can be put into sternal with assistance. He would not stay in sternal and needs to be propped up when eating. He did respond to a toe pinch medially and laterally on all 4 limbs. No pain was elicited when palpating down back. He had decent knee jerk reflexes and tricep reflexes. All 4 limbs were noted to be stiff. He gets his bladder emptied twice daily with catheter and is handfed . Current meds: Gabapentin Trazodone Diazepam Amantadine

SPECIES

Canine

BREED

Mixed Medium Breed

SEX

M

AGE

Unknown

Abnormal PE/Chem/CBC/UA Results: Mouth: firm, well demarcated, adhered oral mass ~1.2x1x2cm, non-mobile. CV: Grade III/IV murmur, No arrhythmia, pulses strong/synchronous, symmetric Neuro: CP deficits bilateral hindlimbs and right forelimb, full neuro not performed. Rectal: Anal sacs mildly distended, no pain on LS palpation Limited range of motion right shoulder.

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The tooth elements 101, 102, 105, 201-203, 205-207, 301-303, 305, 401-403 and 405 are absent. At the buccal and distal aspect of triadan 103, moderate heterogeneous but well-delineated new bone formation with a central fistulous tract with multiple central gas inclusions is seen, extending up to the buccal surface and the alveolar crest of triadan 103. The periodontal space of triadan 103 is moderately widened. A fractured retained root of triadan 102 is seen within the alveolar bone without widening of the periodontal space. The roots of triadan 108 present with a transverse fracture within the alveolar crest. Triadan 106, 109, 209, 307 and 407 present a moderate widening of the periodontal space. The remaining teeth present evidence of generalized mild periodontal disease.

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Dr. Jeffery Biskup

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. Foamy soft tissue material is seen in the naso- and oropharynx contain foamy soft tissue material - likely regurgitation/vomiting of a small secondary to general anesthesia.

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

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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.



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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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Canine

History of preceding ventral slot C2/C3. The intervertebral disc spaces C2/C3 to C6/C7 are significantly narrowed and the respective vertebral endplates present moderate spondylosis formation. Level with the intervertebral disc spaces C2/C3 & C3/C4 heterogeneous mineralized disc material is protruding into the vertebral canal, occupying approximately up to 40% of the cross-sectional area of the vertebral canal at the same level; the dural tube is deviated dorsally and distorted.

BREED

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Thorax

SEX

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Multifocal mild spondylosis formation is seen along the thoracic spine. T13 presents a transverse process and floating rib in the left aspect. Level with the intervertebral disc space T12/T13, mineralized disc material is protruding into the vertebral canal, occupying approximately up to 40% of the cross-sectional area of the vertebral canal at the same level. The intervertebral disc L2/L3 is mildly bulging into the vertebral canal. Both shoulder joints present mild osteophyte new bone formation. The right lamina of T11 presents with an ill-defined geographic osteolytic lesion

AGE

Unknown

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.

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The lung parenchyma presents the expected architecture and attenuation behavior.

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

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Abdomen

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. Both ureters enter the urinary bladder wall, level with the bladder neck. The prostate is symmetrically moderately enlarged, the prostatic parenchyma is mild heterogeneous soft tissue attenuating and has a heterogeneous contrast enhancement pattern.

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

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



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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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Moderate spondylosis formation is seen multifocal along the lumbar spine. Both stifle joints present mild osteophyte new bone formation.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intervertebral disc protrusion C2/C3, C3/C4 and T12/T13 with compressive myelopathy
- Mild to moderate intervertebral disc protrusion L2/L3 with potential dynamic myelocompression
- Generalized chronic discopathy along the cervical spine with chronic osseous remodeling of the respective vertebral endplates
- Periodontal abscess triadan 103 with fistula formation, walled by moderate osseous new bone formation
- Advanced periodontal disease 106, 109, 209, 307 and 407
- Fractured roots 208
- Prostatomegaly – compatible with benign prostatic hyperplasia
- Ureters entering the bladder level with the bladder neck
- Generalized mild periodontal disease of the remaining teeth
- Multiple absent teeth, see above
- Degenerative osteoarthritis shoulder joints & stifle joints bilaterally
- Suspect fatty bone marrow replacement right lamina T11
- Spondylosis deformans

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is consistent with the described myelographic findings with chronic protrusion of disc material level C2/C3, C3/C4 and T12/T13 into the vertebral canal and compressive myelopathy. The findings can contribute to the clinical signs, due to chronicity, accompanying gliosis might be present. Physical therapy is considered as the therapy of choice.

The proliferative lesion at the rostral aspect of the maxilla is a sequela to periodontal fistula formation of triadan 103. Consider complete dental workup.

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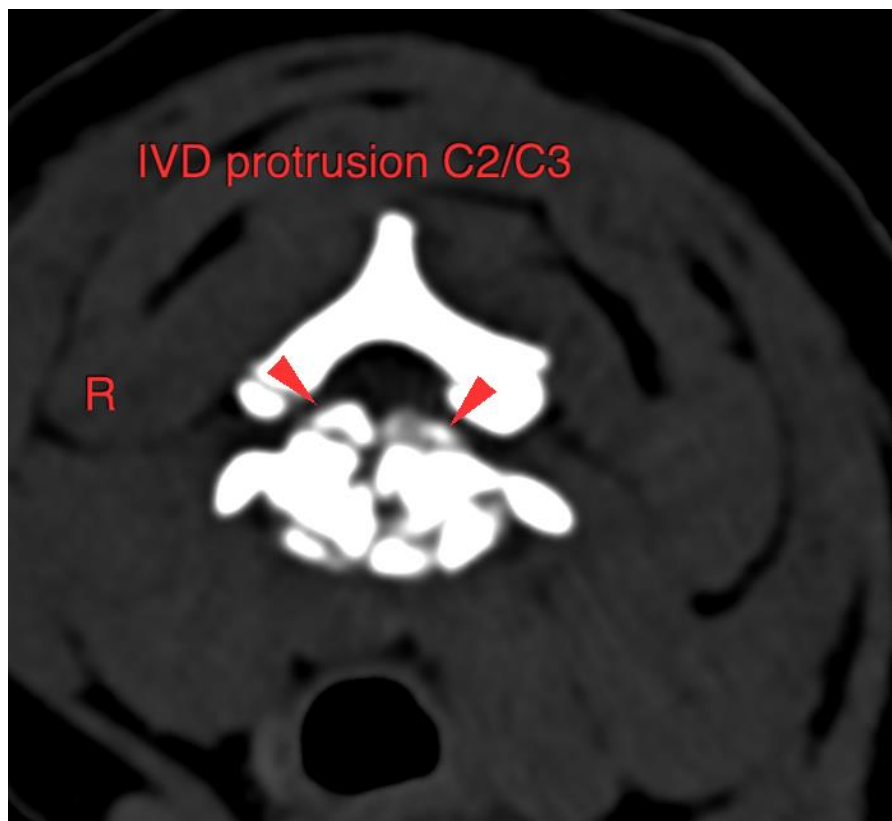
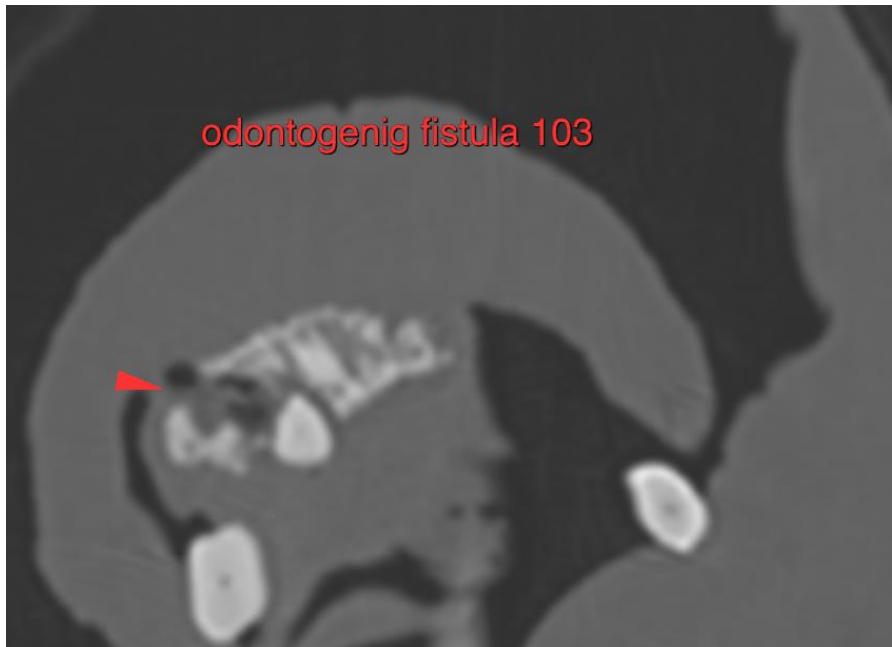
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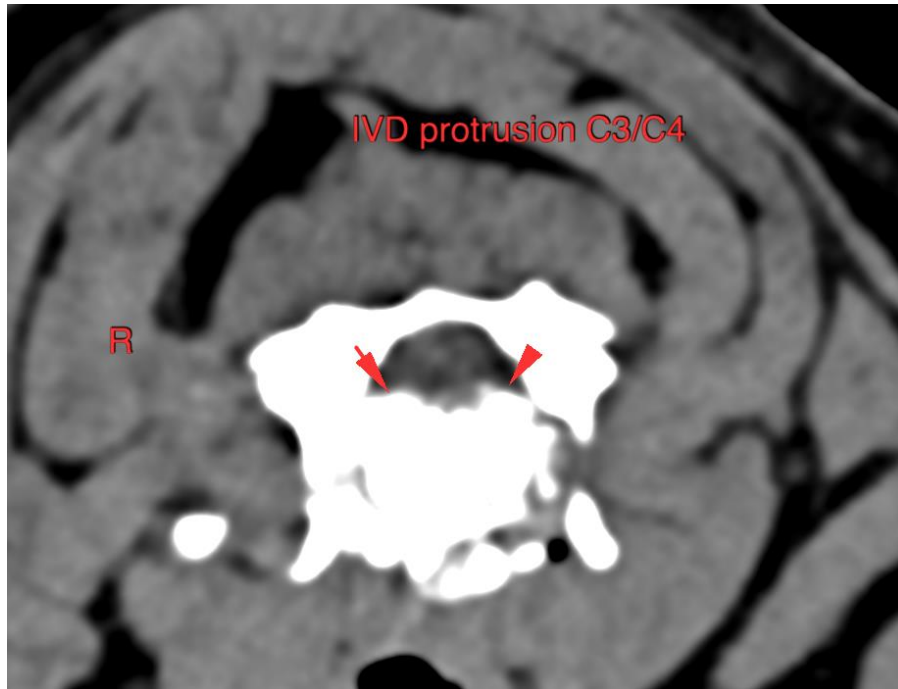
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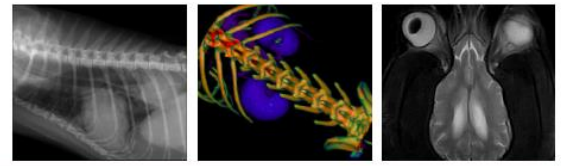
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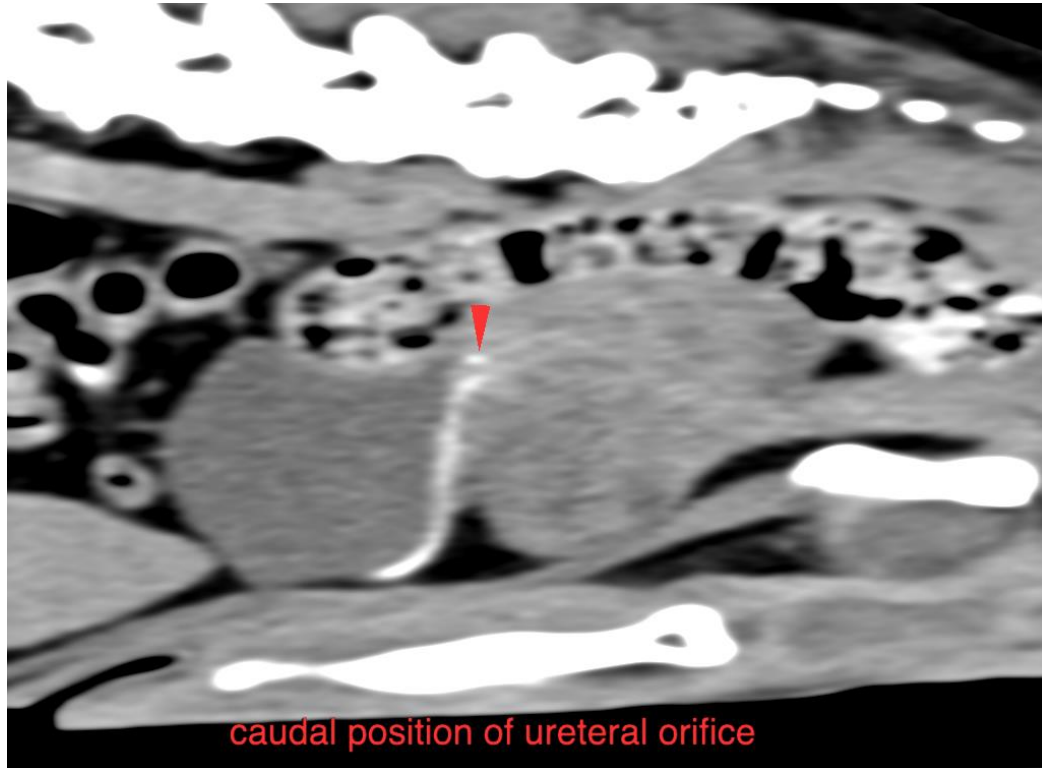
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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