



**PATIENT PRESENTING CLINICAL SIGNS**

**Hunter Bowman**  
**SPECIES**  
 Feline

History: Sudden onset of paresis x 3 days. O thought she heard a commotion during the night prior to the onset but not sure what it was. Loss of control to bladder and bowels present. Has also been diagnosed this summer at primary vet with crystalluria and has been on prednisolone x 10-12 weeks. At primary vet, a mass was palpated at cranial bladder in last few months, was noted on an ultrasound as well at another vet clinic. At today's ultrasound the bladder was very full and no mass was visible. Abnormal PE/Chem/CBC/UA Results: Tender T11-12; CP deficits in rear, weakness in rear legs; Panniculus to sacrum.

**BREED COMPUTED TOMOGRAPHIC STUDY OF THE ENTIRE SPINE AND ABDOMEN**

**DSH** A high resolution pre- and post-contrast CT study of the entire spine and abdomen are provided for review.

**SEX COMPUTED TOMOGRAPHIC FINDINGS**

**Neutered Male**  
**Abdomen:**

**AGE**  
 15 Years

A mild to moderate amount of non-contrast enhancing soft tissue material is visible in the peritoneal cavity and the serosal fat presents with mild to moderate fat-stranding.

Both kidneys present within normal limits for size, shape and organ architecture. A mild amount of mineral attenuating material is associated with the renal pelvis bilaterally. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

**INTERPRETED BY**

Sebastian Schaub,  
 DVM Dr. med. vet.  
 DipECVDI

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**

Casselton VS

The pancreas is prominent with mild undulating margins. The pancreatic parenchyma presents post contrast administration multiple well-defined, variable sized but small (<2 mm) parenchymal filling defects throughout the pancreatic parenchyma. The pancreatic duct is mildly dilated, measuring 1.9 mm in diameter.

**REFERRING VET**

Brad Bartholomay

Post contrast administration, the small intestinal tract presents a generalized mild thickening of the outer layer.

**Spine:**

**INVOICE**

12754

The intervertebral disc space C6/C7 is moderately narrowed and mild mineralized disc material is mildly protruding into the vertebral canal at the same level.

**DATE**

8/25/21



**PATIENT** Along the thoracic spine, multiple subcutaneous gas-inclusions are visible – suspect preceding subcutaneous injection. An intramuscular lipoma is visible in the cranial aspect of the right serratus ventral muscle, level with the 2<sup>nd</sup> & 3<sup>rd</sup> right rib.  
Hunter Bowman

**SPECIES** A stitching artefact is visible level L5/L6. Post contrast administration, in the left ventral aspect of the vertebral canal, peripheral contrast enhancing convex shaped material is visible – deviation of the venous plexus by extradural material is a potential.

Feline

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- BREED**
- Possible extradural myelocompression level L5/L6
  - Moderate peritoneal effusion
- DSH**
- Enlarged pancreas with multiple intraparenchymal cystic lesions
  - Generalized mural thickening outer layer of the small intestinal tract
- SEX**
- Mild intervertebral disc protrusion C6/C7 without compressive myelopathy
  - Intramuscular lipoma cranial aspect right ventral serratus muscle
  - No evidence of thrombembolism

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE** There appears to be extradural material visible in the left ventral aspect of the vertebral canal level L5/L6, however to confirm the diagnosis either a myelographic CT study or MRI study of the spine is warranted. Intervertebral disc extrusion versus neoplasia are considerations.  
15 Years

**INTERPRETED BY** The pancreas is prominent and chronic pancreatitis ± nodular hyperplasia and pancreatic parenchymal cysts (e.g. polycystic kidney disease manifesting with pancreatic cysts) is the top diagnosis. Recommend complementing blood work by fpl. Ultrasound guided FNA sampling can be used to screen for malignant infiltration.  
Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

**HOSPITAL NAME** The peritoneal effusion can be secondary to pancreatitis. Other potentials include hepatic disease, vasculitis, infectious disease (e.g. FIP), coagulopathy, trauma, renal disease, hypalbuminemia. A fluid tap is ideal for further definition.  
Casselton VS

**REFERRING VET** The thickened outer layer of the small intestinal tract is likely a sequela to chronic inflammatory disease such as lymphocytic plasmocytic enteritis. Round cell neoplasia may present with a similar pattern.  
Brad Bartholomay

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**SEX**

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**REFERRING VET**

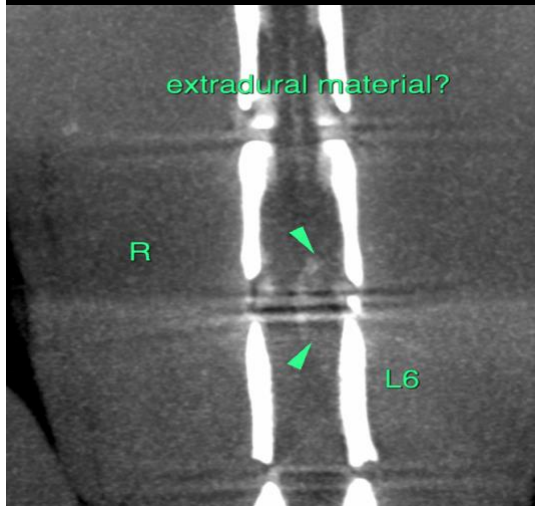
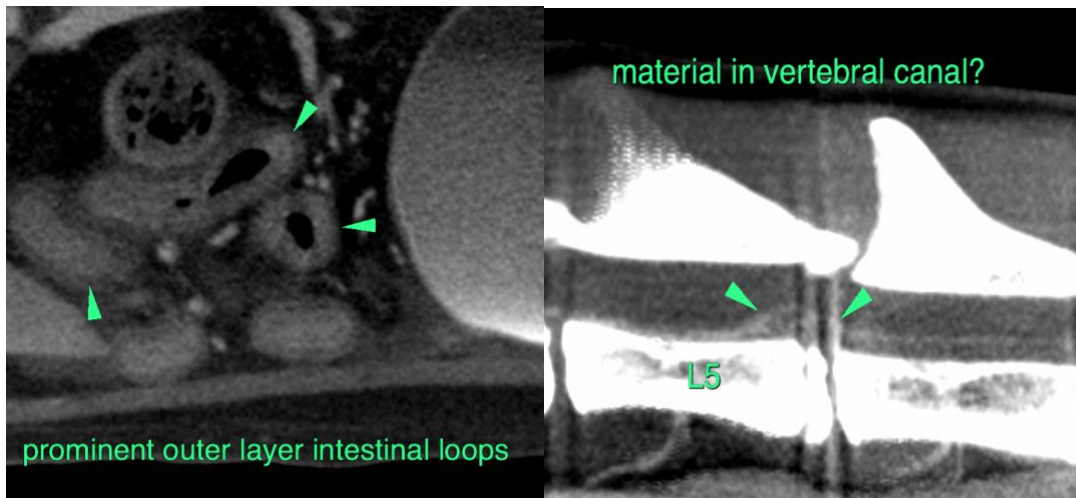
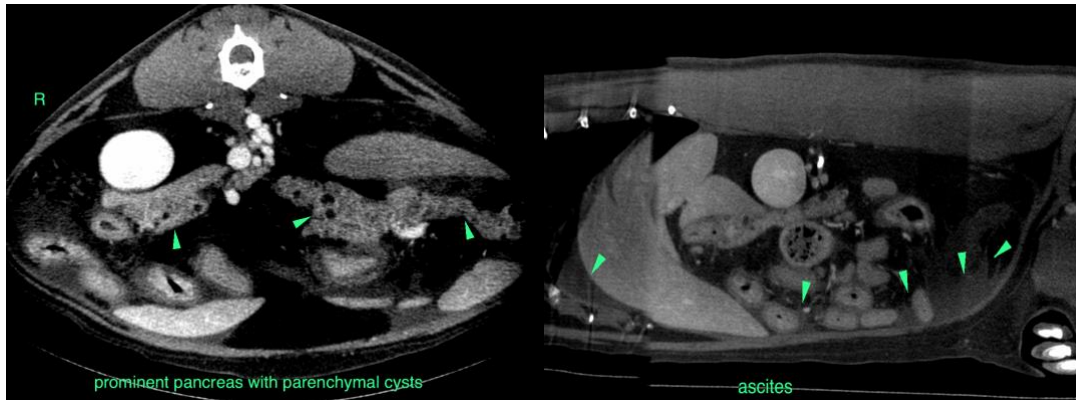
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



**PATIENT** visible in the image/video clips provided.

Hunter Bowman 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.

**SPECIES** Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

15 Years

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