



PATIENT

Kasey Mitchell-Walsh

PRESENTING CLINICAL SIGNS

The patient was presented to the emergency room over the weekend for sudden development of weakness, lethargy, and unable to walk. The owner did not notice anything prior to the event. The patient was brought to the ER and found to be stable at the time. Over the weekend the patient was kept quiet and rested however she noted that there was a neuro event over the weekend. The event - believed to be a tonic clinic seizure like activity lasting about 30 section. Abnormal PE/Chem/CBC/UA Results: cbc/chem wnl Heartworm/4dx- negative U/a WNL On PE the patient was very anxious. Mild sensitivity on extreme extension/flexion of the neck. Cranial nerve exam wnl.

SPECIES

Canine

BREED

Mixed

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

SEX

Female Spayed

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Triadan 308 is absent.

AGE

7 Years

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

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

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.

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.

Level with C2, the right biventer cervicis muscle presents segmental mild increased contrast enhancing.

Thorax

The vertebral body of T6 presents with a geographic, mild ill-defined osteolytic lesion, measuring 4 mm in diameter. Multifocal mild spondylosis formation is seen along the thoracic spine.

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.

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Catskill Veterinary Services, PLLC

REFERRING VET

Joseph D'Abbraccio, DVM

INVOICE

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DATE

8-29-22



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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.

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The lung parenchyma presents the expected architecture and attenuation behavior with randomly distributed interspersed punctuate mineralization.

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

Abdomen

BREED

Mixed

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.

SEX

Female Spayed

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.

AGE

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The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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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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The periarticular bones of both stifle joints present mild to moderate osteophyte new bone formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

REFERRING VET

Joseph D'Abbraccio,
DVM

- Suspect focal myositis right biventer cervicis muscle level with C2/C3
- Absent triadan 308
- Pulmonary osteomas
- Suspect fatty bone marrow replacement vertebral body T6
- Degenerative osteoarthritis stifle joints bilaterally
- Mild spondylosis deformans thoracic spine

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In the present study of the brain there is no evidence of macromorphological disease, which supports the presumptive diagnosis of idiopathic epilepsy.

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If not yet done so the workup should be complemented by examination of CSF and complete bloodwork to screen for brain disease that is not necessarily associated with structural changes of the brain parenchyma and rule out hepatoencephalopathy and other systemic illness. In case of the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.



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If there is evidence of weakness in the hind limbs, rule out neurological deficits versus pain (e.g. originating from the stifle joints). Potentials for the neurological deficits can include ischemic myelopathy, acute non-compressive nucleus pulposus extrusion, polyneuropathy, other.

The focal myositis of the biventer cervicis muscle is potential source for the appreciated pain.

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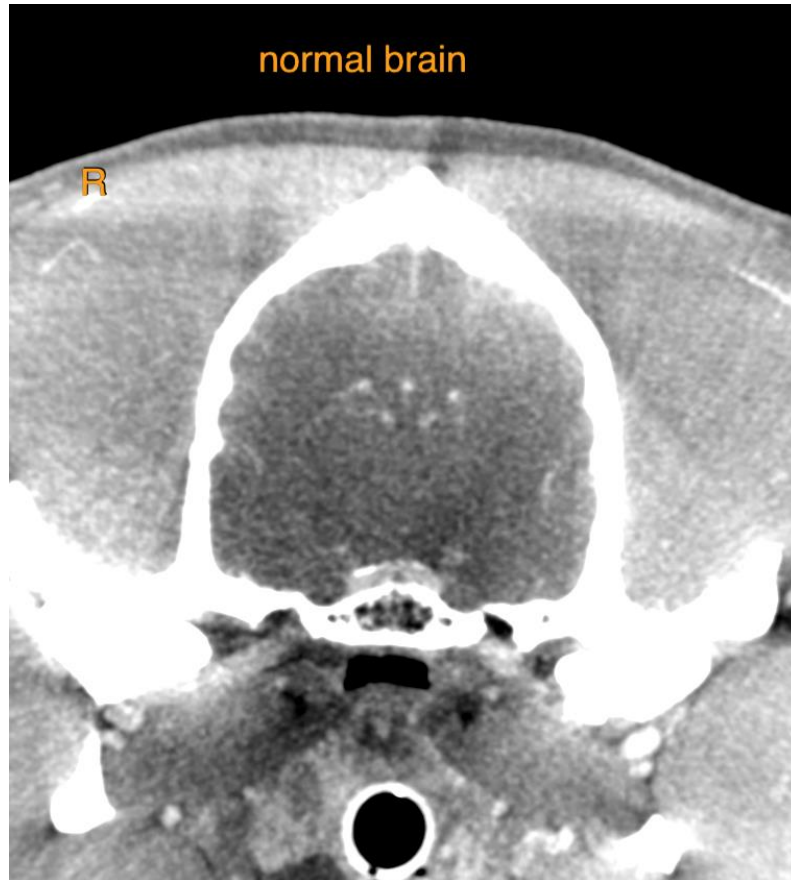
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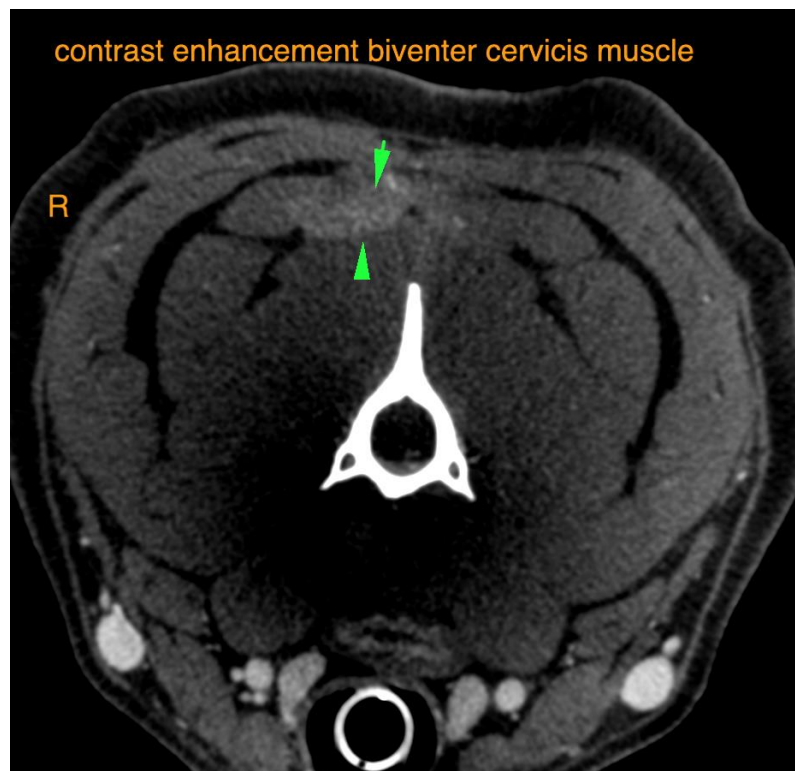
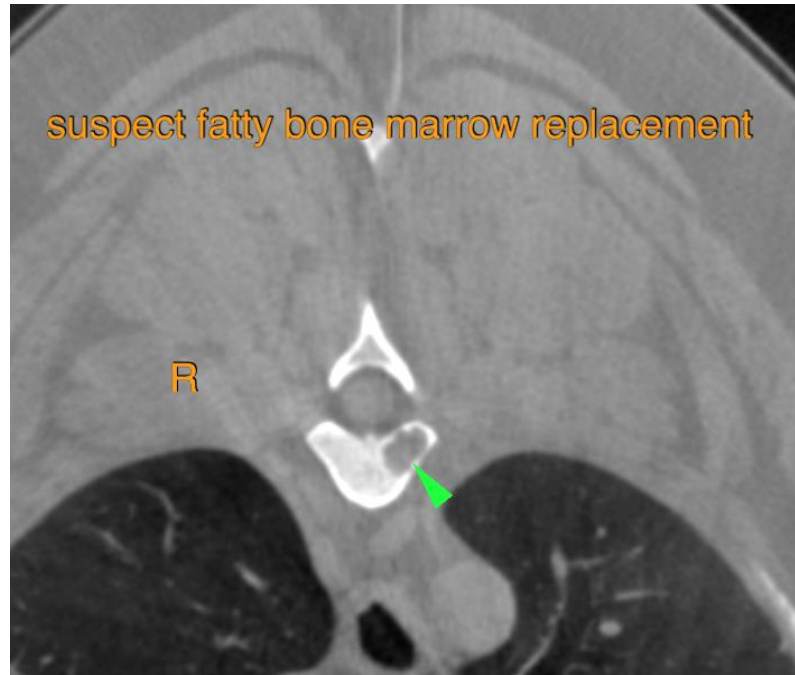
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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