



**PATIENT**

Gracie Pennington

**PRESENTING CLINICAL SIGNS**

Started limping acutely on June 30th on the right hind leg. Took xrays and no abnormalities were noted by the radiologist. Started on onsiior and gabapentin with strict rest. Two weeks later and the lameness in not any better. Repeated rads and still no abnormalities noted. The radiologist suggested a soft tissue injury or partial thrombus as a cause since boney structures appeared normal. Been resting and and buprenorphine, onsiior, and gabapentin on and off since with no improvement. Taking CT scan to assess for any abnormalities. There is a soft tissue swelling noted above the stifle on the right hind leg today on physical exam that was not there earlier. Cannot determine lymph node, vs muscle belly, vs soft tissue. Cat is now bunny hopping and more lame. Has been on gabapentin since June 30th and two short courses of onsiior (3 days each three weeks apart). Tried buprenophrine buccaly for a week as well. Bloodwork today was all within normal reference ranges. FIV/FeLV neg.

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**COMPUTED TOMOGRAPHY OF THE THORAX, ABDOMEN AND HIND LIMBS**

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

**AGE**

3 Years, 2 Months

Thorax

The bony and surrounding soft tissue structures are within normal limits.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

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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.

The right cranial lung lobe presents a region of dystelectasis in the caudodorsal aspect.

**REFERRING VET**

Dr. Ellery Pennington

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

Abdomen

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

**DATE**

8-6-21

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.

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



**PATIENT** parenchyma and homogeneous contrast enhancement, unremarkable.

Gracie Pennington 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.

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

Feline

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

**BREED**

L1 presents a rib on the left aspect and a transverse process on the right aspect.

Domestic Shorthair

No filling defects are noted throughout the vascular structures.

**SEX**

Hind limbs

Spayed Female

The patella of the right stifle joint is located on the medial femoral trochlear ridge, the left patella is in a relative medial position. The trochlea femoris bilaterally is shallow. The right stifle joint presents a moderate intracapsular soft tissue swelling. Post contrast administration the joint capsule of the right stifle joint is moderately thickened and presents moderate contrast enhancing.

**AGE**

3 Years, 2 Months

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**INTERPRETED BY**

- Moderate articular swelling right stifle joint and Synovialitis
- Increased mobility of the right patella
- Shallow femoral trochlea bilaterally
- Dystelectasis of the right cranial lung lobe
- Otherwise structural normal thorax
- Normal abdomen

Sebastian Schaub, DVM  
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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There is medial position of the right patella in combination with the shallow femoral trochlea and the joint effusion medial patellar luxation has to be ruled in/out by clinical examination. Check for positive drawer signs/tibial compression test to rule in/out pathology of the cranial cruciate ligament ± meniscal disease. If there is no evidence of patellar luxation or pathology of the cranial cruciate ligament, a synovial tap is recommended to rule out arthritis (inflammatory versus infectious).

Dr. Ellery Pennington

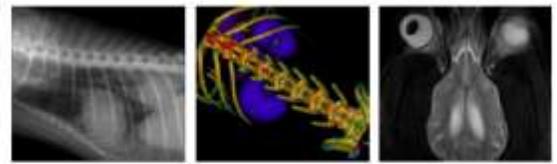
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Check the contralateral limb for patellar luxation as well.

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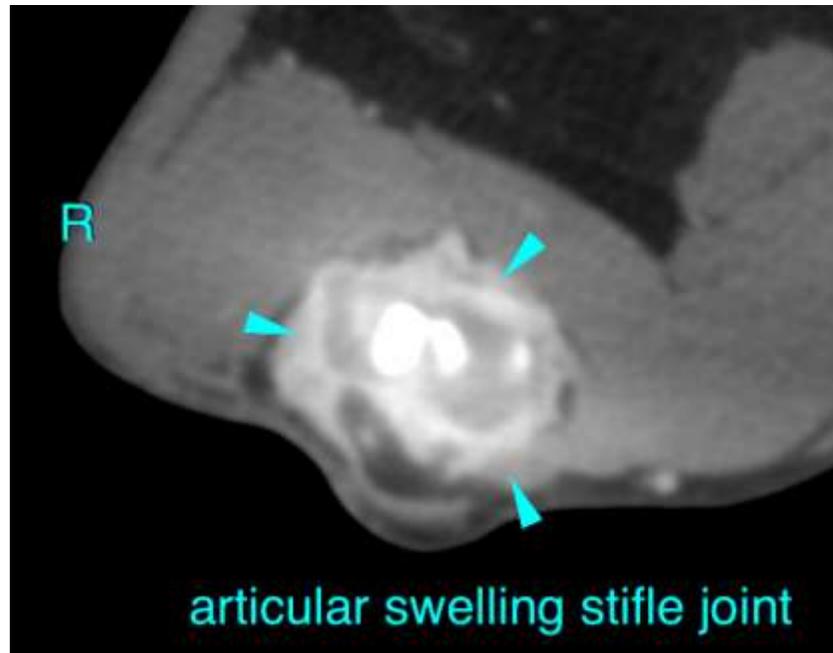
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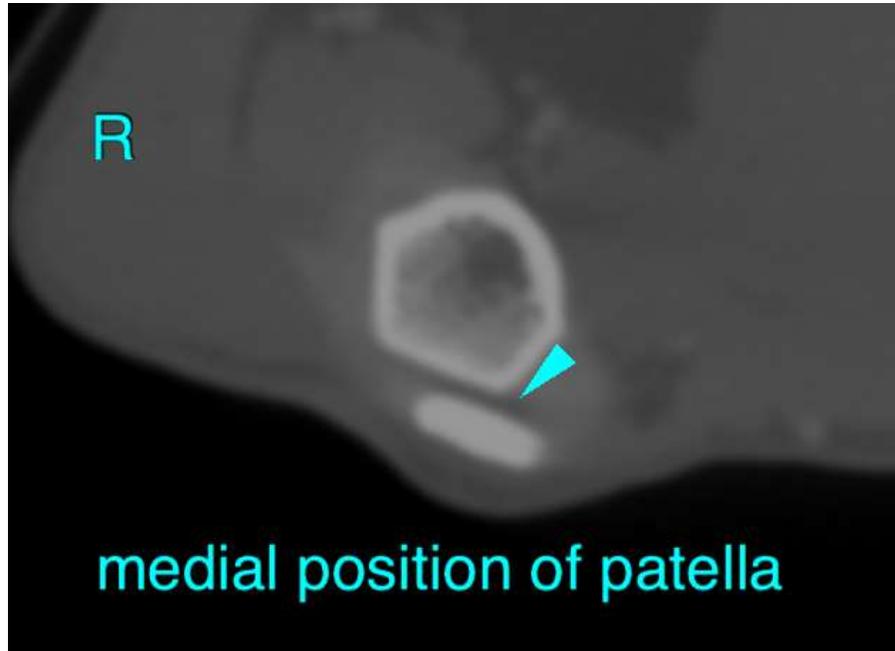
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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