



**PATIENT PRESENTING CLINICAL SIGNS**

**Lilo Bir** History: 13 week old setter puppy with large mass/cyst like lesion in the distal femur. Similar lesions were seen in other parts of the body with radiographs. Biopsy was done( still pending results). Eating/Drinking

**SPECIES** Abnormal PE/Chem/CBC/UA Results: mildly elevated ALT 156. high tbil (possible hemolysis)

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN**

**BREED** A high resolution pre- and post-contrast CT study of the whole body are provided for review.

English Setter

**COMPUTED TOMOGRAPHIC FINDINGS**

**Skull**

**SEX** The pictured parts of the dentition are complete and unremarkable in all jaw quadrants – including the tooth buds of the permanent teeth.

Female

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

**AGE**

13 Weeks

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

**INTERPRETED BY**

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.

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

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.

**HOSPITAL NAME**

Neel VH

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.

**REFERRING VET**

Dr. Deepan Kishore

The left dorsal arch of C1, dorsal lamina of C3, right lamina of C6, spinous process of T1, dorsal lamina of T3, lamina of T7, left lamina of T9, vertebral body of L2, left lamina of L3, right lamina of L4, vertebral body of L7, multiple ribs, right distal radial diaphysis, the pelvic floor, left femur present expansile variable sized smoothly mineralized lesions are visible distorting the normal anatomy of the osseous structures.

**INVOICE**

13146

Level with C6, T7, T9 the expansile osseous lesions are mildly and level with L3 and L4 the mineralized osseous structures are markedly extending into the vertebral canal occupying approximately up to 50% of the cross-sectional area and distorting the dural tube at the same level.

in the periarticular space dorsal to the left facet joint of T1/T2, a mineralizing roundish well-defined mass is visible.

**DATE**

9/14/21

**Thorax**



**PATIENT** 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.

Lilo Bir

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

**SPECIES**

Canine

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. Compression atelectasis of the left caudal lung lobe by the expansile ossifying mass is visible.

**BREED**

English Setter

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

**Abdomen**

**SEX**

Female

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.

**AGE**

13 Weeks

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.

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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.

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

**HOSPITAL NAME**

Neel VH

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

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Dr. Deepan Kishore

- Polyostotic benign osteoproliferative expansile osseous lesions along the axial and abaxial skeleton
- Secondary myelocompression L3 and L4 and early stage of spinal canal stenosis C6, T7 and T9
- Secondary stenosis of the pelvic canal

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study is consistent with multiple cartilagenous exostosis (osteochondromatosis) a benign proliferation of bone and cartilage. Ossification of heterotopic cartilage cells causes subsequent irregular bone formation on bone surfaces. Also benign in nature, there is evidence of multiple vertebra presenting evidence of extension of the osteoproliferative lesions into the spinal canal causing spinal cord compression. Growth of these lesions will discontinue with maturation of the patient. Due to the young age of the patient and multiple locations presenting evidence of clinical significant



**PATIENT** stenosis of the spinal canal the prognosis is very guarded to poor. However, surgical resection of the respective parts of the affected laminae can be tried.

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**SEX**

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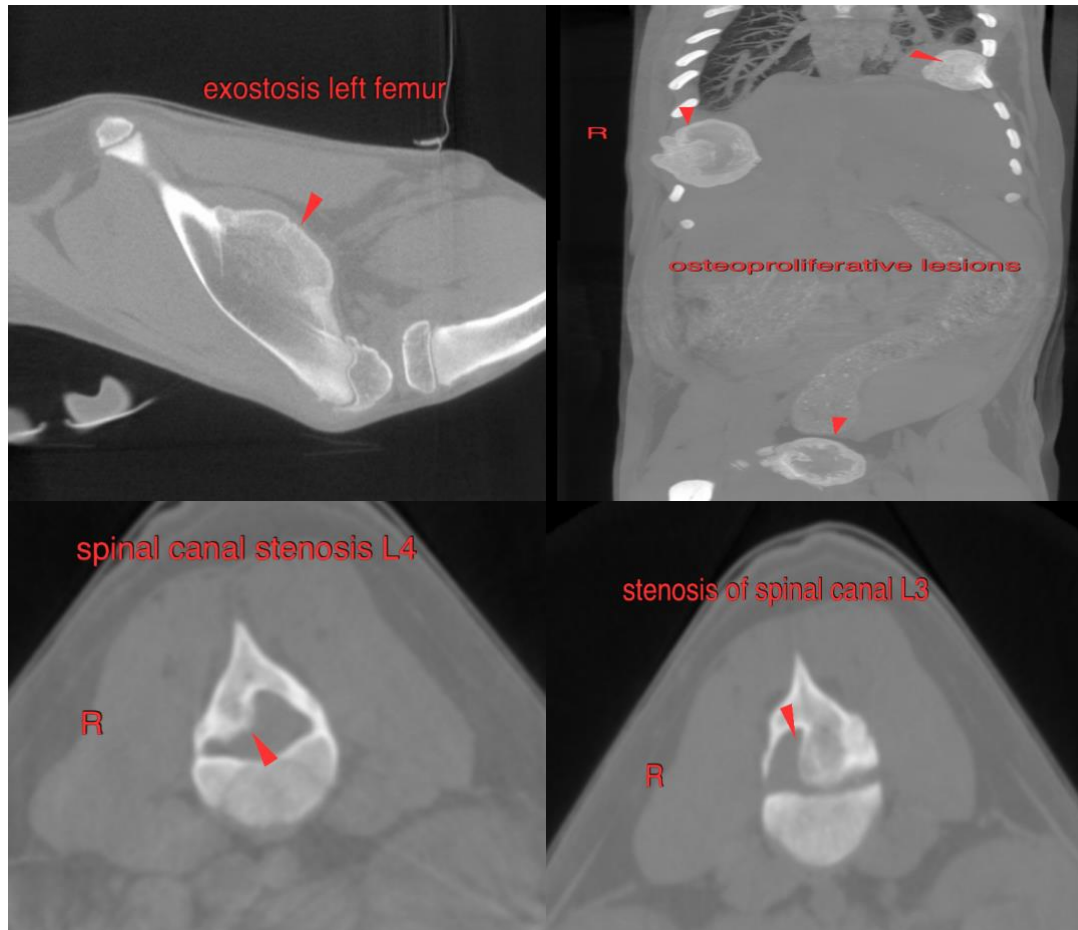
Dr. Deepan Kishore

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**DATE**

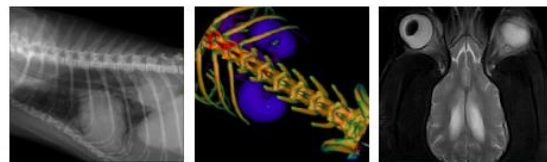
9/14/21



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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