



PATIENT PRESENTING CLINICAL SIGNS

Stella Team Dog Rescue
SPECIES Canine
BREED Mastiff X
SEX Female
AGE 1 Years

History: 1.5 yo female mastiff x adopted from northern reserve with pelvic limb gait abnormality present since adoption in March. treated for heartworm (doxy, pred, melarsomine); finished in july. Was previously very thin but has gained wt and muscle mass since then. Pelvic limb gait has remained abnormal although not progressive, she skips on the RPL, crosses over and scuffs both pelvic limbs nails R>L (wears boots) Exam: markedly reduced ROM on hip extension bilaterally; right is worse more limited but does not show signs of pain on extension or on palpation over spine. Moderate sciatic (peroneal) weakness bilaterally; caudal thigh/gluteal muscle atrophy in both PLs; left worse than right.

COMPUTED TOMOGRAPHIC STUDY OF THE ENTIRE SPINE

A plain CT study of the cervical, thoracic and lumbar spine in a bone and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The osseous and surrounding soft tissue structures of the cervical spine are within normal limits.

The vertebral endplates T3/T4 , T7/T8, L2/L3 and L3/L4 present mild spondylosis formation. Multiple facet joints of the lumbar spine present mild osteophyte new bone formation.

The subchondral bone of the vertebral endplates of the lumbosacral junction present marked irregular margins with new bone formation and defects of the subchondral bone demarcated by a sclerotic rim. New bone formation is seen within the intervertebral disc space L7/S1. The facet joints L7/S1 present moderate osteophyte new bone formation. New bone formation is seen level with the right neuroforamen L7/S1, partially encompassing the extraforaminal segment of the right spinal nerve L7. The subchondral bone of the left iliosacral joint presents irregular margins.

INTERPRETED BY

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

The acetabular groove of the right coxofemoral joint presents an irregular widened acetabular fossa. The fovea of the right femoral head has irregular margins and is significantly widened. Moderate solid periosteal new bone formation is seen along the right ischial bone and proximal aspect of the right femur. Two mineral attenuating bodies are seen within the joint space of the right coxofemoral joint, measuring up to 3.5 mm in size. Irregular new bone formation is seen at the medial aspect of the most caudal segment of the right iliopsoas muscle.

HOSPITAL NAME

Animal Health
 Partners

REFERRING VET

Dr. Stephanie Lovell

Both ischial bones present solid new bone formation.
 Advanced atrophy of the adductor muscles of the right hind limb with fatty replacement is noted.
 Linear mineralization is seen in the fascial plane of the caudal left thigh musculature.

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In the pictured parts of the caudodorsal lung field, the pulmonary arteries have an undulating course and are moderately dilated in comparison to the pulmonary veins.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Chronic osseous remodeling with ankylosis lumbosacral junction with new bone formation partially encompassing the right spinal nerve L7 with subsequent impingement of the right spinal nerve L7
- Neurogenic muscle atrophy adductor muscles right hind limb
- Chronic osseous remodeling fovea of right femoral head and right acetabular fossa with two mineralized bodies within the joint space of the right coxofemoral joint
- Solid periosteal new bone formation along the caudal aspect of the right hemipelvis
- Heterotopic new bone formation medial aspect right iliopsoas muscle and caudal aspect left thigh
- History of heart worm infection with secondary dilation of the pulmonary arteries – likely irreversible
- Spondylosis deformans
- Serial spondylarthrosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The osseous changes of the lumbosacral junction, the right hemipelvis, right coxofemoral joint and left ischial bone are suggestive for preceding pelvic trauma. A potential for the remodeling of the lumbosacral junction is healed discospondylitis and rare arthritis of the left sacroiliac joint – the odds are considered low. The heterotopic new bone formation at the medial aspect of the right proximal thigh musculature and the caudal aspect of the left thigh can be a sequela to trauma as well. The mineralized bodies in the right coxofemoral joint might present small avulsion fragments. A synovial tap of the right coxofemoral joint might be used to rule out infectious arthritis.

The neurogenic muscle atrophy can be a sequela to the trauma with neural damage.

There is evidence of impingement of the left spinal nerve L7 by lateral new bone formation.

Overall, the changes appreciated are chronic and there is no sign for an active lesion. Arthroscopy of the right coxofemoral joint might be considered to remove the mineralized bodies within the joint space. Professional physical therapy is considered as the most promising treatment option here.



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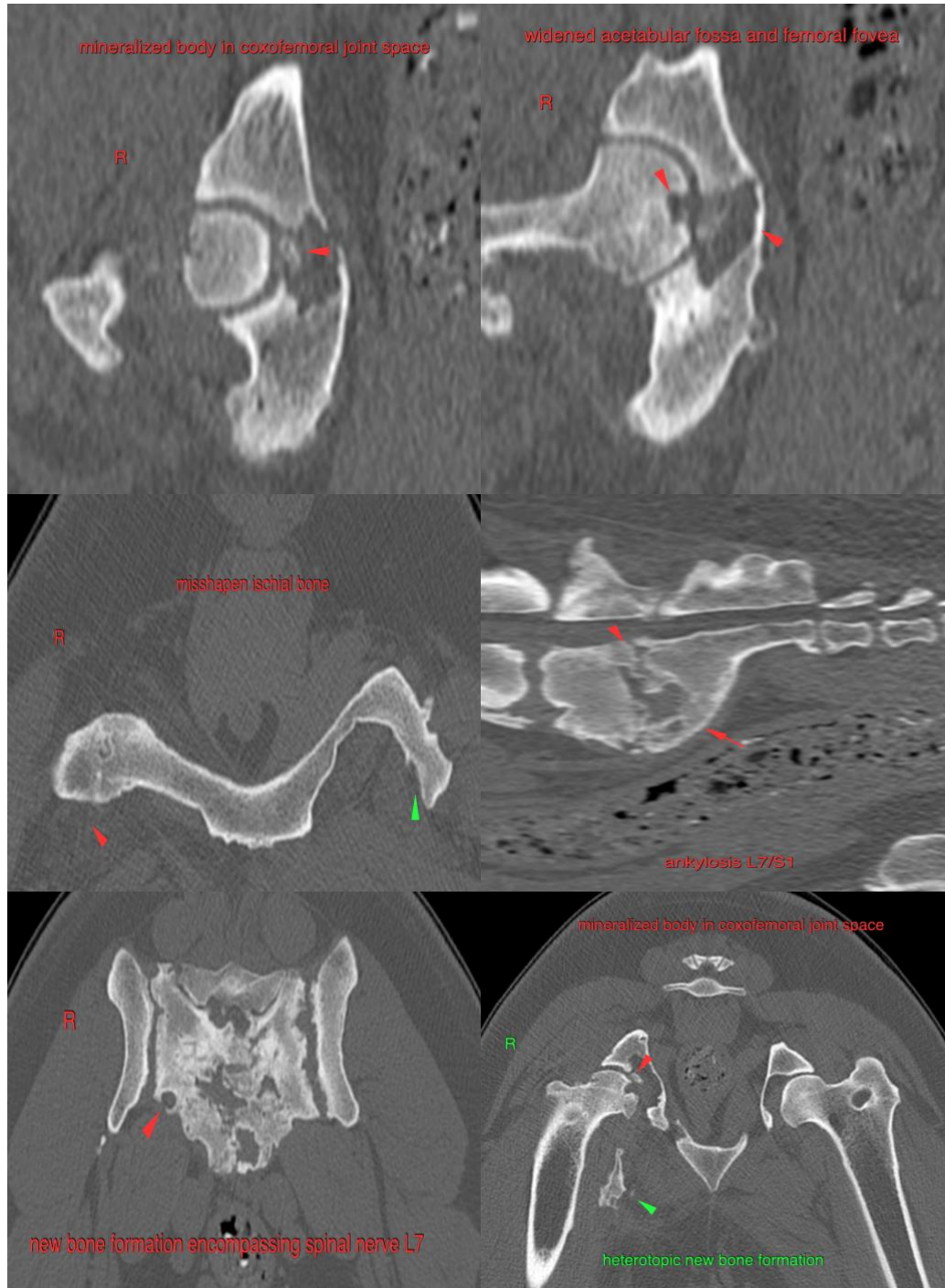
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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