



PATIENT PRESENTING CLINICAL SIGNS

Dana Forte History: Dog presented 1 month ago presumed vestibular syndrome. Has been eating and drinking normal since then. Recently dog has become unsteady again and has trouble drinking water. Slight cranial muscle mass atrophy

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

12 Years 2 Months

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

There is a large mass noted on the left most probably located extra-axial. The lesion starts at the level of the skull foramina of the CN V and extends caudally and dorsally up the level of the atlas showing a dural tail sign at its caudal margins. Maximum diameters measure 3.2 x 2.0 x 1.6 cm. The cerebellum is significantly compressed. The left cerebellar-pontine area is completely involved including the nerve sheaths of CN VII and VIII. Images after contrast reveal a strong enhancement. The cerebral interhemispheric gap is in the midline with no evidence of a mass effect. Pituitary gland is within normal limits.

Bony structures of skull and the skull foramina of the cranial nerves are laterally symmetrical and inconspicuous.

Both tympanic bullae are completely ventilated with a regular tympanic bulla wall. External ear canals are ventilated in all sections showing marked metaplastic calcifications.

Frontal sinuses and the orbital contents are laterally symmetrical without evidence of a retrobulbar lesion. Nasal cavities are ventilated regularly. Left sided atrophy of musculature is present.

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Extra-axial neoplasia left cerebellar-pontine area with significant mass effect and involving CN V, VII and VIII

HOSPITAL NAME

Blairstown AH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT findings are highly suspicious for an extra-axial tumor on the left side. Common differentials include meningioma, neurinoma and neoplasia of the nerve sheaths. Findings match with the clinical presentation; involvement of the trigeminus nerve is very likely.

REFERRING VET

Dr. Leal

INVOICE

12754

DATE

8/25/21



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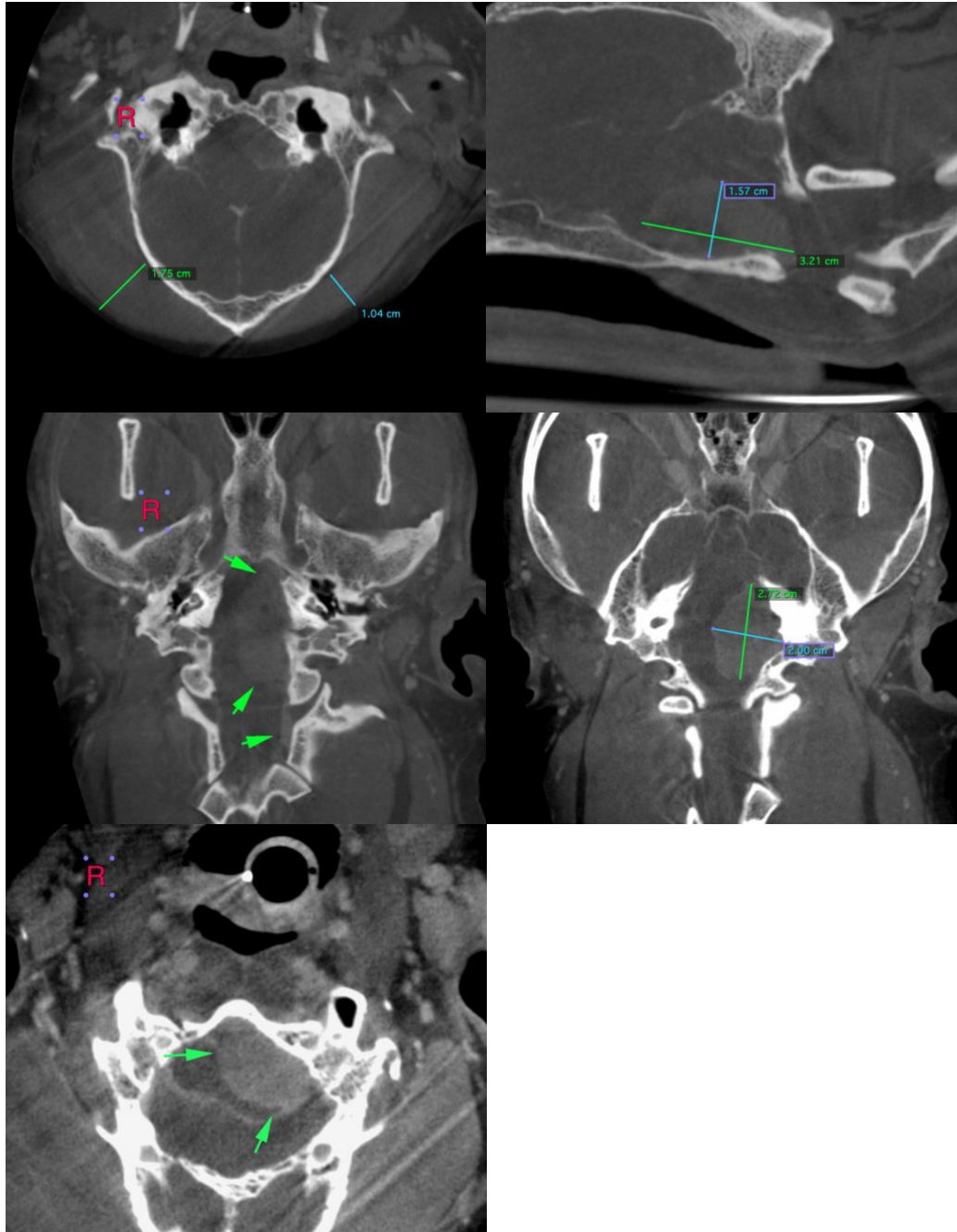
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

DATE

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if



PATIENT I can be of any further assistance please contact me.

Dana Forte **Sebastian Jawinski**, German Board Certified Vet Specialist in Diagnostic Imaging
info@sonopath.com

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