



**PATIENT PRESENTING CLINICAL SIGNS**

Rosie Risley Presented for an acute onset of vestibular sign that started after patient fell down a set of stairs. Abnormal PE/Chem/CBC/UA Results: anisocoria, left head tilt, horizontal nystagmus with fast phase to the right

**SPECIES COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN**

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

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

Beagle Skull

Multiple teeth are absent. Multiple remaining roots of the absent teeth are seen and there is evidence of resorptive lesions of the roots. The remaining teeth present evidence of periodontal disease.

**SEX**

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

**AGE**

17 Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits. The osseous labyrinth of the inner ear bilaterally is unremarkable. 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.

**INTERPRETED BY**

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.

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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.

Thorax

**REFERRING VET**

Dr. Runde

The vertebral endplates T5/T6 present mild spondylosis formation. Variable sized lipomas are seen in the axillary region bilaterally.

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.

**INVOICE**

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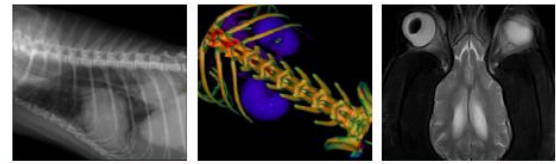
The cardiovascular structures including the pulmonary vasculature are within normal limits.

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.

**DATE**

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The lung parenchyma presents the expected architecture with randomly distributed interspersed punctuate mineralization; multiple zones of dystelectasis of the dorsal dependent aspects of the lung are appreciated.



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

Rosie Risley

Abdomen

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

Canine

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.

**BREED**

Beagle

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.

**SEX**

FS

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

Level with the cardia of the stomach, a well-defined post contrast mild hypoattenuating intramural lesion is seen, measuring 11 mm in diameter. The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

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The intervertebral discs L1/L2, L6/L7 and L7/S1 are mildly bulging into the vertebral canal, distorting the ventral epidural space at the same level.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Small intramural mass level with cardia
- Suspect focal myositis proximal to major trochanter left femur
- Generalized periodontal disease
- Multiple absent teeth with remaining root fragments and signs of tooth root resorption
- Intervertebral disc protrusion L1/L2, L6/L7 and L7/S1 without compressive myelopathy
- Spondylosis deformans
- Pulmonary osteomas
- Structural normal brain
- Normal middle and inner ear bilaterally

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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An underlying macromorphological cause of the current neurological deficits is not detected. However, according to the history an ischemic insult and/or geriatric vestibular syndrome is a potential differential diagnosis – acute onset might have caused the fall down the stairs.

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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 other systemic illness. MR imaging may be indicated in case of the strong suspicion of structural parenchymal changes of the brain.

The small intramural mass of the stomach level with the cardiac is highly suggestive for leiomyoma, the odds for malignant intramural gastric mass are low.



**PATIENT**

Rosie Risley

**SPECIES**

Canine

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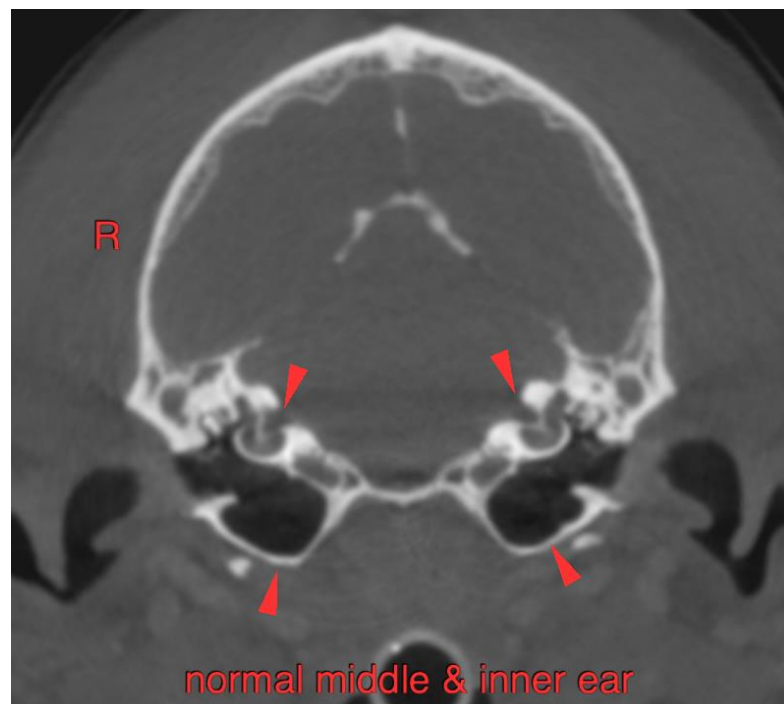
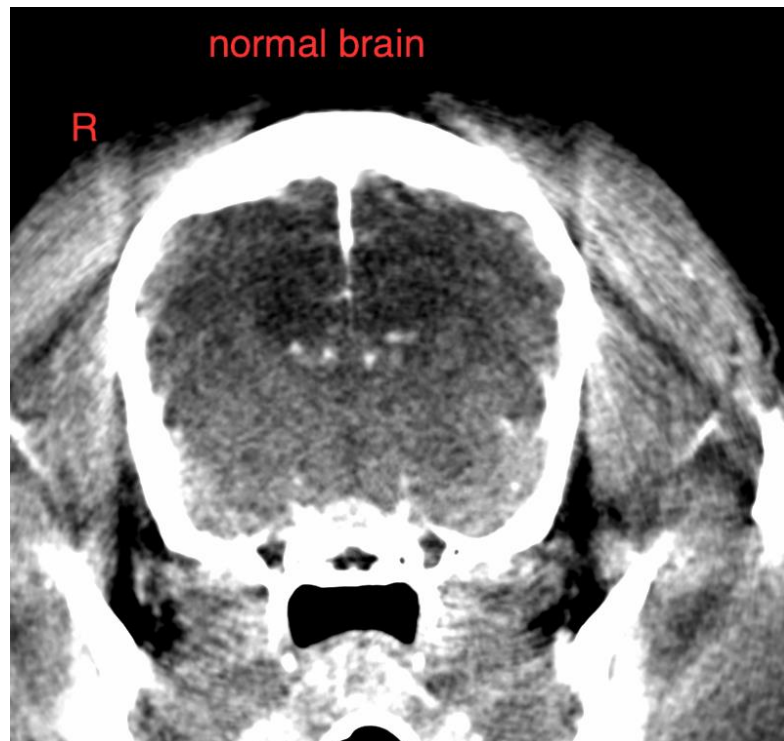
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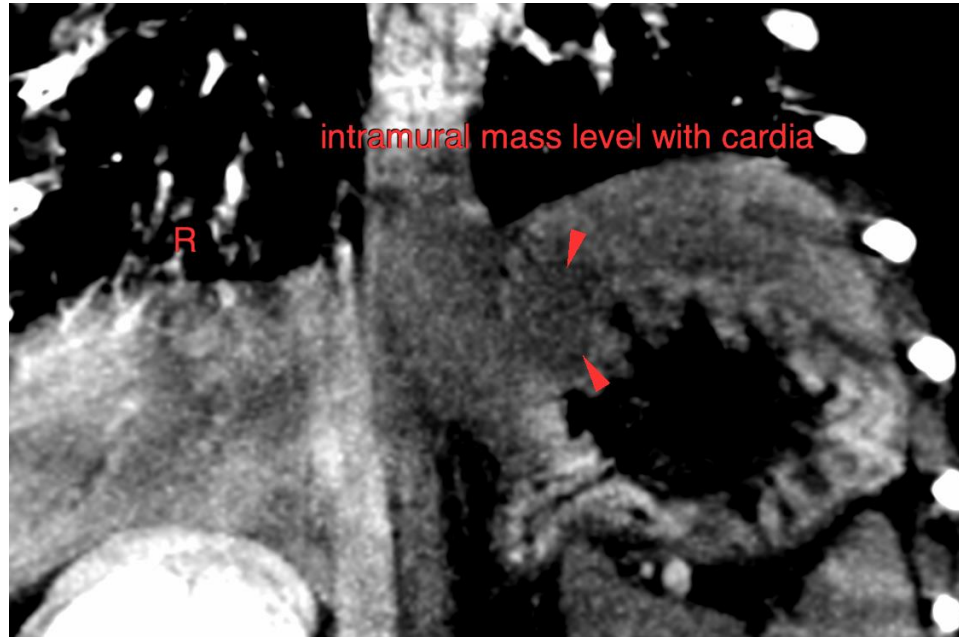
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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