



## PATIENT

Stacey Ollinger

## SPECIES

Canine

## BREED

Shepherd X

## SEX

FS

## AGE

8-10Y

## WEIGHT

55kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Janice

## HOSPITAL NAME

Bridgwater Veterinary  
Hospital and Wellness  
Centre

## REFERRING VET

Dr. Michelle Camara

## INVOICE

73372

## DATE

1-19-26

## PRESENTING CLINICAL SIGNS

History:

- December 21, 2025: Acute onset of blindness and disorientation. Prednisone and Gabapentin prescribed. January 17, 2026: Acute onset of seizures (1-2) - no history prior. OS proptosis. Currently on Prednisone (tapering dose) and Telmisartan. BP: 170/85 (patient was moving). A CT scan was recommended to rule out an intracranial lesion, retrobulbar abscess. Chronic skin lesion on RFL that hasn't healed despite multiple treatments High BP

Abnormal PE/Chem/CBC/UA Results: Dec 21: BW not diagnostic (CBC, CHEM, T4). Jan 17:IOP: 14 mmHg OS and 13 mmHg OD CBC/CHEM: mild neutrophilia, minimal increase in ALP. UA: UTI Dispensed Clavamox and Gabapentin

## COMPUTED TOMOGRAPHY OF THE SKULL

A high resolution pre- and post-contrast CT study of the skull is provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

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

In the caudal aspect of the left orbital cavity, a diffuse soft tissue swelling along the caudal aspect of the extraocular muscles is appreciated. The left ocular bulb is mildly deviated rostrally by the mass effect. Post contrast administration in the left rostral cranial fossa, a heterogeneous contrast enhancing mass is seen; measuring approximately 2.0 x 1.3 x 2.0 cm. The frontal lobes present a midline shift to the right.

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

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.

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.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intracranial extraaxial mass left rostral cranial fossa
- Swelling extraocular muscles left orbital cavity
- Secondary left sided mild exophthalmos

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT reveals an intracranial extraaxial mass in the left rostral cranial fossa, highly concerning for primary soft tissue neoplasia – such as meningioma or sarcoma. A differential can be intracranial granuloma (e.g. mycotic, Mycobacterium). The left sided retrobulbar swelling can present either paraneoplastic swelling, less likely retrobulbar spread or secondary edematous swelling of the extraocular muscles.



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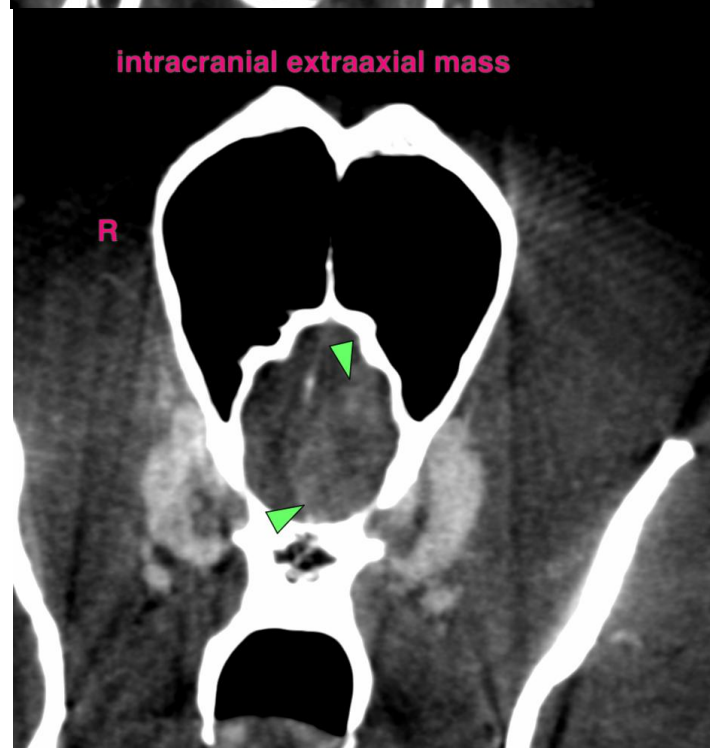
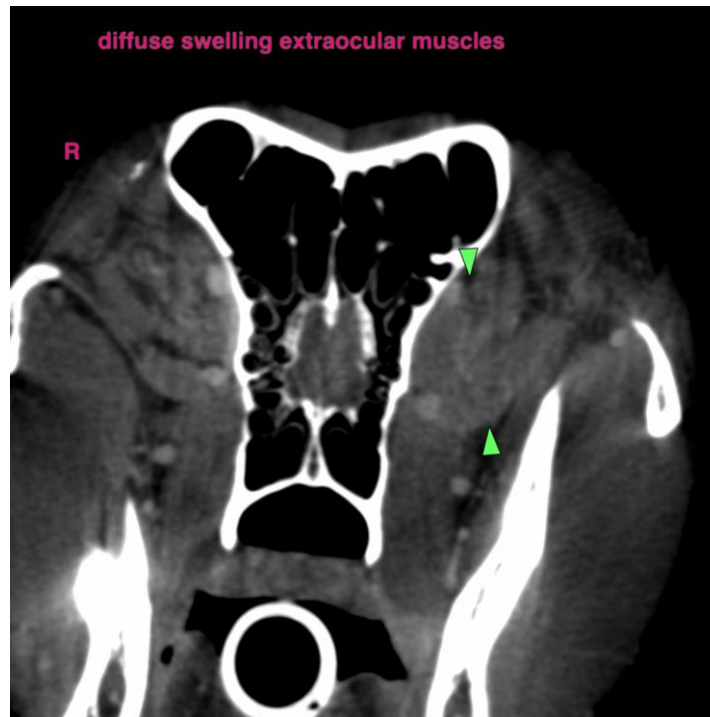
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)