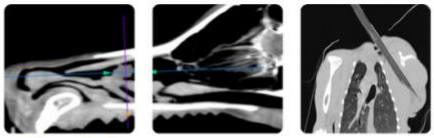


PATIENT

Manly Gregory

SPECIES

Canine

BREED

Japanese Chin

SEX

Spayed Female

AGE

9 Years

WEIGHT

4.72

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. Cynthia Maro

HOSPITAL NAME

Cranberry Holistic PC

REFERRING VET

Dr. Cynthia Maro

INVOICE

35584

DATE

1/23/26

PRESENTING CLINICAL SIGNS

- Pet presented today for CT of Head, Lower cervical/upper thoracic spine, and abdomen. Pet also had a dental cleaning.
- Abdomen: performed due to excessive vomiting 9 times in 2 hours on 01/21/26, positive for pancreatitis, had minimal debris in bladder on ultrasound on 12/5/25. There are age related renal changes. CT performed to monitor the kidney, liver, and possible cause of onset of vomiting.
- Cervical/thoracic spine: Pet was diagnosed with lordosis, this CT submitted to monitor condition. Also due to recent neurological changes. Also monitoring the stage B1 valvular disease
- Head: CT performed to monitor oral health, also to monitor sinuses and ears.

COMPUTED TOMOGRAPHY OF THE SKULL, NECK, THORAX AND ABDOMEN

A high-resolution plain CT study of the skull, neck, thorax and abdomen – including the entire spine – is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull & Neck

The skull has a brachycephalic conformation with significant crowding and rotation of the maxillary premolar teeth.

The tooth elements 101, 102, 105-107, 109, 110, 201, 205-207, 209, 210, 301, 302, 305-307, 311, 401-403, 405, 411 are absent. The remaining teeth present generalized a mild to moderate horizontal bone loss.

The nasal cavity is partially obliterated by soft tissue attenuating material and destruction of the nasal conchal structures is seen, L>R. In the maxillary bone/rostral aspect of the left maxillary recess distal to the alveolar crest of triadan 204, two elongated hyperattenuating bodies are seen.

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

The lateral ventricles of the brain are prominent. The brain appears symmetrical.

The right tympanic bulla is filled with fluid attenuating material; the osseous wall is smooth and presents the expected width. The external ear canals are within normal limits.

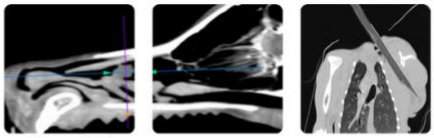
The foramen magnum has a keyhole shaped conformation.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

A rudimentary rib is seen at the left aspect of C7.

The remainder of the pictured parts of the neck reveal no abnormalities.

Thorax



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In the subcutaneous tissue dorsal to the thoracolumbar junction multiple gas inclusion are visible – suspect preceding subcutaneous injection.

The thoracic spine reveals no abnormalities – no abnormal axial deviation of the thoracic spine is appreciated.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

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

The endotracheal tube is extending up to the level of the carina of the trachea.

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.

The lung parenchyma is hypoinflated and presents zones with dystelectasis. Otherwise, the lung parenchyma has the expected architecture.

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

Abdomen

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. At the caudodorsal aspect of the bladder, two mineral attenuating, roundish bodies are seen – likely extraluminal

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.

The pancreas cannot be clearly delineated in the plain CT.

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

The vertebral body of L4 presents an ill-defined geographic osteolytic lesion. The remainder of the osseous and soft tissue structures of the lumbar spine are within normal limits.

The remainder of the osseous and soft tissue structures of the lumbar spine reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic semiaggressive osteolytic lesion vertebral body L4
- Destructive rhinitis
- Hyperattenuating body in the left maxillary recess/left maxillary bone
- Right sided otitis media
- Suspect dystrophic mineralization uterine stump – less likely cystolithiasis
- Multiple absent teeth, see above

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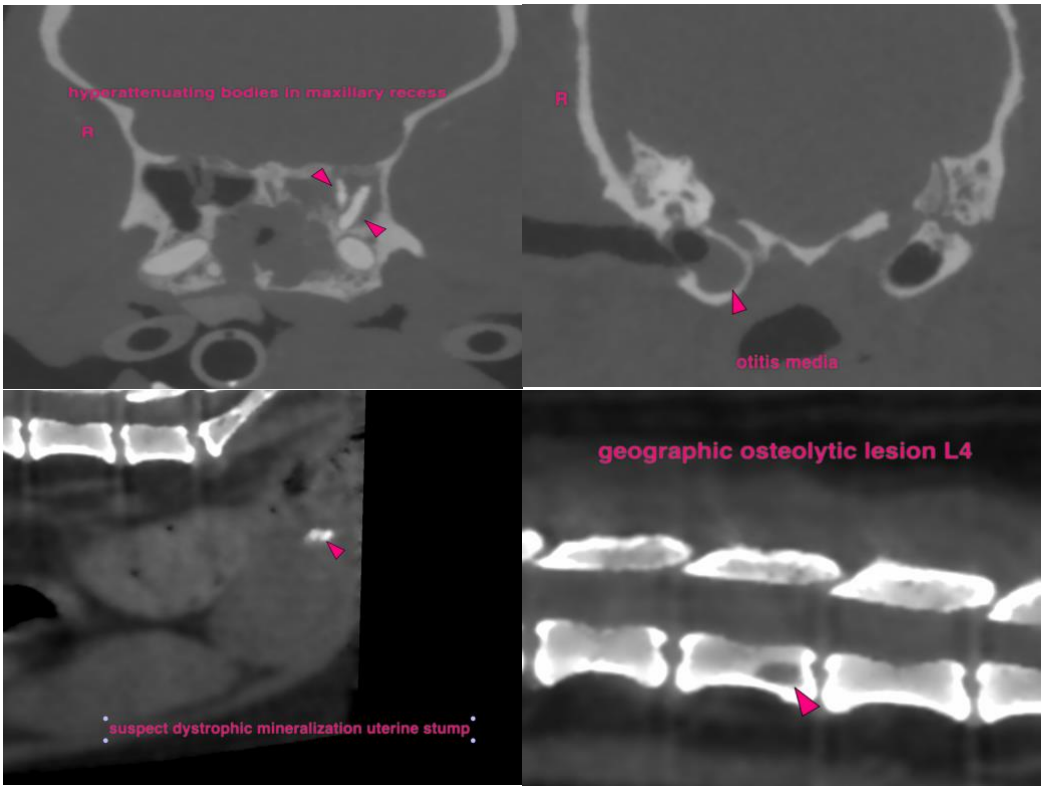
- Rudimentary rib left aspect C7
- Ventriculomegaly lateral ventricles of the brain – likely clinically not relevant
- Normal thoracic spine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ill-defined geographic osteolytic lesion of L4 is most consistent with benign fatty bone marrow replacement, granuloma or fibrous dysplasia. The odds for malignant osseous lesion are low – such as metastasis or primary osseous neoplasia (e.g. round cell tumor).

The destructive rhinitis may have a dental origin and the hyperattenuating bodies in the left maxillary recess are suggestive for displaced dental roots or sequestrum formation.

An underlying cause for the vomiting cannot be specified.



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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com