



**PATIENT**

Ava Rowe

**PRESENTING CLINICAL SIGNS**

Horner's syndrome R eye, duration 1 month.  
Abnormal PE/Chem/CBC/UA Results: Labwork results were all normal.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE SKULL & THORAX**

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

**BREED**

Australian CattleDog

Skull

The tooth elements 108-110, 208, 210, 301, 308, 310, 311, 401, 408, 410-411 are absent.

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

**SEX**

FS

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.

**AGE**

9 Years

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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

**HOSPITAL NAME**

Animal Health Care  
Denver

The bony and surrounding soft tissue structures are within normal limits.

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.

**REFERRING VET**

Cathryn Sayer

The cardiovascular structures including the pulmonary vasculature are within normal limits, but mineralization of the wall of the aortic root.

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.

**INVOICE**

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The lung parenchyma presents the expected architecture and attenuation behavior with randomly distributed interspersed punctuate mineralization and a small zone of dystelectasis of the most caudodorsal aspect of the left caudal lung lobe.

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



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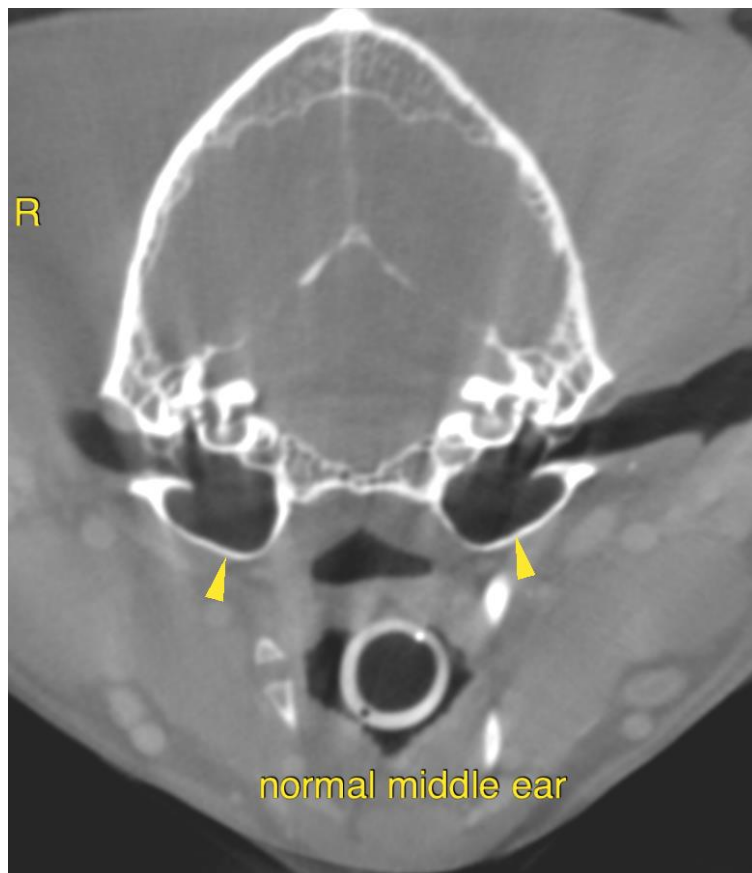
**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Multiple absent teeth
- Pulmonary osteomas
- Structural normal brain
- No evidence of otitis media
- Normal cervical and cranial thoracic spine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The current CT study fails to present an underlying macromorphological abnormality that can explain the history of right sided Horner's syndrome. Rule out possible preceding trauma, hypothyroidism or idiopathic. The latter is the most common cause for Horner's syndrome.

In case of strong clinical suspicion for intraparenchymal lesions of the brain or spinal cord along the cervical spine, an MRI study may be beneficial for further workup.





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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.

**SPECIES**

Canine

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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**BREED**

Australian CattleDog

**SEX**

FS

**AGE**

9 Years

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