



**PATIENT PRESENTING CLINICAL SIGNS**

Max Alcaraz  
 Patient has sporadic episodes of seizures. Hospitalization update: bar no v/d no concerns , only had two episodes that owner noticed pet convulsed ( last Friday) not taken to vet after was observed by owner through the night , not on any meds for condition. owner described pet salivating having involuntary tremors and baging head on floor. also client would like for pets mass to evaluated owner indicates its on the right side of the neck. 3 seizures in 3 months - around 1 every month seizures last ~ 1.5 minutes - recovery in 2 hours  
 Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- increased BUN, decreased ALP

**BREED COMPUTED TOMOGRAPHY OF THE SKULL**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**  
 NM  
 The pictured parts of the dentition are complete. Triadan 105&205 present ankylosis of the roots. The buccal mesial root of triadan 108 presents significant periapical widening of the periodontal space with perforation of the lateral cortex.

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

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

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.

**HOSPITAL NAME**

Veterinary Image Center

Post contrast administration along the left cerebral hemisphere, significant thickening of the strong contrast enhancing meningeal lining is appreciated – along the left frontal, parietal and piriform lobe. The left cerebral hemisphere is mildly deformed by the mass effect.

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.

**REFERRING VET**

Dr. M. Martes, DVM

Dorsal to the larynx, medial to the left internal carotid artery, a well-defined strong contrast enhancing nodular lesion, measuring 8 mm in diameter is appreciated.

In the subcutaneous tissue at the left dorsolateral aspect of C1, a uniform soft tissue attenuating and heterogeneous contrast enhancing nodule, measuring 1.9 cm in size is appreciated.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Marked meningeal thickening along the left cerebral hemisphere
- Soft tissue nodule dorsal to the larynx
- Periapical abscess triadan 108
- Ankylosis roots 105&205
- Non-specific subcutaneous nodule craniodorsal aspect of the neck

**DATE**

10-24-22



**PATIENT**

Max Alcaraz

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

NM

**AGE**

13 Years

**INTERPRETED BY**

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**HOSPITAL NAME**

Veterinary Image  
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**REFERRING VET**

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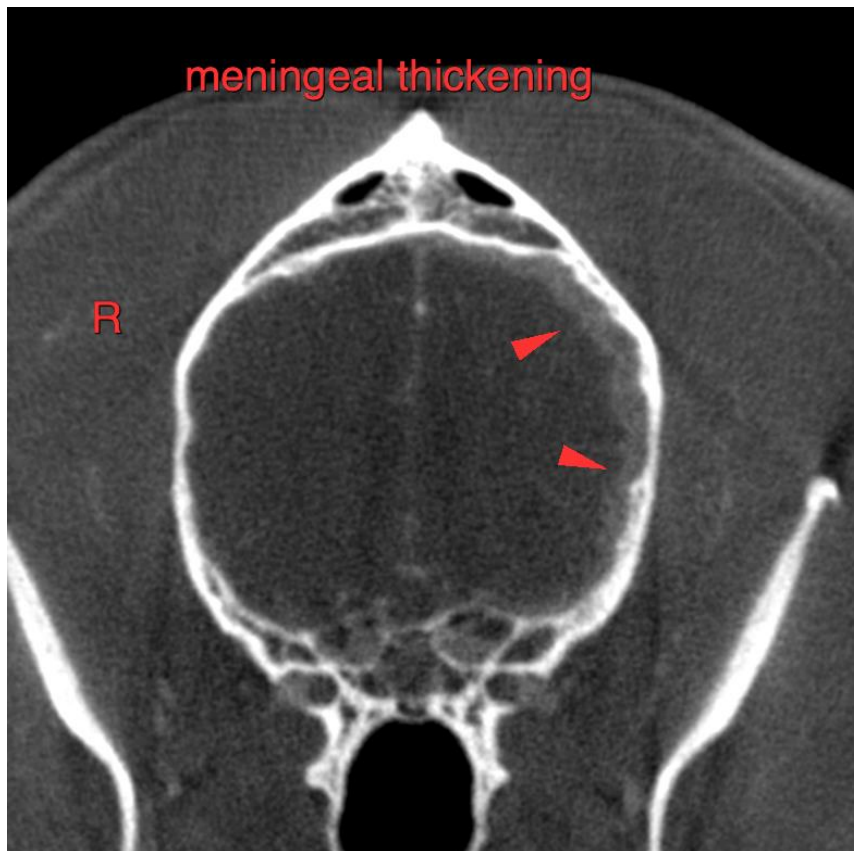
**DATE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The meningeal thickening along the left cerebral hemisphere is concerning neoplastic infiltration, such as round cell tumor, leptomenigeal oligodendrogliomatosis. Potentials would include idiopathic hypertrophic pachymeningitis or less likely infectious meningitis. If not done so yet, recommend complementing workup by a CSF tap and complete blood work.

The nodular lesion dorsal to the larynx can present granuloma, adenomatoid hyperplasia or neoplastic transformation of ectopic thyroid tissue, sarcoma of different origin. This finding is likely incidental.





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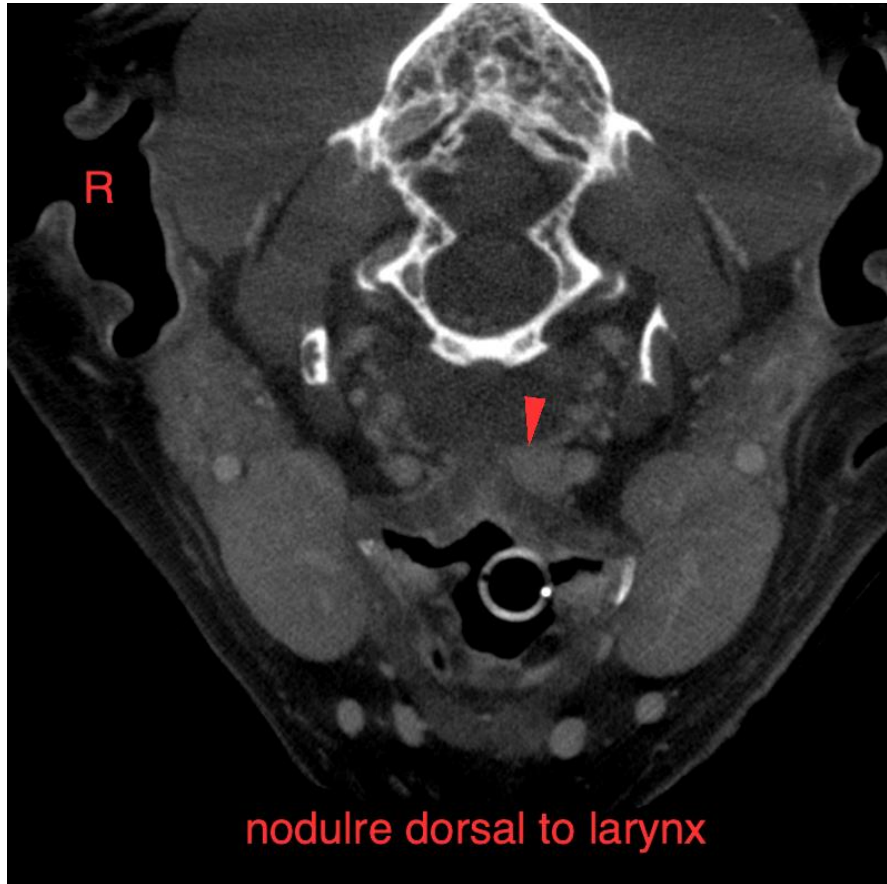
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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