

PATIENT

Drake Todd

SPECIES

Canine

BREED

Dalmation

SEX

Neutered Male

AGE

2 Years 9 Months

WEIGHT

55.9 Pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Jenna W./Ashley A.

HOSPITAL NAME

Animal Clinic
Northview

REFERRING VET

Randall V. Hutchison

INVOICE

35366

DATE

10/30/25

PRESENTING CLINICAL SIGNS

History: Hx from o Problem started 4-6 weeks ago He is just randomly crying and seeming like he is in pain But then a few minutes later he is completely back to normal and running and playing with the other dogs The mobile vet came to see him a couple weeks ago for vaccines and checked the problem - gabapentin - anti-inflammatories Did notice a messed up nail the other day but isn't sure if that is the problem Worried about neck/spine the most Has been healthy until this point Urine and urine stream has been normal Stool has been normal no obvious pain source could be found on PE but prior to cervical CT - dog did urinate out what appeared to be small cystic calculi unsure if calculi source of pain or something else.

COMPUTED TOMOGRAPHIC STUDY OF THE NECK AND ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen and a plain CT study of the neck is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Neck

The left lateral osseous margin of the foramen magnum presents an ill-defined permeative osteolysis and immature new bone formation – protruding into the foramen magnum.

At the right cranial aspect of the odontoid peg, granular mineral attenuating material is visible.

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 pattern is uniform.

The remainder of the osseous and soft tissue structures of the neck are within normal limits.

Abdomen

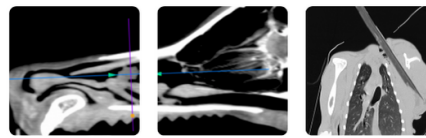
The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted. The urinary bladder is empty and collapsed, but a moderate amount of granular mineral attenuating material in the lumen of the bladder neck. The urinary bladder wall is generalized prominent.

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.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.



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

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

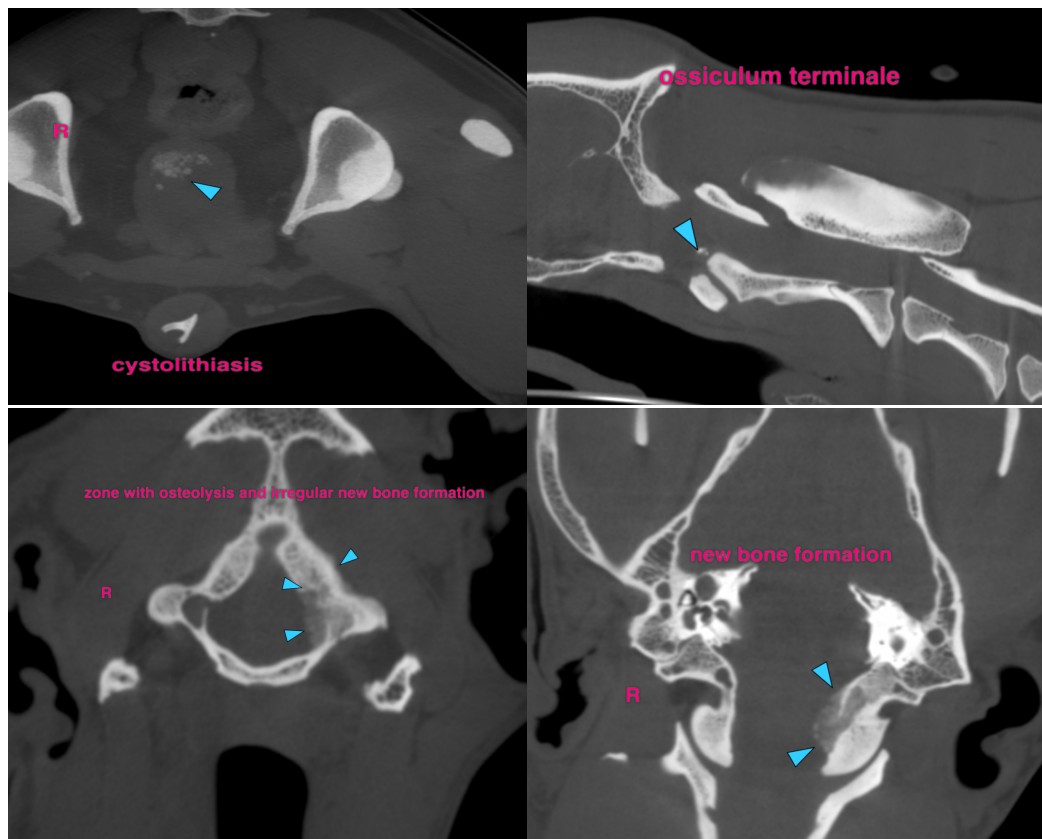
The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

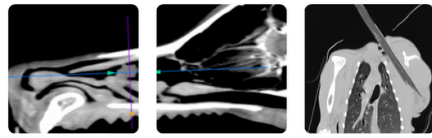
- Monostotic aggressive mixed osteolytic and osteoproliferative lesion left lateral osseous margins of foramen magnum
- Cystolithiasis without mechanical obstruction – given the breed the odds for uric acid stones
- Peristant ossiculum terminale cranial aspect odontoid peg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The aggressive bone lesion of the occipital bone is a plausible explanation for the described neck pain. The odds for primary osseous neoplasia such as multilobular osteochondrosarcoma, osteosarcoma, chondrosarcoma are high. A differential would be osteomyelitis. FNA sampling/biopsy can be tried for specification.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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