



PATIENT

Charlie Bentley

SPECIES

Canine

BREED

Chinese Crested

SEX

MN

AGE

10Y

WEIGHT

6.10kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Kuzimski

INVOICE

72550

DATE

11-10-25

PRESENTING CLINICAL SIGNS

Patient presented for evaluation after having various episodes of falling over and eyes twitching. Started around Saturday. P was here last week for not bearing weight on left rear leg. Appetite has been decreased since more than a week ago. Few days ago took to pDVM and was diagnosed with a UTI. Current meds: Clavamox 62.5 tab BID

Abnormal PE/Chem/CBC/UA Results: Musculoskeletal: Ataxic. Grade 4 luxating patellas bilaterally. CBC - WBC 30.3 (H), NEU 27.18 (H) Chemistry - IP 7.5, Ca 8.1, ALB < 1.0 EPOC - Lact 5.45 (H), HCT 35 (L) PCV/TS: 40%/6.6 g/dL Radiograph report attached

COMPUTED TOMOGRAPHY OF THE SKULL, NECK, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent, and the remaining teeth present generalized advanced periodontal disease – the remaining maxillary incisor teeth and P2 are perforating the nasal cavity.

Moderate destruction of the nasal conchal structures is appreciated.

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 horizontal segment of the right external ear canal is obliterated by uniform soft tissue attenuating and subjective mild contrast enhancing material.

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.

The mandibular lymph nodes are prominent.

Neck & Thorax

The cervical superficial lymph nodes, axillary lymph nodes, sternal lymph nodes and tracheobronchial lymph nodes are moderately prominent, uniform soft tissue attenuating and contrast enhancing.

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.

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

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 presents the expected architecture and attenuation behavior with interspersed ill-defined roundish zones with ground glass attenuation pattern.

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

Abdomen



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The serosal fat presents generalized moderate soft tissue striation.

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.

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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.

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A splenic lymph node is prominent.

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

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

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The volume of the musculature of the left hind leg is significantly decreased.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Lymphadenopathy mandibular, superficial cervical, sternal, tracheobronchial, axillary and lineal lymph nodes
- Ill-defined roundish zones with an unstructured interstitial pattern of the lung
- Mild peritoneal effusion
- Generalized advanced periodontal disease with perforation of the nasal cavity
- Destructive rhinitis
- Soft tissue material in right external ear canal with possible contrast uptake
- Multiple absent teeth

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lymphadenopathy of multiple lymph nodes along the skull, neck, thorax and abdomen are concerning for neoplastic transformation of the lymphatic system – such as round cell tumor. A differential is generalized reactive lymphoid hyperplasia due to systemic inflammatory response, rule out infectious causes such as Ehrlichiosis, Anaplasmosis, mycotic. If not done so yet, FNA sampling of the enlarged lymph nodes is mandatory for specification.

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The ill-defined nodular pulmonary lesions are likely to be seen in connection with changes in the lymph nodes.

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The peritoneal effusion may be a sequela to systemic disease.

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No abnormalities are appreciated that do explain the described neurological clinical signs – in case of strong suspicion for intramedullary changes, workup can be complemented by a myelographic CT study or MRI study of the spine.

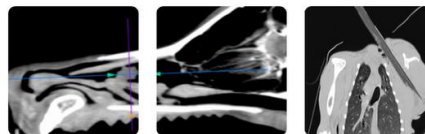
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The material in the right external ear canal can present cerumen, but the supposed contrast uptake is increasing the odds for mass of the ear canal – such as inflammatory polyp or neoplastic transformation (e.g. carcinoma).

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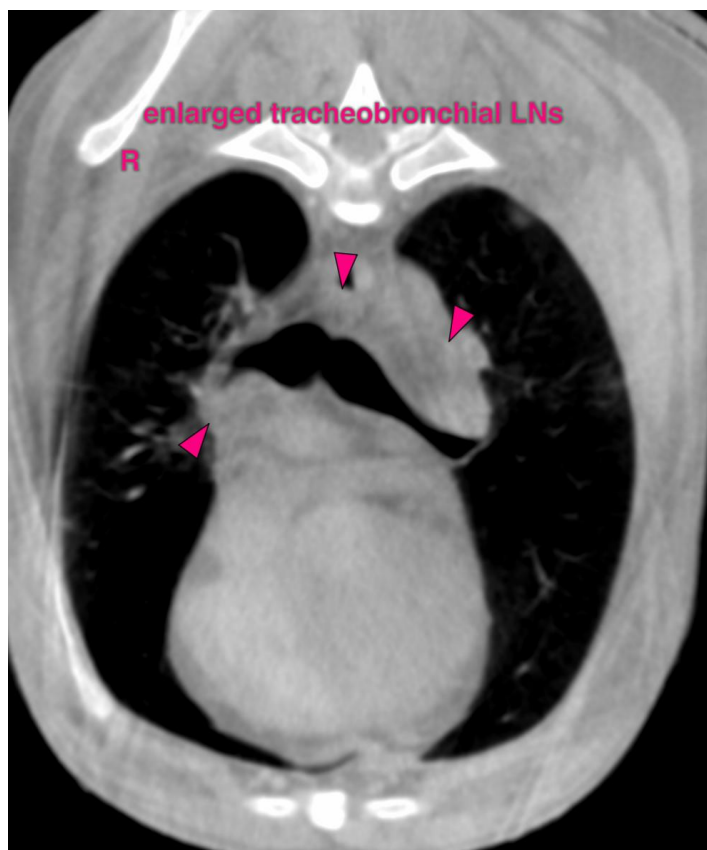
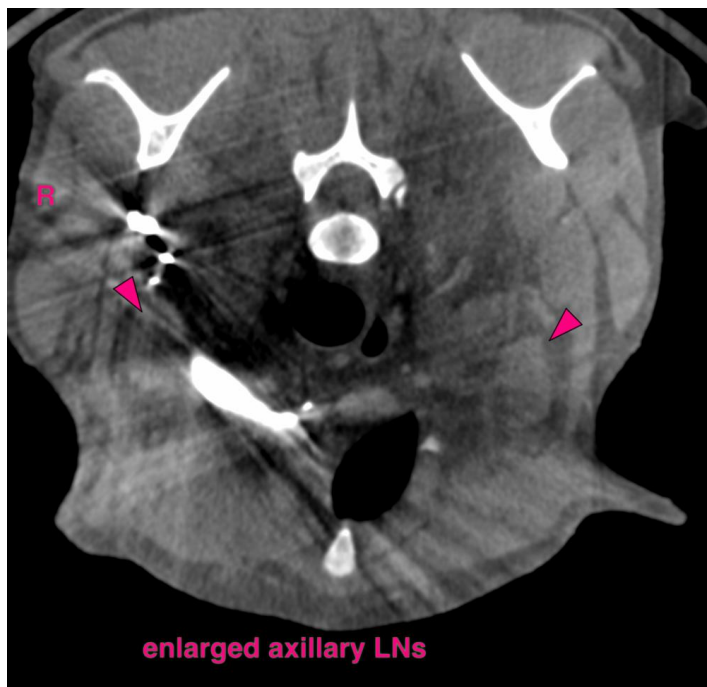
Dr. Kuzimski

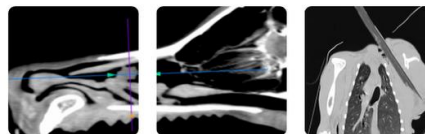
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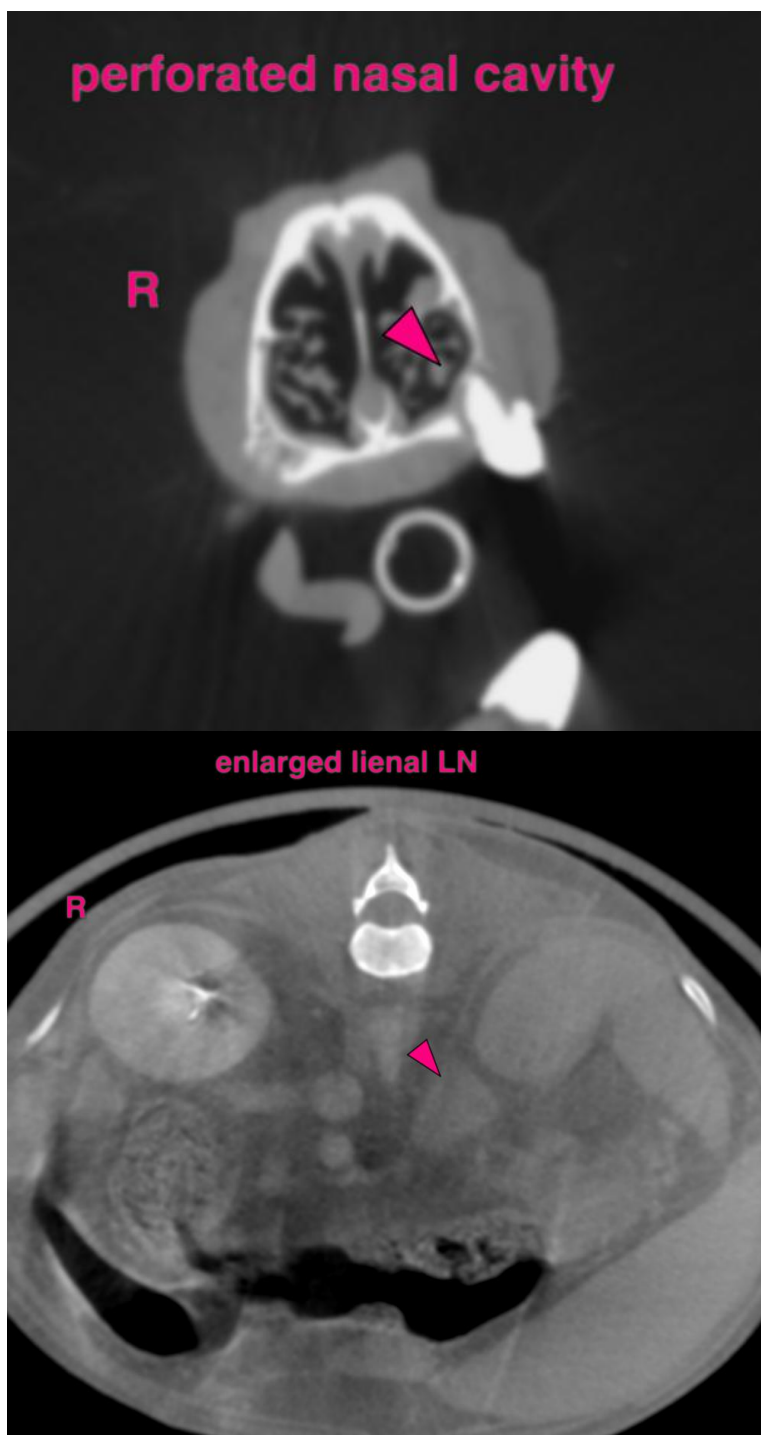
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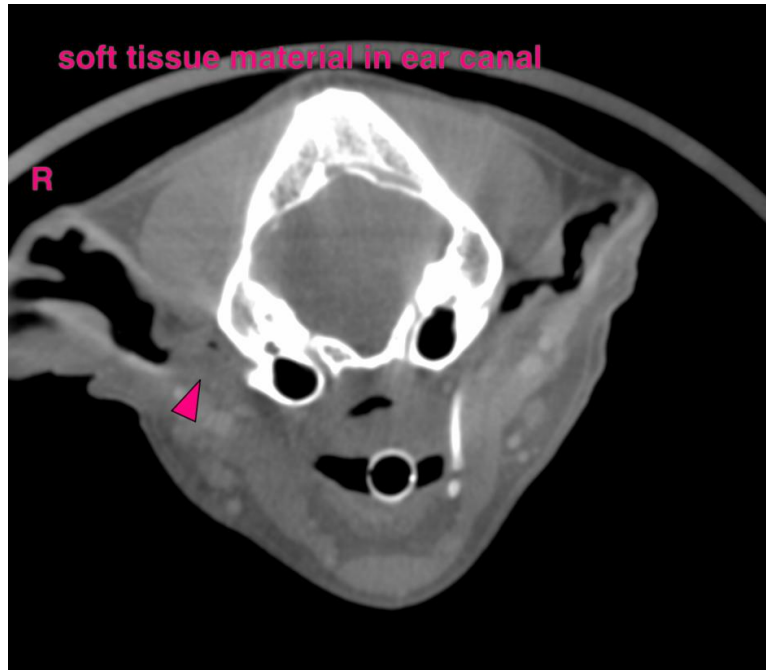
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com