



PATIENT

August Southard

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

11

WEIGHT

27.2

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Kam

INVOICE

72599

DATE

11-12-25

PRESENTING CLINICAL SIGNS

Monoparesis right thoracic limb, CP deficits on right thoracic limb. LMU tone on right thoracic limb. no neck pain. the rest of the neurological examination was wnl. severe weight bearing lameness on right thoracic limb. patient was dragging the right thoracic limb. severe muscle atrophy on right shoulder region

COMPUTED TOMOGRAPHY OF THE NECK, THORAX AND FRONT LIMBS

A high resolution post-contrast CT study of the neck, thorax and front limbs is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Neck

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

The right spinal nerve C8 is tubularly enlarged, measuring up to 13 mm in diameter and presents a heterogenous contrast enhancement pattern. The thickened spinal nerve C8 has a tortuous course and can be appreciated up to the right neuroforamen C7/T1 and can be appreciated in the periphery up to the medial aspect of the right shoulder joint. The distal segments of the right spinal nerves C6 and C7 appear thickened.

Thorax

Along the thoracic spine, multifocal spondylosis formation is seen.

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.

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

Front limbs

The musculature of the right front limb presents a marked decreased volume, and the osseous structures reveal a generalized decreased density.

Both shoulder joints present smooth margins of the periarticular bones and the surrounding soft tissue structures are within normal limits.

The periarticular bones of the left elbow joint present mild to moderate osteophyte new bone formation. The medial coronoid process of the left elbow joint is irregular and has a decreased density.

The periarticular bones of the right elbow joint are smooth. The medial coronoid process of the right elbow joint is well-defined and has a homogeneous density.

The osseous and surrounding soft tissue structures of the carpal joint bilaterally reveal no abnormalities.



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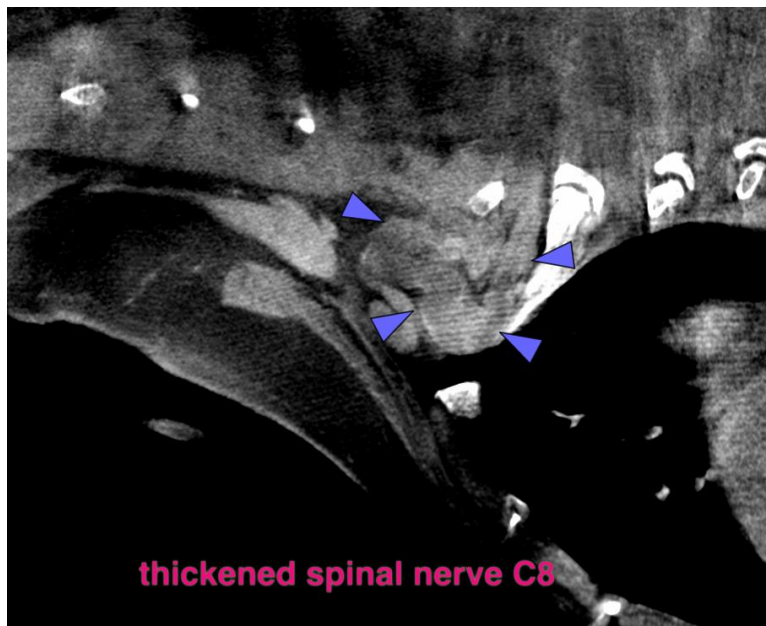
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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Tubular thickening right spinal nerve C8 along with possible thickening of the right spinal nerves C6 and C8
- Neurogenic muscle atrophy right front limb
- Secondary osteopenia right front limb
- Coronoid disease left elbow joint
- Osteoarthritis left elbow joint
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thickened spinal nerves in the right brachial plexus are most consistent with peripheral malignant nerve sheath tumor; a less likely differential is neuritis. The finding is a plausible explanation for the presenting clinical signs. I do not see evidence that the respective thickened spinal nerves are extending into the vertebral canal – if it is therapeutical relevant, workup can be complemented by a myelographic CT study or MR study of the cervical spine.





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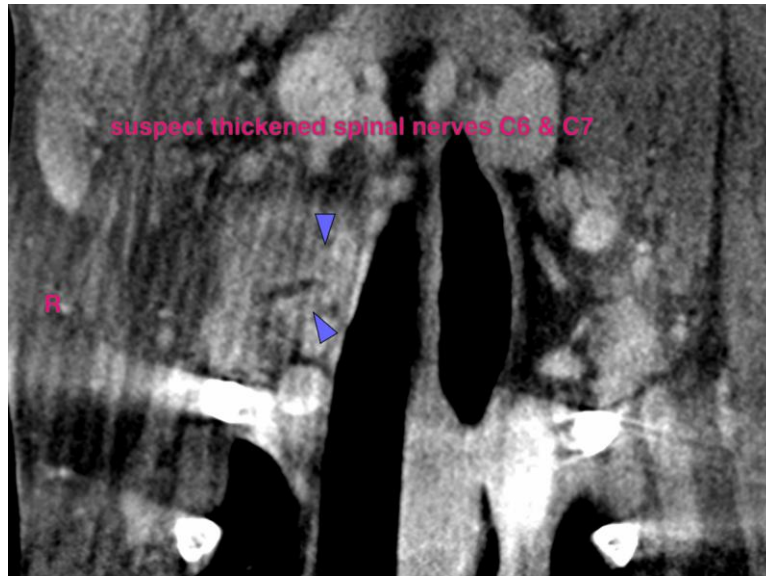
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com