



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Amber Etts  
**SPECIES** Presented for seizures. Amber had two episodes this morning. Previous history of collapses, diagnosed with 3rd degree AV block. According to the owner, Amber seems to be more lethargic than usual. Not on medications. E/D well. No c/s/v/d. Owner had tried theophylline in the past but caused Amber to vomit.

**BREED** Abnormal PE/Chem/CBC/UA Results: EPOC: No abnormalities. CBC: No abnormalities.  
**SPECIES** Canine  
**BREED** Pitbull Mix  
**SEX** Spayed Female  
**AGE** 11.5 Years

Chemistry: No abnormalities. Echocardiogram: Left Ventricle: LV chamber size, wall thickness and systolic function are normal. Left Atrium: The left atrial size is normal. Right Ventricle: The right ventricle is subjectively normal. Right Atrium: The right atrium is normal in size. Aortic Valve: The aortic valve is trileaflet, and appears structurally normal, with normal flow across the valve. Mitral Valve: The mitral valve is thickened with mild insufficiency noted. Tricuspid Valve: The tricuspid valve is thickened with mild insufficiency noted. Pulmonic Valve: Pulmonic valve appears structurally normal with normal Doppler flow across the valve. Pulmonary Artery: The pulmonary artery is normal. Aorta: Ascending aorta is of normal caliber. Pericardium: The pericardium appears normal. No pericardial effusion seen. No pleural effusion, cardiac masses or blood clots seen. Electrocardiogram: Third degree AV-Block, None of the atrial impulses appear to be conducted to the ventricles. Underlying heart rate averages approximately 35-40 bpm intercalated with episodes of AIVR with a rate of 120-130 bpm. Ventricular escape beats. Diagnosis: 1) 3rd Degree AV-Block 2) Seizures vs. collapses

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

**INTERPRETED BY COMPUTED TOMOGRAPHIC FINDINGS**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants. The left body of the mandible, level with triadan 306 & 307 presents an ill-defined zone with permeative osteolysis.

**HOSPITAL NAME**

Animal Emergency  
 Hospital Deland

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.

**REFERRING VET**

Dr. Bolfer

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.

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The right parietal bone and the zygomatic process of the left temporal bone present permeative osteolytic lesions and mild amorphous periosteal new bone formation. The osteolytic lesion of the right parietal bone is perforating the cranial fossa. axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

**DATE**

11-14-22

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Polyostotic aggressive osteolytic lesions of the right parietal bone, left temporal bone and left body of the mandible



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Amber Etts

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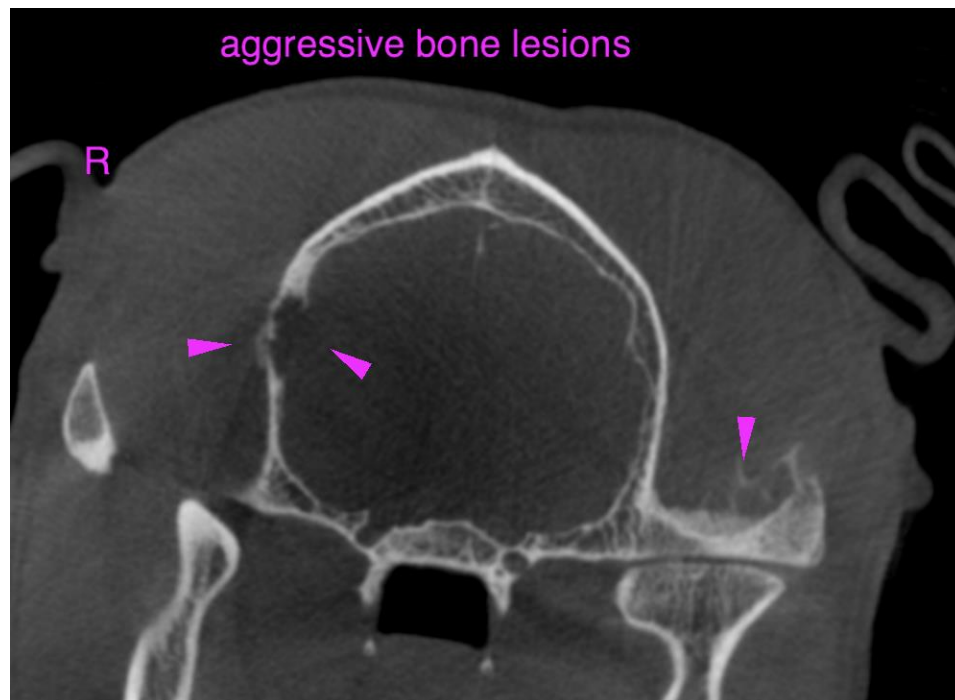
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The osteolytic lesions of the calvarium and the left mandible are highly concerning for metastatic neoplastic disease – such carcinoma or sarcoma. Theoretically mycotic osteomyelitis is a consideration, but the odds are low. Recommend FNA sampling of the aggressive osseous lesion of the left zygomatic process of the temporal bone.

An associated soft tissue component of the osteolytic lesion of the right parietal bone or intraaxial lesions not appreciated in the plain CT study are a plausible source for the seizure activity. Recommend screening for primary neoplasia.





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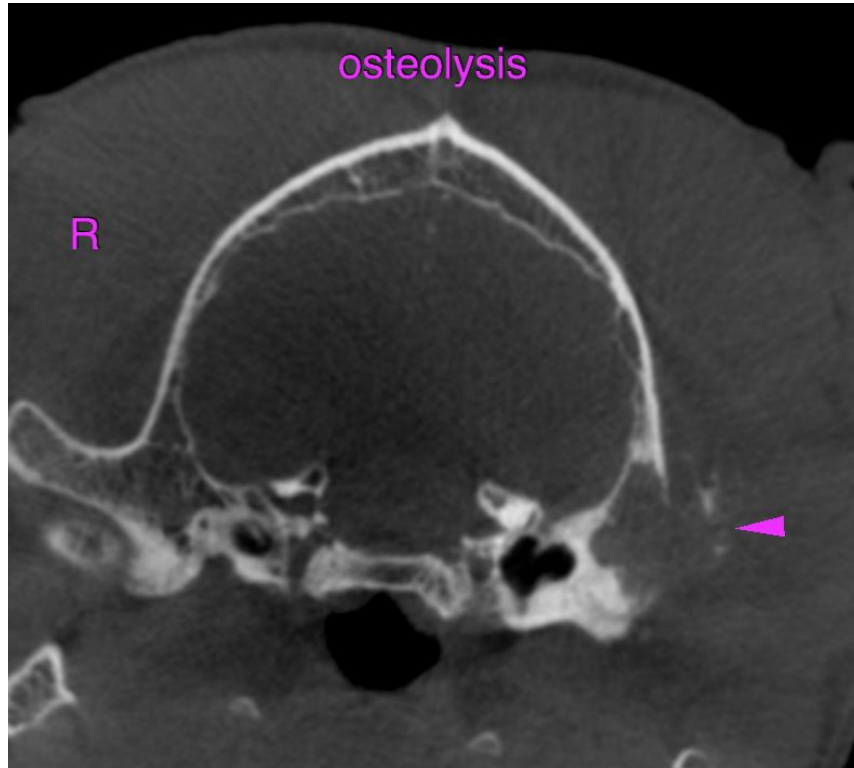
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The information and recommendations provided are based on the images presented by the



**PATIENT**

Amber Etts

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  
sebast.schaub@gmail.com

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