



PATIENT

Mr. Moon Marchant

SPECIES

Canine

BREED

French Bulldog

SEX

Male

AGE

7 Years

WEIGHT

23.6 Pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Alondra Aviles Lopez,
LVT

HOSPITAL NAME

Veterinary Image
Center

REFERRING VET

Dra. Perez Pagan

INVOICE

35587

DATE

11/21/25

PRESENTING CLINICAL SIGNS

History: Patient with history of horizontal nystagmus and ataxia. P was previously diagnosed with IVDD.

Abnormal PE/Chem/CBC/UA Results: CBC: 11-1-2025 WBC 18.96K/uL (5.05-16.76) NEU: 16.13 K/uL (2.95-11.64) MPV 13.6 fL (8.7-13.2) CHEM: 11-1-25 GLOB 4.7g/dL (2.5-4.5)

COMPUTED TOMOGRAPHIC STUDY 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 & Neck

Multiple teeth are absent. Triadan 106 and 206 present a marked widened periodontal space and are perforating the nasal cavity respectively. In the right nasal cavity, level triadan 106 perforating the nasal cavity, a heterogeneous contrast enhancing localized soft tissue swelling is visible along with destruction of the conchal structures.

The soft palate is thickened and elongated.

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

Both tympanic bullae are filled with non-contrast enhancing soft tissue material. The osseous wall of the left tympanic bulla and the osseous labyrinth of the left inner ear present moth eaten defects. The soft tissues surrounding the left tympanic bulla are mildly swollen and present increased contrast enhancing. The external ear canals present mild shell like mineralization.

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 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.

Level with the intervertebral disc space C2/C3, mineralized disc material is protruding into the left ventral aspect of the vertebral canal, occupying approximately ≤10% of the cross-sectional area of the vertebral canal at the same level.

The remainder of the anatomical structures of the neck reveal no abnormalities.

Thorax

Multiple thoracic vertebral present variable degree and form of a congenital malformation.

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.



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

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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.

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The lung parenchyma presents the expected architecture and attenuation behavior.

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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 normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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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 prostate is symmetrical. The prostatic parenchyma is uniform soft tissue attenuating and has a heterogeneous contrast enhancement pattern.

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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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Between the cranial extremity of the spleen and the stomach, a well-defined, nodule is seen; presenting the same attenuation and contrast enhancement pattern like the spleen and is measuring 6 mm in diameter.

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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.

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The intervertebral discs L1/L2 L4/L5 are bulging into the vertebral canal, occupying approximately ≤10% of the cross-sectional area of the vertebral canal at the same level. The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 50% of the cross-sectional area of the vertebral canal at the same level.

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In the subcutaneous tissue along the right abdominal wall, multiple well-defined, soft tissue attenuating nodules are appreciated.

COMPUTED TOMOGRAPHIC DIAGNOSIS

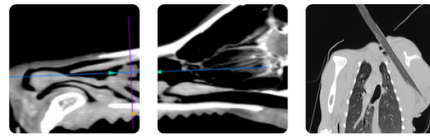
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- Bilateral chronic otitis media, L>>R
- Left sided otitis interna
- Cellulitis surrounding the left tympanic bulla
- Periodontal disease 106 and 206 with perforation of the nasal cavity and secondary destructive rhinitis
- Thickened and elongated soft palate



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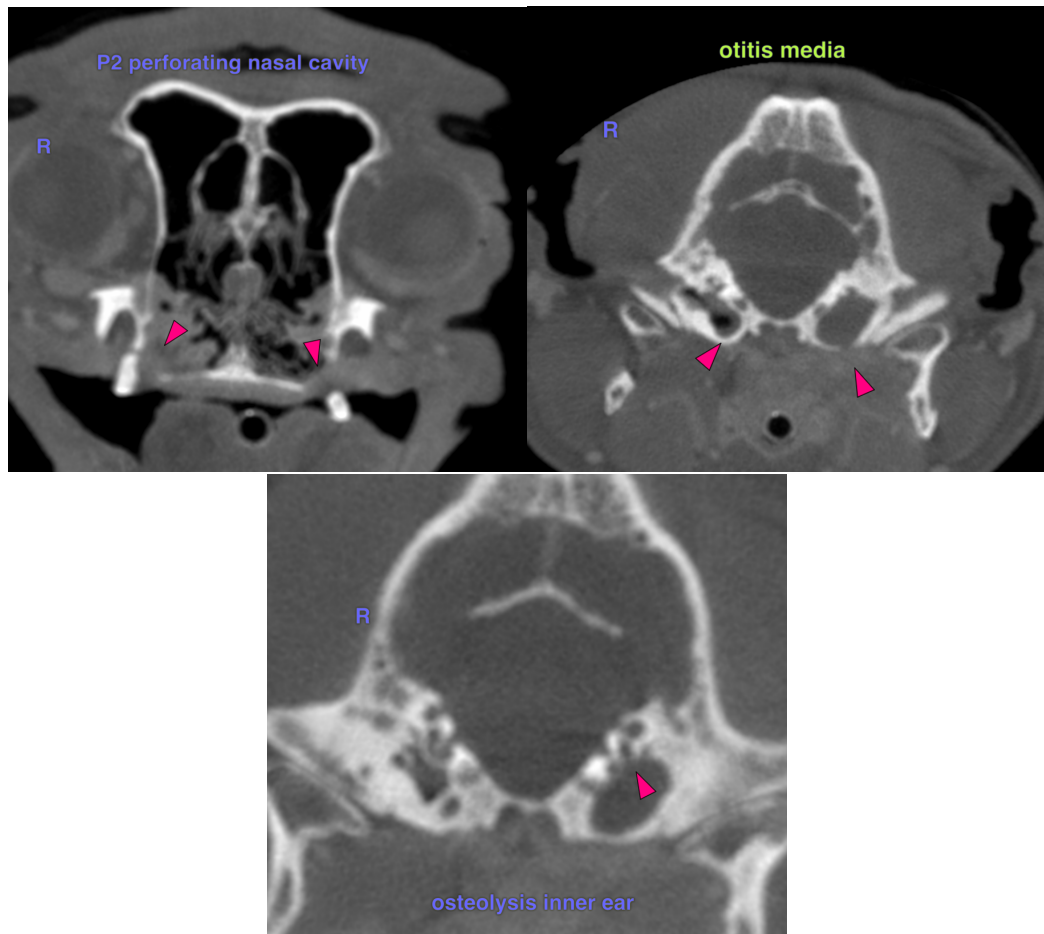
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- Benign prostatic hyperplasia
- Intervertebral disc protrusion L7/S1 with possible dynamic compression of the cauda equina fibers
- Congenital malformation multiple thoracic vertebra
- Intervertebral disc herniation C2/C3 and L1/L2 to L4/L5 without compressive myelopathy
- Splenunculus
- Normal lower airways

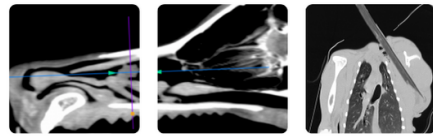
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presenting clinical signs are likely a sequela to the left sided otitis media and interna. Myringotomy can be used as minimally invasive diagnostic tool for sampling and flushing the left tympanic bulla, surgical management options can be considered alternatively.

No clinically relevant myelocompression is seen along the entire spine.



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.



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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