



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Elanor Mayers  
**PRESENTING CLINICAL SIGNS** Pt presented on 11/24/22 for seizures and owner took pt home to monitor. Pt was brought back on 11/26/22 with facial swelling, lethargy, decreased appetite and elevated temperature. Pt developed epistaxis after hospitalization.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: UA showed signs of a UTI. Bloodwork showed elevated Alkp and Chol, as well as low platelets of 80,000. Concern for retrobulbar abscess/mass. FNA was done and cells appear inflammatory.  
**SPECIES** Canine

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

**SEX** A moderate swelling of the subcutaneous tissue along the left buccal region is appreciated. In the caudoventral aspect of the left retrobulbar space an ill-defined soft tissue swelling, presenting a peripheral contrast enhancing wall and hypoattenuating center is appreciated, measuring 3.4 x 2.0 x 2.4 cm in size. The left ocular bulb is deviated rostrally and dorsally by the mass effect.  
**SEX** F

**AGE** The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.  
**AGE** 3 Years

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

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.

**HOSPITAL NAME**

Mountain West  
 Veterinary Hospital

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 bilaterally are prominent.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Jeff Simmons

- Left sided cavitory retrobulbar lesion
- Secondary left sided exophthalmos
- Lymphadenopathy mandibular lymph nodes
- Edematous swelling left buccal region
- Normal brain

**INVOICE**

55378

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The left retrobulbar cavitory lesion in combination with the swelling along the left buccal region and the lymphadenopathy of the tributary lymph nodes is supporting the diagnosis of left sided retrobulbar abscess. An underlying cause for the abscess formation is not appreciated and possible causes are perforating trauma or migrating foreign body. Surgical drainage is the therapy of choice – by stab incision caudal to the last left maxillary molar tooth.

**DATE**

11-27-22

There is no evidence of macromorphological disease explaining the described seizure activity.

If not yet done so, the workup should be complemented by examination of CSF and complete



**PATIENT**

Elanor Mayers

bloodwork to screen for brain disease that is not necessarily associated with structural changes of the brain parenchyma and rule out hepatoencephalopathy and other systemic illness. In case of the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

F

**AGE**

3 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Mountain West  
Veterinary Hospital

**REFERRING VET**

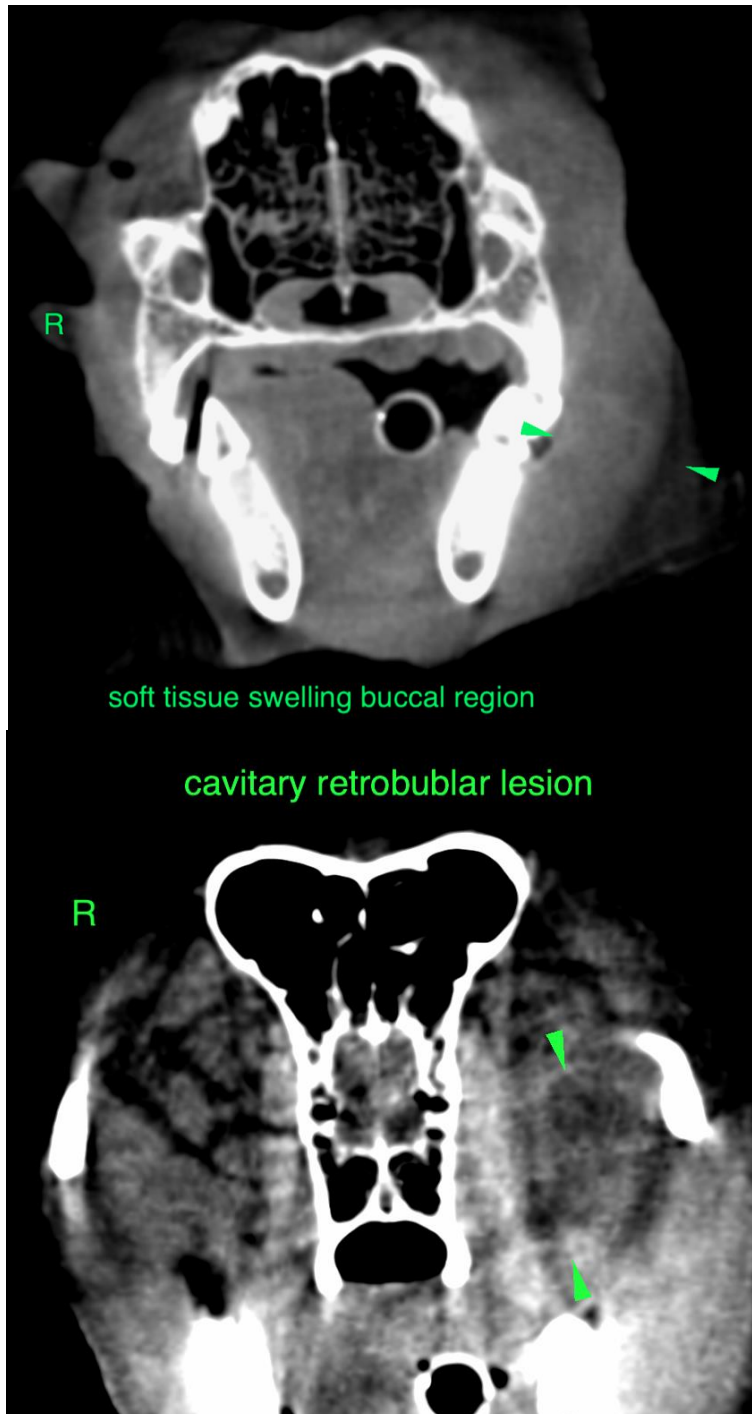
Jeff Simmons

**INVOICE**

55378

**DATE**

11-27-22





**PATIENT**

Elanor Mayers

**SPECIES**

Canine

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.

**BREED**

Golden Retriever

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  
sebast.schaub@gmail.com

**SEX**

F

**AGE**

3 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Mountain West  
Veterinary Hospital

**REFERRING VET**

Jeff Simmons

**INVOICE**

55378

**DATE**

11-27-22