



PATIENT

Moey Cuschieri

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

7

WEIGHT

15

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen VC

REFERRING VET

Dr. Eamon

INVOICE

35877

DATE

12/11/25

PRESENTING CLINICAL SIGNS

History: seizures 2mnt duration - no loss consciousness - stiff right hind - urinates reflexes and neurology exam unremarkable

Abnormal PE/Chem/CBC/UA Results: cbc/chem/t4/crp pending

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The skull has a brachycephalic conformation with significant crowding and rotation of the maxillary premolar teeth.

Multiple teeth are absent. The periodontal space of triadan 210 and 310 is moderately widened.

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.

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.

Following the contour of the right lateral ventricle of the brain, a mild to moderate contrast enhancing spindle shaped lesion is appreciated, measuring 11 x 7 x 16 mm. The brain parenchyma adjacent to the contrast enhancing lesion is hypoattenuating and the right lateral ventricle is compressed.

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.

Thorax

The vertebral endplates T4/T5 and T5/T6 present mild spondylosis formation.

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 right subclavian artery is originating from the aortic arch as a separate vessel and is coursing dorsally over the esophagus and trachea to the right axillary region.

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, but zones with dystelectasis of the cranioventral dependent aspects of the lung.



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

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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 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.

At the medial aspect of the cranial extremity of the spleen, a well-defined, nodule is visible, presenting the same attenuation and contrast enhancement pattern like the spleen; measuring 16 mm in diameter.

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.

The intervertebral disc L3/L4 is bulging into the vertebral canal, occupying approximately $\leq 15\%$ of the cross-sectional area of the vertebral canal at the same level. The vertebral endplates of the lumbosacral junction present moderate spondylosis formation.

Both coxofemoral joints present mild to moderate osteophyte new bone formation. The acetabular groove bilaterally is shallow, and the center of the femoral heads is lateral to the dorsal acetabular rim.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intracranial likely intraaxial periventricular mild contrast enhancing lesion dorsal aspect right lateral ventricle
- Periodontal disease 210, 310
- Splenunculus
- Spondylosis deformans
- Multiple absent teeth

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The supposed intraaxial periventricular contrast enhancing lesion can present intraaxial neoplasia (prioritized) – such as glioma – or inflammatory changes (e.g. meningoencephalitis of unknown origin, infectious). If not done so yet, complementing workup by a CSF tap is beneficial. MRI can be helpful to narrow down the differentials as well – if applicable. The finding is a plausible explanation for the presenting clinical signs.



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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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