



**PATIENT PRESENTING CLINICAL SIGNS**

Danny Rosa 10/20/22 Danny came in 10/20 with hx of acute onset of anorexia. CBC/Chem unremarkable. FIV/FeLV neg. ucler noted in mouth. mild fever 103.2. given convenia nad metacam. next day owner brought danny back because he was still not eating. Vientos placed on IV fluids, gave b12, added mirtazapine, unasyn and magic mouth wash. today he didn't want to eat at AM, but later PM ate recovery very well after warming it up a bit. 10/25/22 Danny presented today for evaluation because continues doing poorly. O indicates that he have been eating well, but not drinking water. He is unwilling to move or if gives a couple of steps he does it laying low. Also O have notice that he hisses always looking to the left and occasionally urinates on himself; never loses consciousness during these events. Eats all the food in plate (asking in case eats half of the plate that he is able to see). Unable to see if he is hitting objects since not moving a lot. No Hx of intoxication, drug use (recreacional o farmacia), no changes at home other than Billi's dead (but no same c.s.) 12/12/22 Pet had improved greatly on meds. he was no longer vocalizing and was walking around. O did not make an appointment with internist or for CT. This week pet stopped eating and condition has deteriorated. O was able to make an appointment for GI on Wednesday. 12/13/22 Danny continues doing the same as described by Dr. Aguirre.

**SPECIES** Feline

**BREED** DLH

**SEX** NM

Abnormal PE/Chem/CBC/UA Results: CBC --- mild thrombocytopenia and NEU mild increased CHEM --- CREA/BUN mild decreased, LYPA mild increased and K mild decreased

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

11 Years

**COMPUTED TOMOGRAPHIC FINDINGS**

All teeth but triadan 301-304, 403 and 404 are absent. A remaining small fragment of the root of triadan 204 is appreciated in the alveolar crest.

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.

Post contrast administration, in the left temporal lobe, a space occupying lesion with faint peripheral contrast enhancement is appreciated, measuring approximately 16 x 13 x 12 mm in size. The left lateral ventricle is compressed and the falx cerebri is deviated to the right by the mass effect.

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.

At the right lateral aspect of C2&C3, an ill-defined contrast enhancing zone is appreciated in the epaxial musculature.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Intracranial, possibly extraaxial mass region of the left temporal lobe
- Ill-defined contrast enhancing intramuscular lesion right aspect C2/C3

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Veterinary Image  
Center

**REFERRING VET**

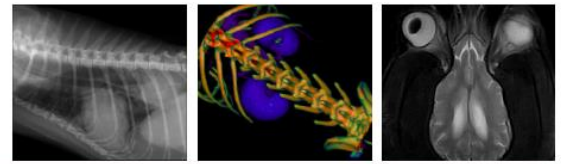
Dr. M. Fonseca, DVM

**INVOICE**

55600

**DATE**

12-14-22



**PATIENT**

Danny Rosa

- Retained fragment of the root of triadan 204 – without signs of infection.
- History of dental extraction

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Feline

The CT study presents an intracranial lesion, if the lesion is intra- or extraaxial cannot be fully defined by CT. As there is a predominant peripheral contrast enhancement pattern neoplasia (e.g. glioma, round cell tumor, cystic meningioma), granuloma or abscess are considerations here. MRI could be used for further differentiation. The intramuscular contrast enhancing lesion level C2/C3 can present focal myositis or neoplastic (e.g. lymphoma) disease – FNA sampling can be tried for further definition.

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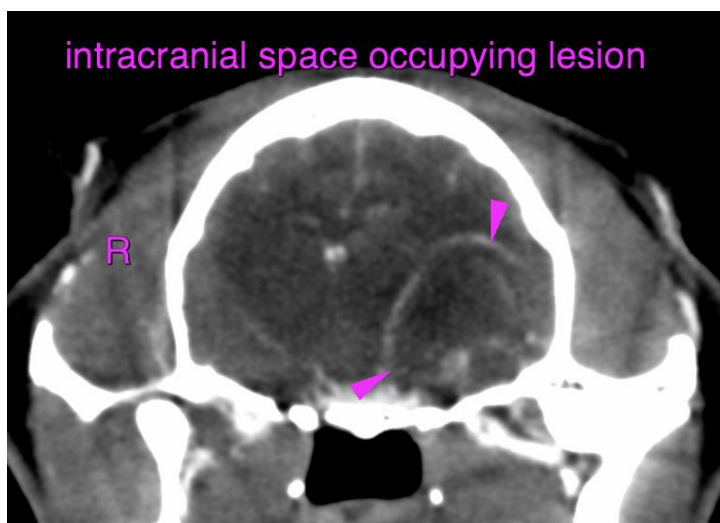
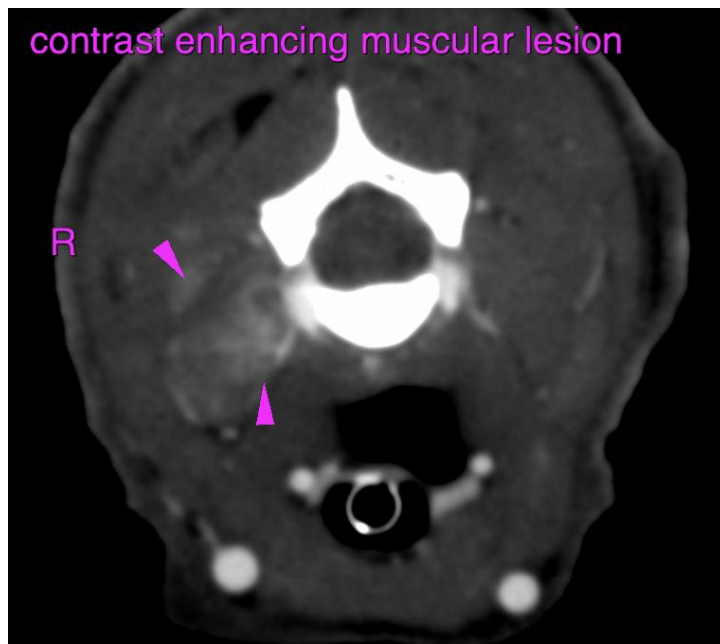
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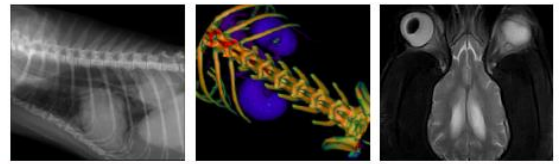
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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