



## PATIENT

Chichi Poppy Kuchma

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Intact Female

## AGE

1 Year

## WEIGHT

1 kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVCI

## IMAGING PERFORMED BY

Trish

## HOSPITAL NAME

Bridgwater VH & WC

## REFERRING VET

Dr. Choptain

## INVOICE

35175

## DATE

12/31/25

## PRESENTING CLINICAL SIGNS

History: Presenting for crying in pain with and without being touched, decreased bowel movements (approx once a week), decreased appetite. Symptoms started in October 2025 and have been progressively getting worse, was prescribed Gabapentin. Represented Dec. 27 for no improvement. Extreme pain on palpation of the neck.

## COMPUTED TOMOGRAPHIC STUDY OF THE SKULL AND CERVICAL, THORACIC & LUMBAR SPINE

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

Multiple permanent teeth are absent. Persistent deciduous teeth triadan 504, 604, 704, 708 and 808 are appreciated. The crown of triadan 708 is displaced in a buccal direction.

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.

Incomplete ossification of the sutures of the calvarium is appreciated.

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 prominent.

### Spine

Significant dorsal subluxation of C2 along with the odontoid peg is appreciated, decreasing the height of the vertebral canal by approximately 50%. The dural tube level C1/C2 is displaced dorsally – resulting in kinking of the dural tube – and is compressed. The odontoid peg has an unusual slender conformation.

The remainder of the osseous and soft tissue structures of the cervical spine are unremarkable.

The osseous and soft tissue structures of the thoracic and lumbar spine reveal no abnormalities.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Atlantoaxial instability
- Dysplasia odontoid peg
- Multiple persistent deciduous teeth, see above



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- Lymphadenopathy mandibular lymph nodes and medial retropharyngeal lymph node bilaterally – compatible with reactive lymphoid hyperplasia
- Normal thoracic and lumbar spine

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The Atlantoaxial instability is a plausible explanation for the presenting clinical signs and may be a sequela to the dysplastic odontoid peg. Recommend discussing surgical treatment options with neurological surgeon.



**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**, DVM, Dr. med. vet. DipECVDI  
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