



PATIENT

Emma Harris

SPECIES

Canine

BREED

Goldendoodle

SEX

SF

AGE

6Y

WEIGHT

40.5lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

José L. Alvarado Bruno
(CVT) - CT Scan
Technician

HOSPITAL NAME

Veterinary Image
Center

REFERRING VET

Dr. A. Torres, DVM,
DACVIM (SAIM)

INVOICE

72862

DATE

12-4-25

PRESENTING CLINICAL SIGNS

Presents for evaluation of chronic lethargy and possible neck pain. Since around 3 to 4 months ago Emma presented a behavior that looked like pain on the neck (Always looking to the right side, never looking straight), but owners related the movement like being submissive to the other dogs at the house. More recently around 5 weeks ago Emma is evaluated on 24/7 vet clinic for lethargy. Neck pain was suspected and since Emma's sister had Valley fever around 4 years ago, Fluconazole 200mg 1/2tab am, 1-tab pm. No change on behavior after that treatment. On November 18th, Prednisone was started to evaluate if the neck pain gets better and on the second day of administration the signs of lethargy improved significantly but the neck positioning to the right side was still present. Prednisone was discontinued after the second dose was administered until Internal Medicine evaluation today (today will be 5th day with no prednisone). Signs of lethargy are starting to come back, even though Emma is not as bad as before medication was given. In all visits to veterinarian, vitals were always normal, and no direct cause has been found on radiographs. She also had an abdominal ultrasound done that was unremarkable.

Abnormal PE/Chem/CBC/UA Results: CBC --- MONO increased (1.35) CHEM --- BUN mild increased (5), GLOB increased (5.3)

COMPUTED TOMOGRAPHY OF THE SKULL & NECK

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

COMPUTED TOMOGRAPHIC FINDINGS

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

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.

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.

The vertebral body, right pedicle and lamina of C5 present aggressive osteolysis and amorphous periosteal new bone formation. Post contrast administration, a diffuse soft tissue swelling accompanying the osteolytic areas of C5 - protruding into the vertebral canal occupying approximately 40% of the cross-sectional area of the vertebral canal at the same level. The dural tube level C5 is deviated to the left and compressed.

The remainder of the osseous and soft tissue structures of the neck are within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic aggressive mixed osteolytic and osteoproliferative lesion C5 with associated soft tissue component and secondary compressive myelopathy
- Normal skull



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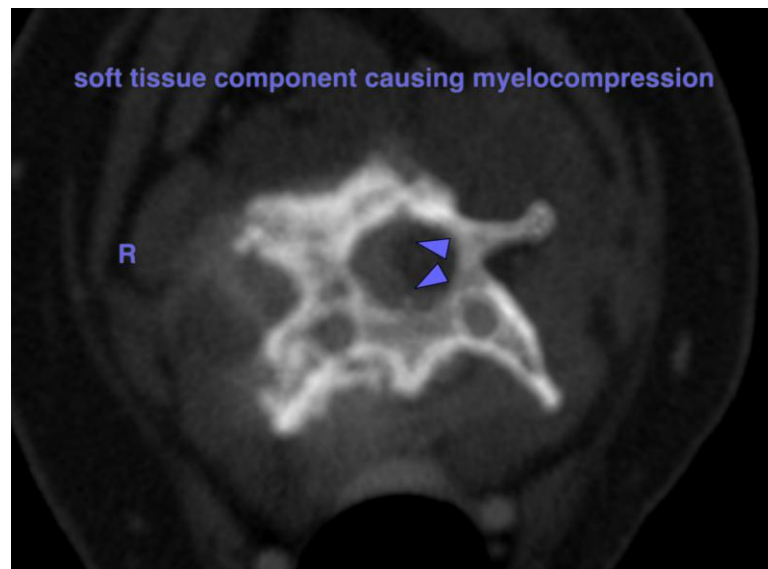
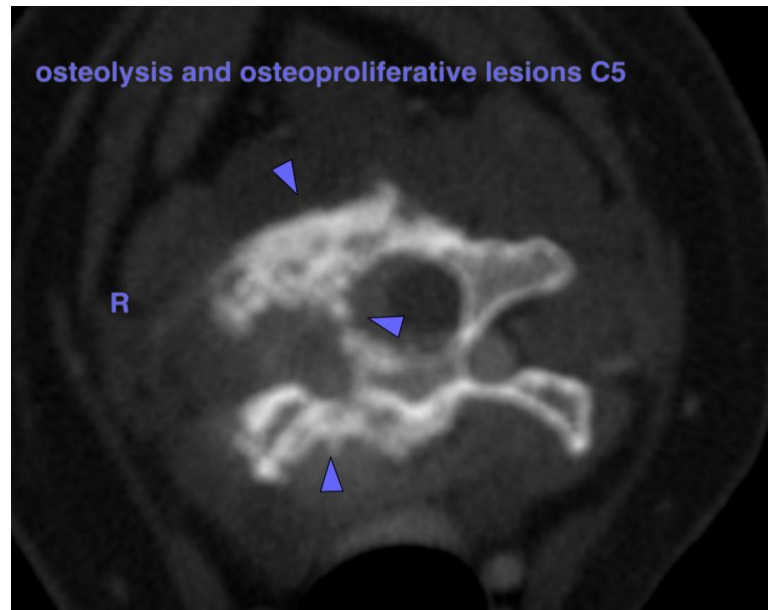
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The aggressive bone lesion of C5 is highly suggestive for primary osseous neoplasia – such as osteosarcoma, chondrosarcoma, round cell tumor, other. Theoretically osteomyelitis is a potential, but I consider the odds low. FNA sampling of C5 may be helpful for specification.



The information and recommendations provided are based on the images presented by the referring



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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
info@sonopath.com