



## PATIENT

Doki Mendez

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Male

## AGE

11 Years

## WEIGHT

7.6 Pounds

## 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. G.Bonnet, DVM

## INVOICE

35772

## DATE

12/5/25

## PRESENTING CLINICAL SIGNS

History: Patient was referred to CT scan of head and neck. Owner reports head tilt and circling to the left. Reduced appetite and less activity than normal. Observed delayed placement of left and hind limbs. R/O: trauma, vestibular syndrome, neoplasia or other neurologic disease.

Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- unremarkable PE --- Neurologic exam: head tilt left side, circling left, delayed placement of left forelimb and hind limb.

## COMPUTED TOMOGRAPHIC STUDY OF THE SKULL AND NECK

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

## COMPUTED TOMOGRAPHIC FINDINGS

Multiple teeth are absent. The remaining teeth present generalized variable degree of periodontal disease.

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. Post contrast administration in the medial aspect of the left frontal lobe and the left aspect of the rhombencephalon, an ill-defined strong contrast enhancing lesion is appreciated respectively, measuring approximately 3.6 mm in diameter. 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 intervertebral disc space C6/C7 is moderately narrowed, and the subchondral bone of the respective vertebral endplates presents moderate sclerosis and ventral spondylosis formation. Level with the intervertebral disc spaces C5/C6 and C6/C7, disc material is protruding into the vertebral canal, occupying approximately up to 10% of the cross-sectional area of the vertebral canal at the same level.

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

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multifocal asymmetrical distributed intracranial intraaxial strong contrast enhancing lesion left frontal lobe
- Intervertebral disc herniation C5/C6 and C6/C7 without compressive myelopathy
- Chronic discopathy C6/C7 with osseous remodeling of the vertebral endplates
- Generalized periodontal disease
- Multiple absent teeth



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- No evidence of otitis media nor interna

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The strong contrast enhancing intraaxial lesions can present meningoencephalitis of unknown origin – such as granulomatous meningoencephalitis – infectious encephalitis (e.g. bacterial, mycotic) or neoplastic disease (e.g. round cell tumor, metastasis). The findings do explain the presenting clinical signs. MRI may be help to narrow down differentials. Complementing workup by a CSF tap would be ideal.



**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  
[info@sonopath.com](mailto:info@sonopath.com)