



PATIENT

Princess Balog

PRESENTING CLINICAL SIGNS

Sudden onset circling behaviour, no nystagmus present, head tilt and circling to the left. Ears checked and clear

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL

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

BREED

Staffordshire
Bullterrier

COMPUTED TOMOGRAPHIC FINDINGS

The periodontal space of triadan 110 is moderately widened.

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.

SEX

Female

In the left aspect of the diencephalon an ill-defined hypoattenuating roundish space occupying lesion is appreciated, measuring 14 x 13 x 19 mm in size. Post contrast administration the hypoattenuating region presents ring like contrast enhancement. A midline shift of the diencephalon and telencephalon present a midline shift to the right due to mass effect.

AGE

5 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intracranial intraaxial peripheral contrast enhancing lesion right aspect of the diencephalon
- Surrounding vasogenic edema
- Periodontal disease 110

HOSPITAL NAME

Adelaide Plains
Veterinary Surgery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intraaxial peripheral contrast enhancing lesion can present intraaxial neoplasia (glioma) or a cavitory inflammatory lesion (abscess). Further differentiation is not possible by CT. A CSF tap can be used to rule in/out inflammatory changes.

REFERRING VET

John Katakasi

INVOICE

56820

DATE

2-16-23



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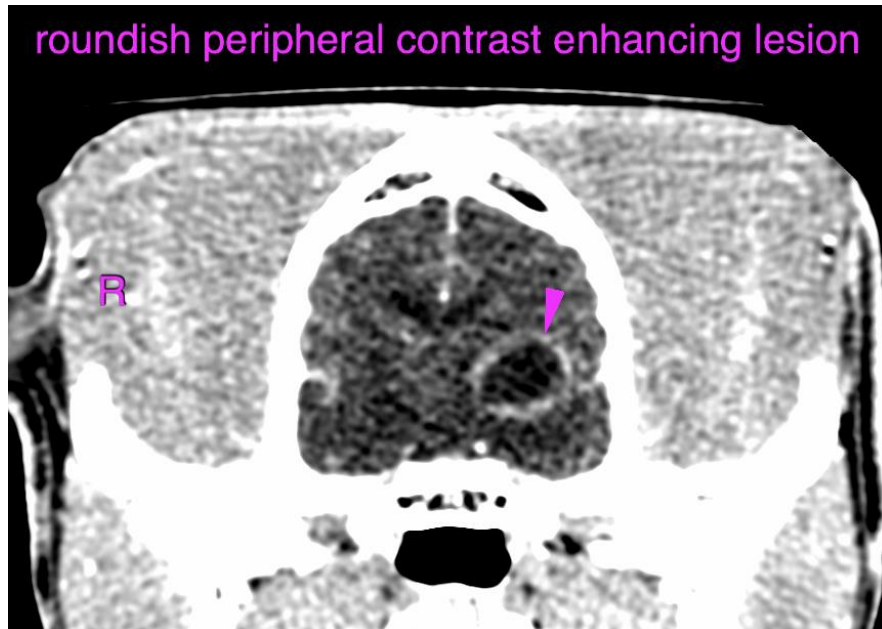
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com