



## PATIENT

Harvey Goldade

## SPECIES

Canine

## BREED

American Bulldog

## SEX

MN

## AGE

12Y, 3M

## WEIGHT

73lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Dr Raul Casas

## HOSPITAL NAME

State Avenue Vet  
Clinic

## REFERRING VET

Dr Raul Casas

## INVOICE

73842

## DATE

2-18-26

## PRESENTING CLINICAL SIGNS

- Presenting Complaint:
- Harvey Goldade presents for head CT referral; previously diagnosed with Horner's syndrome.
- Patient History:
- - Horner's syndrome, left eye; onset since Friday, improved, no recurrence
- - Two TPLO surgeries (bilateral stifles); last ~3 years ago, first at young age
- - Two ear hematoma surgeries
- - History of allergies: house dust, grass, etc.
- - No corneal scratches noted
- - Eating well; high appetite; normal energy; ambulatory; normal urination and defecation; no vomiting, diarrhea, coughing, or sneezing
- - No head tilt; able to walk and descend stairs without difficulty
- - Recent blood work (1-1.5 months ago): within normal limits
- Current medications:
- - Hydra-Op ophthalmic antibiotic drops
- - Cosequin, Wolf-E's, pre/probiotic, Ironpaw supplement (joint support, oral health)
- - No oral medications

Abnormal PE/Chem/CBC/UA Results: ABNORMALS: - OS: enophthalmos, prolapsed third eyelid, constricted pupil - Mild to moderate dental disease - Mild hindlimb stiffness

## COMPUTED TOMOGRAPHY 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

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 most medial aspect of the right external ear canal, a very small amount of soft tissue material 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 small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

The osseous and soft tissue structures of the neck reveal no abnormalities. The thyroid gland bilaterally has the expected size, shape and attenuation behavior.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Small amount of cerumen in right external ear canal
- No evidence of otitis media
- Normal neck



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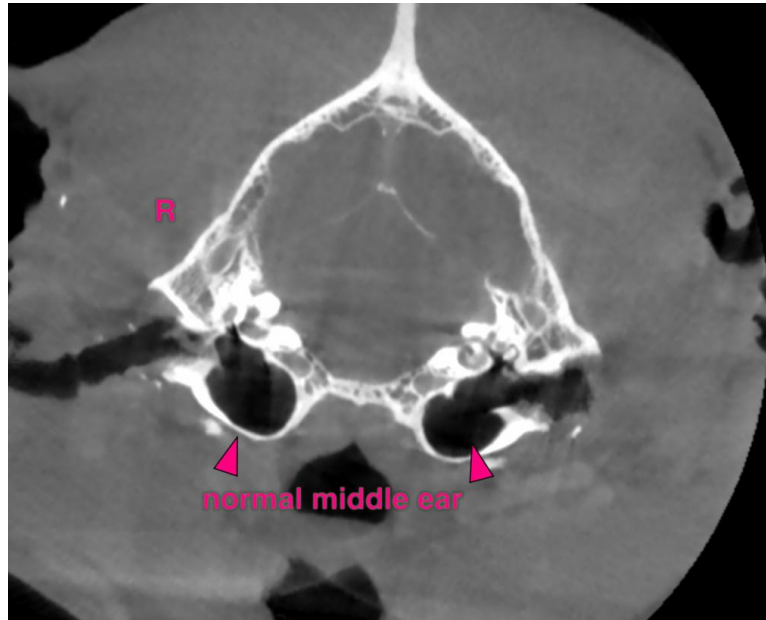
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no clinically relevant abnormalities and an underlying cause for the Horner's syndrome cannot be specified – in many cases this entity is idiopathic. Complementing workup by thoracic radiographs is beneficial to rule out intrathoracic pathology.



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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