



## PATIENT

Bobby Ospina

## SPECIES

Canine

## BREED

Chihuahua

## SEX

NM

## AGE

8Y

## WEIGHT

5.1lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Alondra Aviles Lopez  
VT

## HOSPITAL NAME

Veterinary Image  
Center

## REFERRING VET

Dr. Felix Matos, DVM

## INVOICE

73606

## DATE

2-3-26

## PRESENTING CLINICAL SIGNS

History:

- Hx of generalized ataxia unable to stand well. Mild improvement with steroids, doxycycline and cerenia.
- On 2-2-2026 patient is unable to stand, present discomfort and pain.

Abnormal PE/Chem/CBC/UA Results: CBC: WNL CHEM: WNL

## COMPUTED TOMOGRAPHY OF THE SKULL, ABDOMEN AND ENTIRE SPINE

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

Multiple teeth are absent.

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.

### Spine

Post contrast administration, level with C1 to C3, in the left lateroventral aspect of the vertebral canal heterogeneous contrast enhancing material is occupying approximately up to 60% of the cross-sectional area of the vertebral canal at the same level. The heterogeneous contrast enhancing material is protruding into the left neuroforamina C1/C2 and C2/C3. The left neuroforamen C2/C3 is widened. The dural tube level C1 to C3 is deviated to the right and dorsally and is distorted.

The volume of the left epaxial musculature level C2 to C4 is significantly decreased.

The vertebral endplates C6/C7 present ventral spondylosis formation.

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

### Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.



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The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

In the gallbladder, a gravity dependent, well-defined, complex mineralized calculus is seen, measuring up to 9 mm.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Extradural heterogeneous contrast enhancing mass C1 to C3 with secondary pressure erosion left neuroforamen C2/C3
- Neurogenic muscle atrophy left epaxial muscles level C2 to C4
- Spondylosis deformans C6/C7
- Multiple absent teeth
- Cholecystolithiasis without mechanical obstruction

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The extradural heterogeneous contrast enhancing mass can present primary soft tissue neoplasia – such as sarcoma or is originating from the left spinal nerves C2 and C3 (e.g. peripheral malignant nerve sheath tumor, lymphoma or less likely neuritis). Ultrasound guided FNA sampling via the affected neuroforamina can be tried for specification. The finding does explain the presenting clinical signs.



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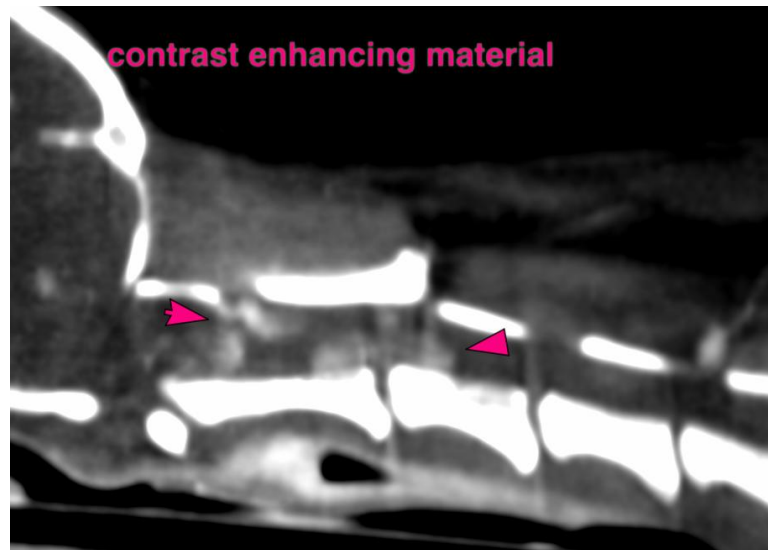
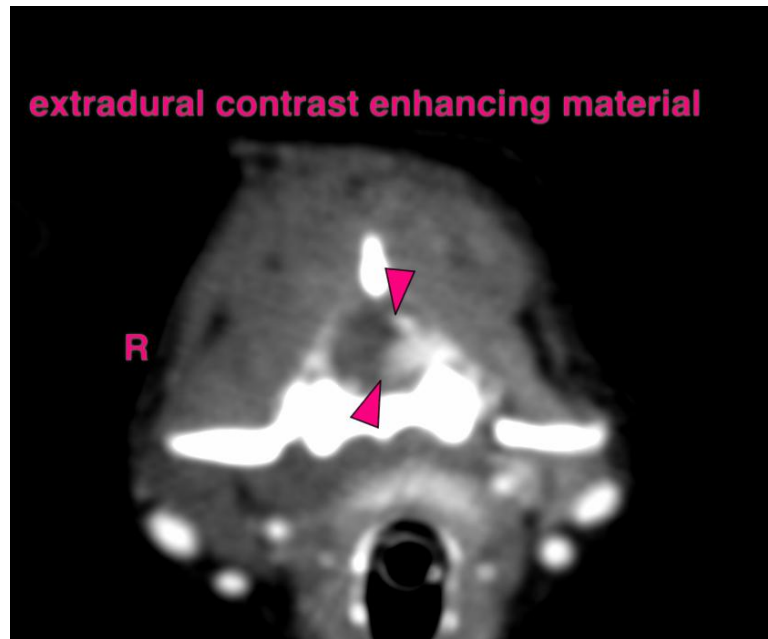
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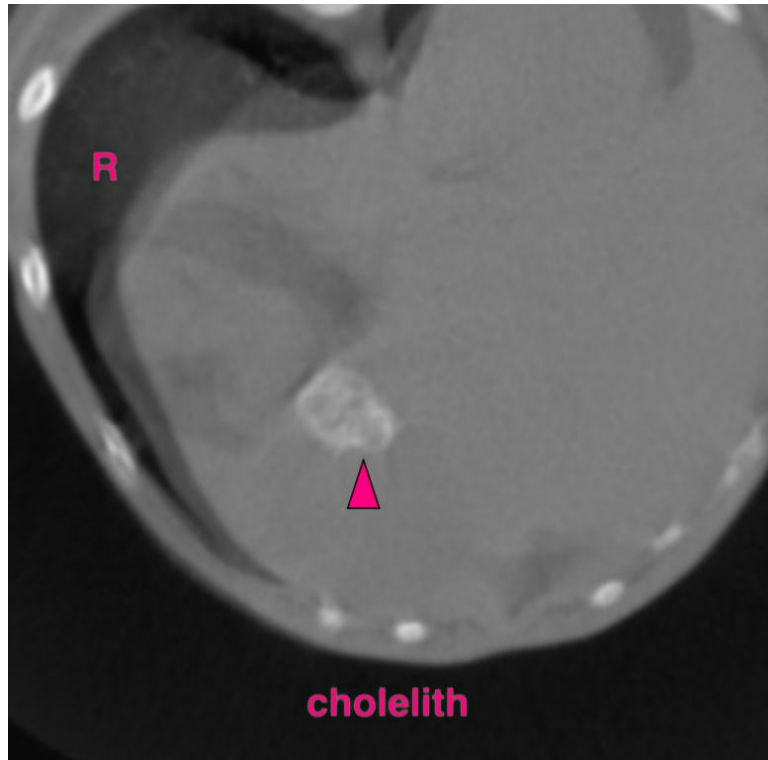
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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