



PATIENT

Pepe Culberson

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

12 Years

WEIGHT

2.8 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Cassandra Van Nieuwal
DVM

HOSPITAL NAME

AEH Volusia

REFERRING VET

Cassandra Van Nieuwal
DVM

INVOICE

35707

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- Patient presented for seizure activity.
- Owner found patient lateral and unresponsive around 7:57PM after arriving home.
- Patient had seizure on the way to the hospital.
- Had first seizure ever back in December, not on any seizure medications.
- Owner does not think patient could have gotten into anything.
- No other pertinent medical history.
- P has been on dextrose CRI for hypoglycemia and Propofol CRI for persistent and uncontrollable tremors. P seized multiple times despite multiple doses of Midazolam, so Keppra was added.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, NECK, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull & Neck

Multiple teeth are absent.

A small to moderate amount of fluid attenuating material is attached to the nasal 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.

Post contrast administration in the right rostral cranial fossa, attached to the inner surface of the pars orbitalis of the right frontal bone, a heterogeneous strong contrast enhancing mass is protruding into the cranial fossa, measuring 13 x 12 x 12 mm. The right frontal lobe is distorted and presents a midline shift to the left due to the mass effect.

The submandibular and medial retropharyngeal lymph nodes are mildly prominent.

The thyroid glands present the expected size, shape and attenuation behavior/contrast enhancement pattern.

The intervertebral discs C3/C4 to C7/T1 are protruding into the vertebral canal, occupying approximately <10% of the cross-sectional area of the vertebral canal at the same level.

A central venous catheter is entering the right jugular vein and extending up into the cranial vena cava.

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



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Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5 , the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior, but zones with dystelectasis.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

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. A very small amount of mineral attenuating material is associated with the right renal pelvis. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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.

At the medial aspect of the cranial extremity of the spleen, a well-defined nodular lesion is visible; presenting the same attenuating and contrast enhancement pattern like the spleen, measuring 8 mm in diameter.

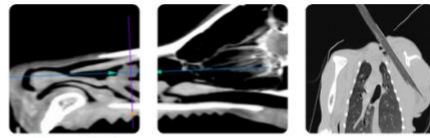
The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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

- Intracranial extraaxial strong contrast enhancing mass right rostral aspect of the cranial fossa
- Mild lymphadenopathy mandibular lymph nodes and medial retropharyngeal lymph nodes bilaterally
- Multiple absent teeth



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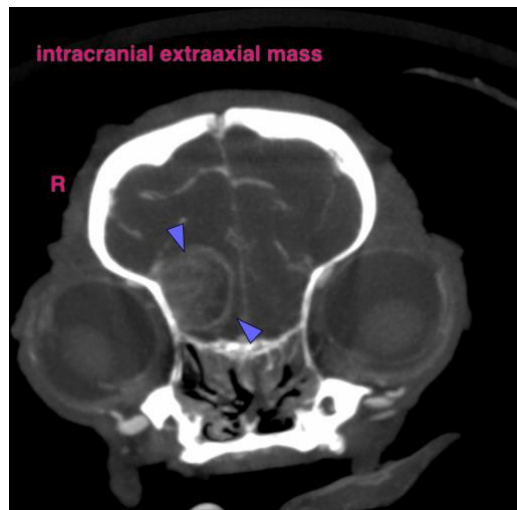
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- Multifocal intervertebral disc herniation along the cervical spine without compressive myelopathy
- Normal thorax
- Normal abdomen – but a solitary Splenunculus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The extraaxial strong contrast enhancing mass is consistent with meningeal neoplasia – the odds for meningioma are high. Differentials can include sarcoma, round cell tumor or unlikely metastasis. The mass is a plausible explanation for the seizure activity. The chances of radiation therapy may be discussed with oncologist.



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