



## PATIENT

Ginger Lundie

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

FI

## AGE

8M

## WEIGHT

18.2kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Janice

## HOSPITAL NAME

Bridgwater Veterinary  
Hospital and Wellness  
Centre

## REFERRING VET

Dr. S. Klonisch

## INVOICE

74208

## DATE

3-16-26

## PRESENTING CLINICAL SIGNS

- Severe neck pain - Initial symptoms started beginning of March.
- Ddx: SRMA

Abnormal PE/Chem/CBC/UA Results: Mild leukocytosis

## COMPUTED TOMOGRAPHY OF THE SKULL & NECK

A high resolution pre- and post-contrast CT study of the skull and neck are 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 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 left medial retropharyngeal lymph node is prominent and presents two intraparenchymal, roundish fluid attenuating regions – measuring up to 7 mm in diameter – that are demarcated by peripheral contrast enhancement.

Post contrast administration the meninges along the leptomeninx and pachymeninx present increased contrast uptake – accentuating the margins of the spinal cord.

The osseous and soft tissue structures along the neck reveal no additional abnormalities.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Meningeal contrast uptake along the cervical spine
- Lymphadenopathy left medial retropharyngeal lymph node with small intraparenchymal cavitory lesions

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The meningeal enhancement is supporting the diagnosis of underlying meningitis – both non-infectious causes, such as steroid responsive meningitis arteritis, or infectious causes (e.g. bacterial meningitis) are possible.

The prominent left medial retropharyngeal lymph node can present reactive lymphoid hyperplasia ± sterile abscessation versus infectious lymphadenitis.

Recommend complementing workup by a CSF tap along with FNA sampling of the right medial retropharyngeal lymph node.



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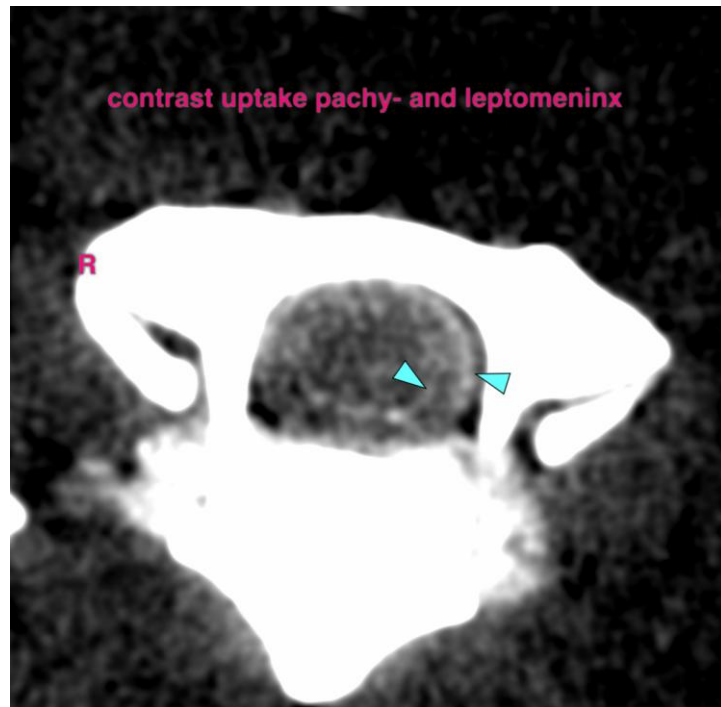
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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