



**PATIENT PRESENTING CLINICAL SIGNS**

Winston Emanuel p presented with R sided head tilt and slight ataxia. O states 2 nights ago P was shaking head violently vomited one time, then the following night P fell down stairs, P was drooling and panting afterwards, P had a decreased appetite today, normal BM /U. O states P has a "bad" smell coming from him and confirms he has no access to any medications or narcotic substances. performed urine drug test in clinic- all negative.

**SPECIES**

Canine Abnormal PE/Chem/CBC/UA Results: Bloodwork shows slightly elevated sodium (158), Lact (4.02). Otherwise, CBC, chemistry, and electrolyte panels were all WNL.

**BREED**

Doodle

**COMPUTED TOMOGRAPHY OF THE SKULL, 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 are provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

Skull

MN

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.

**AGE**

6 Years

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

**INTERPRETED BY**

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.

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

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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.

Thorax

**REFERRING VET**

Diane Johnson

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.

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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.

**DATE**

3-24-23

The accessory lung lobe presents with a solitary, well-defined soft tissue attenuating nodule, measuring 3.1 mm in diameter. The remainder of the lung parenchyma present the expected architecture and attenuation behavior.

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



**PATIENT** Abdomen

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

**SPECIES** 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.

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

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

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

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

MN The bony and surrounding soft tissue structures reveal no abnormalities.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- AGE**
- Solitary pulmonary nodule
  - Structural normal skull
  - Structural normal abdomen
- 6 Years

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

No macromorphological abnormality is appreciated, explaining the presenting clinical signs. There is no evidence of otitis media, interna or signs of intracranial lesion. If not yet done so the workup should be complemented by examination of CSF and complete bloodwork to screen for brain disease that is not necessarily associated with structural changes of the brain parenchyma and rule out hepatoencephalopathy and other systemic illness. A transient ischemic insult or compost intoxication might be considerations. In case of the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.

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The solitary pulmonary nodule is not specific, but I consider the odds for inflammatory lesion high – such as granuloma, round pneumonia/mucus impaction. Other potentials can include fibrosis, cyst or metastatic disease.

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**PATIENT**

Winston Emanuel

**SPECIES**

Canine

**BREED**

Doodle

**SEX**

MN

**AGE**

6 Years

**INTERPRETED BY**

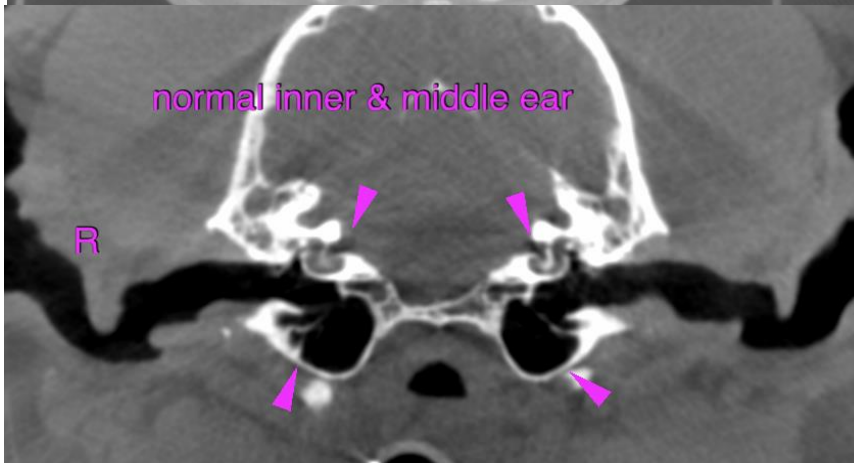
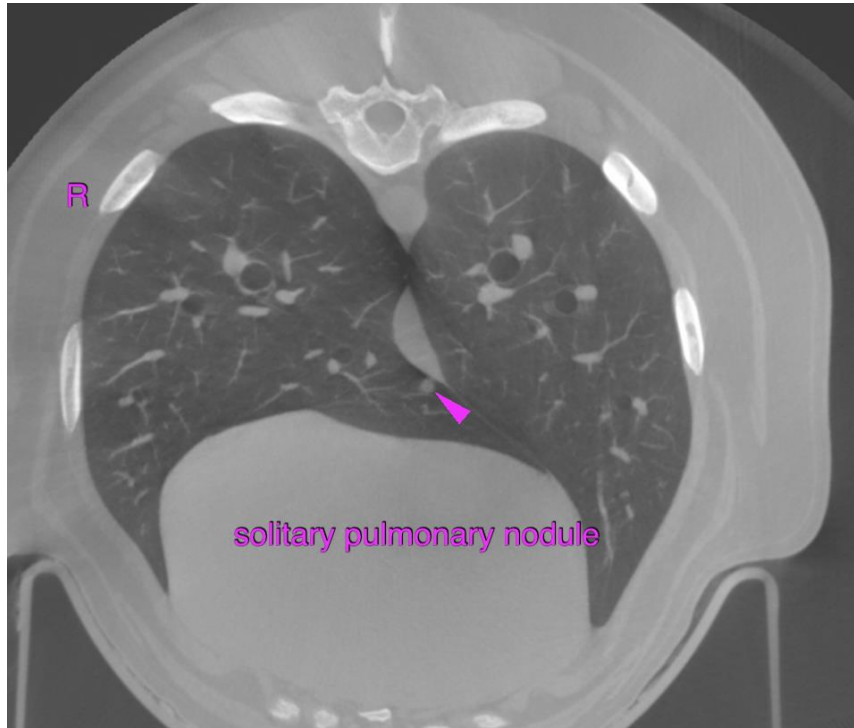
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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