



PATIENT

Ellie Campbell

PRESENTING CLINICAL SIGNS

chewing on stick few days ago, became sensitive around the mouth no c/s/v seems uncomfortable, timid today normal appetite/thirst Ears: severe dark waxy discharge AS, erythematous and painful, AD erythematous with minimal d/c Oral: screams and snaps jaw shut when attempted to open more than 2 inches. No abnormalities seen in palate or brief exam

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL

A high resolution pre- and post-contrast CT study of the neurocranium is provided for review.

BREED

Labrador Retriever

COMPUTED TOMOGRAPHIC FINDINGS

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

SEX

FS

The rostral part of the left temporal muscle is swollen, and the left ocular bulb is mildly deviated rostrally and dorsally. Post contrast administration, In the rostral aspect of the left temporal muscle, a fusiform shaped, vertical oriented, peripheral contrast enhancing lesion with a fluid attenuating center is visible, measuring 3.1 x 1.0 x 1.8 cm in size. The surrounding musculature is moderate diffuse contrast enhancing.

AGE

2 Years

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.

INTERPRETED BY

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.

HOSPITAL NAME

South Bay Animal
Hospital & Pet Resort

The left mandibular lymph nodes and the left medial retropharyngeal lymph node are mildly prominent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided retrobulbar cavitory lesion – located in the rostral aspect of the left temporal muscle
- Secondary left sided mild exophthalmos
- Lymphadenopathy left mandibular lymph nodes and left medial retropharyngeal lymph node

REFERRING VET

Dr. Spencer

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is consistent with left sided retrobulbar abscess formation in the rostral aspect of the left temporal muscle and secondary surrounding myositis. Preceding perforating trauma or migrating foreign body are most likely causative agents. No foreign material is appreciated in the CT study, but isoattenuating material cannot be ruled out. Surgical management is considered as the therapy of choice – ultrasound can be utilized to locate the cavitory lesion – although conservative management with antimicrobial drugs can be tried in first instance.

INVOICE

51299

DATE

4-1-22



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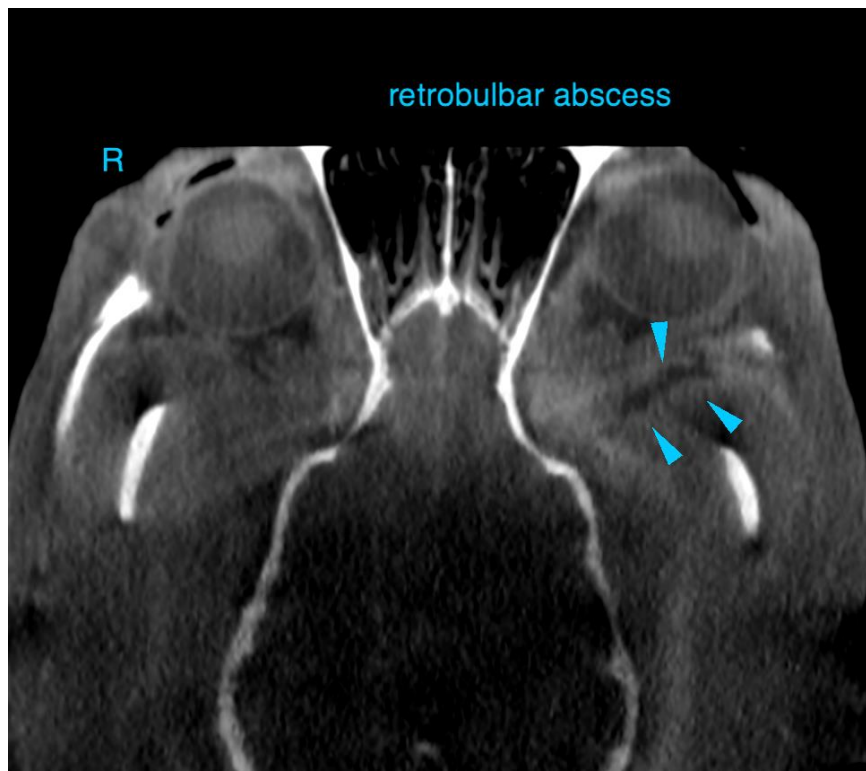
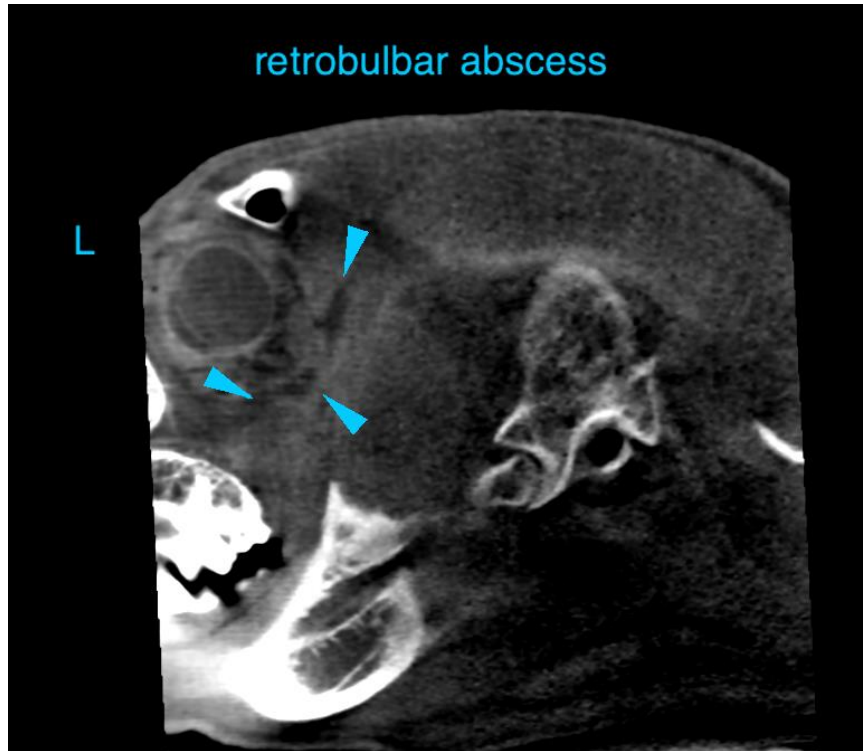
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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