



PATIENT

Watson Hursey

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

12Y

WEIGHT

10lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Amanda Hartman,
DVM

HOSPITAL NAME

White Hall Animal
Clinic

REFERRING VET

Amanda Hartman,
DVM

INVOICE

74438

DATE

4-1-26

PRESENTING CLINICAL SIGNS

- Anisocoria with repeated corneal ulcerations of OD.
- OS is dilated, with no direct or consensual PLR and no menace, but palpebral is +
- OD is + everything except consensual PLR from the left
- Concern for neoplasia (chest = met check) or retrobulbar abscess-- nothing obvious on exam orally or orbitally

Abnormal PE/Chem/CBC/UA Results: Normal CBC/Chem hair loss on dorsum with mild scaling; slow weight loss Patient is fractious so limited awake exam

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent. The periodontal space of triadan 210 is moderately widened.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

The retrobulbar space bilaterally is symmetrical and reveals no abnormalities.

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. In the right external ear canal, non-contrast enhancing soft tissue material is attached to the ventral wall of the horizontal segment.

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.

Thorax

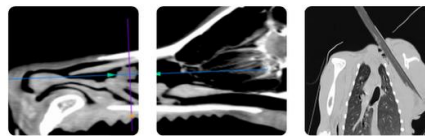
Level with the intervertebral disc space T12/T13, in the right lateroventral aspect of the vertebral canal, irregular hyperattenuating material is seen; occupying approximately 10% of the cross-sectional area of the vertebral canal at the same level.

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, with randomly distributed interspersed punctuate mineralization.



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

An ovoidal shaped, mild irregular contrast enhancing mass is originating from the left adrenal gland, measuring 1.6 x 1.6 x 2.3 cm.

COMPUTED TOMOGRAPHIC DIAGNOSIS

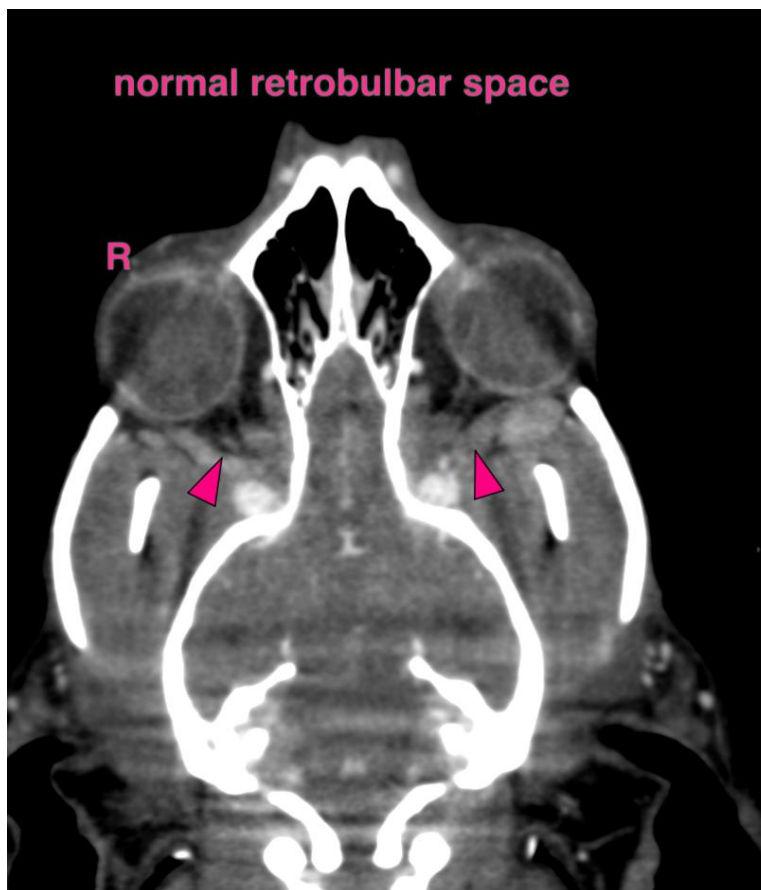
- Left adrenal soft tissue mass without vascular invasion
- Soft tissue material attached to wall of right external ear canal
- Periodontal disease 210
- Multiple absent teeth
- Intervertebral disc herniation T12/T13 without compressive myelopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no abnormalities, that do explain the presenting clinical signs – no abnormalities of the retrobulbar space nor the central nervous structures are appreciated.

The soft tissue material in the right external ear canal is most consistent with cerumen – an otoscopic evaluation can be performed to rule out polypoid soft tissue mass entirely.

The left adrenal soft tissue mass can present (non)functional nodular hyperplasia versus neoplastic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma).





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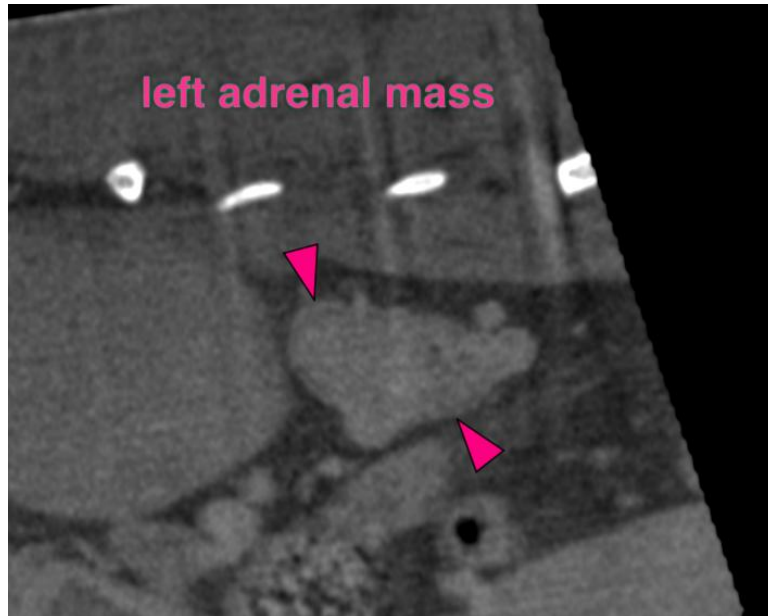
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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