



PATIENT

Harvey Cameron

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

5

WEIGHT

48

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. Henry Xue

HOSPITAL NAME

Belconnen VC

REFERRING VET

Dr. Henry Xue

INVOICE

36643

DATE

4/18/26

PRESENTING CLINICAL SIGNS

History: acute onset dropped jaw, mild temporal muscle atrophy
Abnormal PE/Chem/CBC/UA Results: normal

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & LUMBAR SPINE

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

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 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.

Lumbar Spine

The intervertebral disc L5/L6 presents moderate central mineralization. The remainder of the osseous and surrounding soft tissue structures of the lumbar spine reveal no abnormalities. The dural tube presents the expected diameter and attenuation behavior.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal skull
- Normal lumbar spine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study of the neurocranium reveals no abnormalities and an underlying cause for the dropped-jaw cannot be specified; the most common underlying cause is neuropathy of the trigeminal nerve – such as neuritis. In case of strong clinical suspicion for intraparenchymal changes of the CNS, workup can be complemented by a MRI study of the brain.



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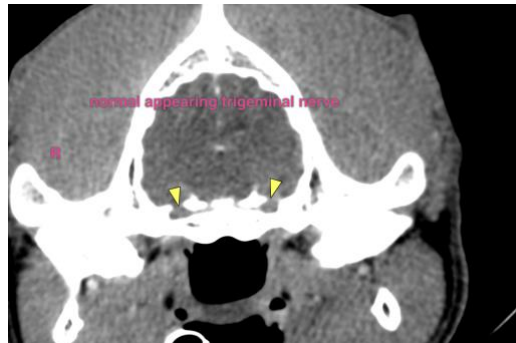
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com