



PATIENT

Mia Lange

SPECIES

Canine

BREED

Chihuahua X

SEX

SF

AGE

11Y

WEIGHT

7.58kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Stephany R., & Maddy J.

HOSPITAL NAME

Neel Veterinary Hospital

REFERRING VET

Dr. Ellen Domnick

INVOICE

74488

DATE

4-6-26

PRESENTING CLINICAL SIGNS

- progressive cough/gagging episodes since January, unresponsive to various abx and furosemide. RDVM tentatively diagnosed her with "congestion" but no evidence of cardiac disease noted. Cough is actually a gagging/retching activity as if clearing her throat. Non productive.
- worsening condition since approximately April 2nd,
- One coughing episode included vomiting food and water, but current episodes do not include vomiting
- Diet changed within past month kibble (Formm) to soft food (Farmer's) pt not interested.
- gagging episodes are random, spontaneous, and not associated with e/d or stresses or other activities and O thinks mostly occurs at night.

Abnormal PE/Chem/CBC/UA Results: PE- elicitable cough on palpation of thyroid/crycoid cartilages. large, ill-defined, attached soft tissue mass on right ventrolateral thoracic wall; no lymphadenopathy; auscultation unremarkable except for subtle, equivocal systolic murmur. Pt is BAR and mentally appropriate but has h/o possible ataxia (to be worked up further). Oral exam upon intubation showed mild periodontitis and inflammation of arytenoids and laryngeal area with mucous accumulation in laryngeal saccules. LAB: persistent but declining ALP, ALT from initial labwork in January

COMPUTED TOMOGRAPHY OF THE NECK AND THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Neck

Post contrast administration, in the pictured right caudoventral aspect of the cranial fossa, a moderate contrast enhancing, broad based convex shaped mass is partially included in the field of view – measuring approximately 19 x 8 mm.

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.

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

Thorax

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.

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.

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



PATIENT

Mia Lange

SPECIES

Canine

BREED

Chihuahua X

SEX

SF

AGE

11Y

WEIGHT

7.58kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Stephany R., & Maddy J.

HOSPITAL NAME

Neel Veterinary Hospital

REFERRING VET

Dr. Ellen Domnick

INVOICE

74488

DATE

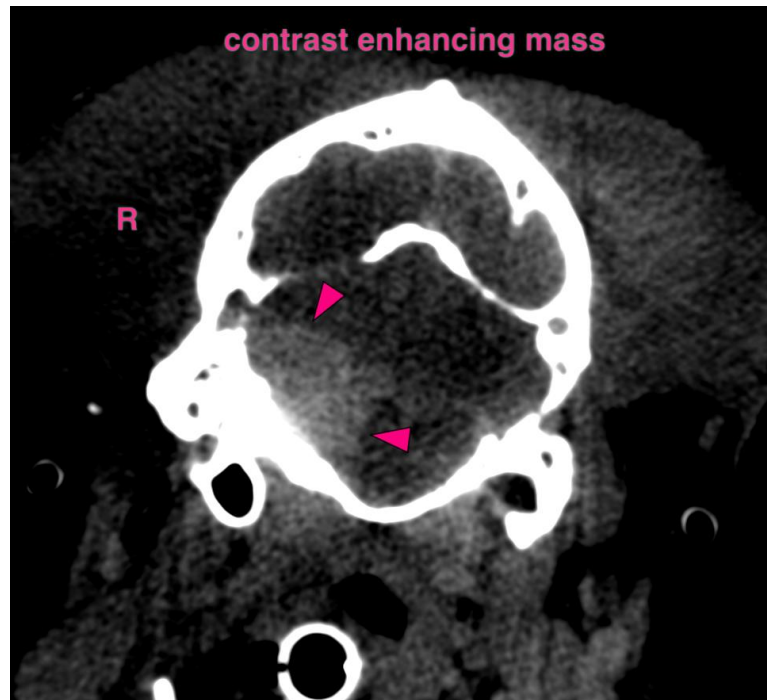
4-6-26

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intracranial extraaxial moderate contrast enhancing mass right caudoventral aspect of the caudal cranial fossa
- Normal neck
- Normal thorax

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is the appreciated contrast enhancing mass in the right caudal aspect of the cranial fossa – a plausible explanation for the described ataxia. Irritation/compression of the cranial nerves may explain the cough/gagging episodes. Differentials for the extraaxial mass include meningioma, round cell tumor, choroid plexus tumor, sarcoma, other.



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