



## PATIENT

Orion Anderson

## SPECIES

Canine

## BREED

Golden Retriever  
Mixed

## SEX

SF

## AGE

13Y

## WEIGHT

61.2lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

José L. Alvarado Bruno,  
CVT - CT Scan  
Technician

## HOSPITAL NAME

Veterinary Image  
Center

## REFERRING VET

Dr. Y. Martinez, DVM

## INVOICE

74472

## DATE

4-6-26

## PRESENTING CLINICAL SIGNS

- Patient presented for acute onset seizures, with the first episode occurring shortly before arrival. Owner reports patient had been acting abnormal earlier in the day, including head pressing, extreme weakness, agitation, and restlessness.
- Two seizure episodes occurred overnight (~35 seconds each).
- Patient has a known subcutaneous mass in the right shoulder/neck region, currently on prednisone and previously treated with antibiotics due to suspicion of infected mass vs abscess.
- Recent history includes:
- Previously diagnosed foreign body in colon, reportedly passed at home Peritoneal mineralization
- Incidental mineral opacity in peritoneum.

Abnormal PE/Chem/CBC/UA Results: CBC --- NEU mild increased (13.88), LYM moderate decreased (0.52), EOS severe decreased (0.00) and BASO mild increased (0.18) CHEM --- Na+ mild increased (163), K+ mild decreased (3.2), ALP mild-moderate increased (1967)

## COMPUTED TOMOGRAPHY OF THE SKULL, NECK, 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 is provided for review.

### COMPUTED TOMOGRAPHIC FINDINGS

#### Skull & Neck

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.

Level with the frontal lobes, a midline shift of the mineralized falx to the left is appreciated. Post contrast administration in the right rostroventral aspect of the cranial fossa, an irregular contrast enhancing roundish mass is seen; measuring approximately 19 mm in diameter. The brain parenchyma surrounding the contrast enhancing mass is hypoattenuating.

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. The thyroid glands have the expected size, shape and attenuation behavior.

#### Thorax

In the subcutaneous tissue at the craniolateral aspect of the right shoulder joint, an irregular shaped, ill-defined, uniform soft tissue attenuating and heterogeneous strong contrast enhancing mass is seen; measuring 8.2 x 5.0 x 5.5 cm.

Multiple lipomas are seen along the thoracic wall.



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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.

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The left lung presents a decreased volume and multiple zones with dystelectasis of the lung parenchyma. The lung parenchyma presents the expected architecture and attenuation behavior.

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

## Abdomen

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

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.

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

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement. In the parenchyma of the cranial extremity of the spleen, a fine linear body is seen; measuring 2.4 cm in length.

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

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

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The bony and surrounding soft tissue structures reveal no abnormalities.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intracranial suspect extraaxial irregular contrast enhancing mass
- Subcutaneous soft tissue mass craniolateral aspect right shoulder joint
- Thin migrating wire cranial extremity of the spleen – commonly incidental
- No evidence of pulmonary metastatic disease

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The appreciated intracranial mass is most likely extraaxial, originating from the meninges – such as meningioma, round cell tumor, sarcoma, metastasis, other. The finding is a plausible explanation for the recent seizure activity.

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The subcutaneous soft tissue mass at the right shoulder joint is suggestive for primary soft tissue neoplasia (e.g. mast cell tumor, sarcoma) – FNA sampling can be performed for specification.

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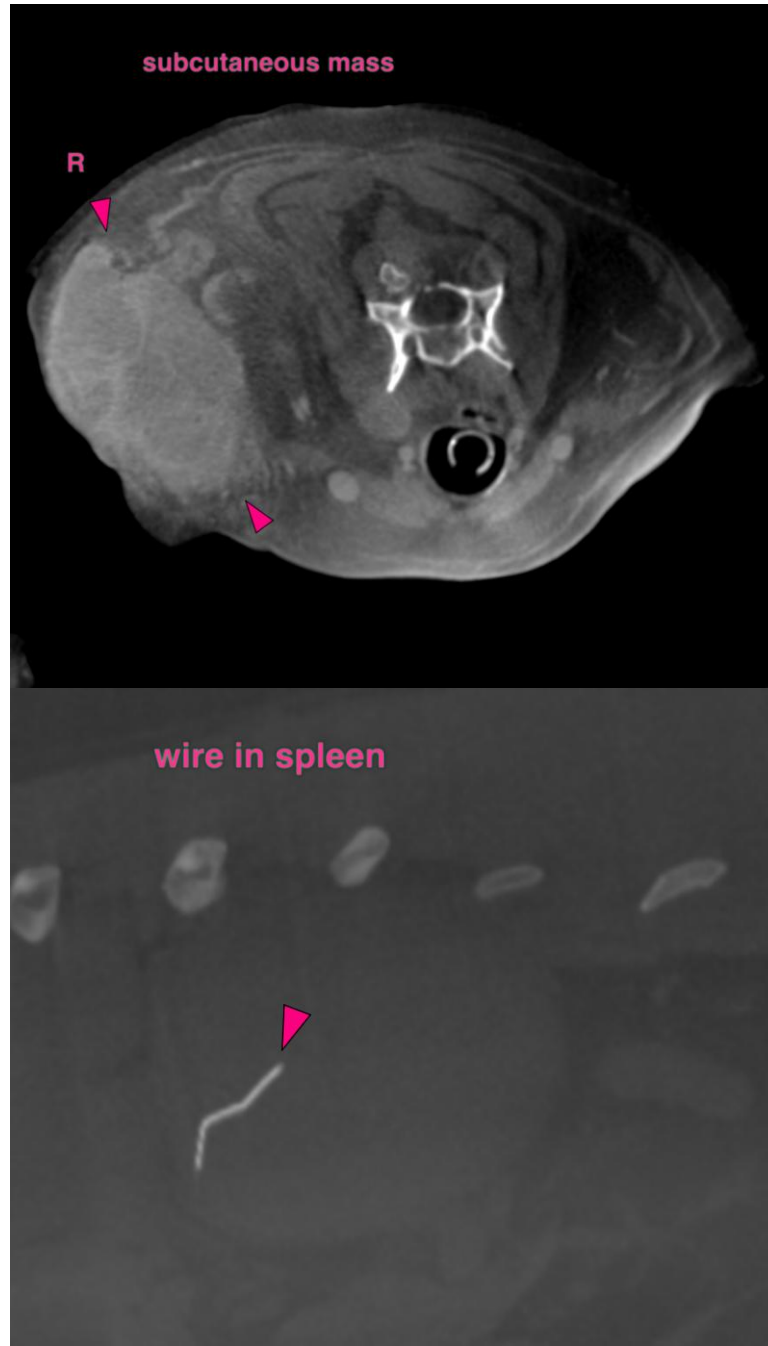
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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