



## PATIENT

Lucy Lou Simon

## SPECIES

Rabbit

## BREED

Lionhead/Angora

## SEX

FS

## AGE

7Y

## WEIGHT

2.96kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Alexa Jones

## HOSPITAL NAME

Alberta Veterinary  
Dentistry

## REFERRING VET

Dr. Leticia Materi

## INVOICE

75050

## DATE

5-19-26

## PRESENTING CLINICAL SIGNS

- Lucy Lou started to have exophthalmos/TEP of her L eye approx. 1.5 months ago. Etiology unknown, IOP normal. Main concern is for retrobulbar mass/abscess.

- Owner otherwise has noticed no change in Lucy. She is bonded to another rabbit in the house and they will cuddle, groom, and play with each other consistently. No behavioral changes such as hiding, pawing at the face, barbering, etc. have been noticed. Lucy Lou has also been a great eater throughout the ordeal. Her litterbox habits are normal as well. She is on two eye medications (diclofenac and ciprofloxacin - one is q8 and one is q12, owner was unsure of which one is which), and meloxicam for possible pain/discomfort is given PO at 10am and 12pm. Discharge is coming from the eyes and is described as a white/goopy colour/consistency. No other concerns reported by O.

- Apr 2026 - sedated rads to check for thymoma: Midazolam 0.75 mg/kg IM L epaxial - insufficient sedation to complete rads, Flumazenil 0.04 mg/kg IM & SQ, slow but stable recovery. Abnormal PE/Chem/CBC/UA Results: None applicable

## COMPUTED TOMOGRAPHY OF THE SKULL

A high resolution plain CT study of the skull is provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

In the ventral aspect of the right orbital cavity, a convex shaped, uniform soft tissue swelling is appreciated. The left ocular bulb is displaced dorsolaterally by the mass effect. The segment of the left zygomatic arch being in contact with the retrobulbar swelling presents moth eaten osteolytic lesions.

The occlusion plane of the maxillary teeth has a mild curved conformation with mild elongation of the crowns of the mandibular premolar teeth and mild shortening of the opposing crowns of the maxillary premolar teeth. Triadan 210 is misshapen and the alveolar crest is deviated medially by the soft tissue swelling in the left orbital cavity. Triadan 211 is absent.

The left nasolacrimal duct is dilated measuring up to 5.5 mm in diameter.

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.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided soft tissue swelling in ventral aspect of left nasal cavity, secondary left sided exophthalmos
- Secondary osteitis left zygomatic arch and alveolar bone of triadan 210
- Distorted triadan 210
- Dilated left nasolacrimal duct
- Absent triadan 211
- Retrograde elongation of the maxillary buccal teeth
- Mild malocclusion buccal teeth

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinically observed left-sided exophthalmos is secondary to retrobulbar soft tissue swelling, consistent with a retrobulbar abscess. No definite underlying cause for the abscess is identified. The



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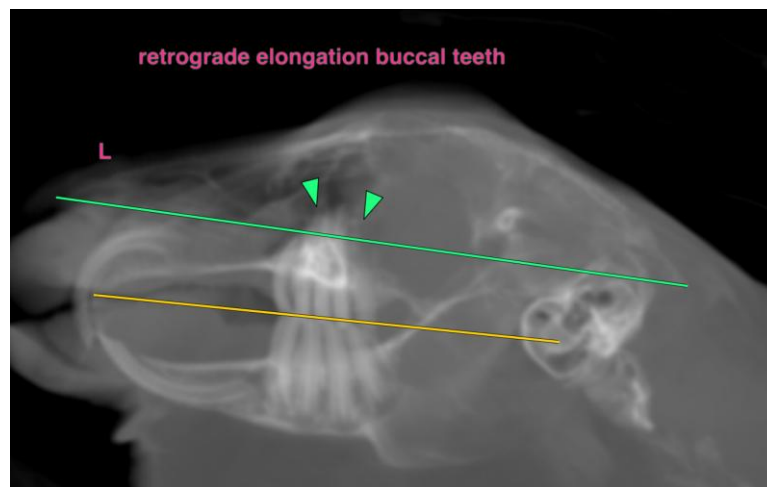
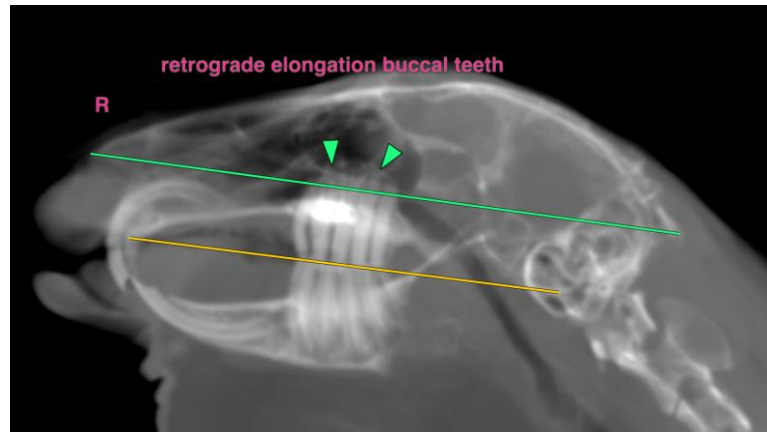
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changes affecting the alveolar crest of triadan 210 are considered secondary to the abscess rather than its primary cause. Surgical management of the abscess along with extraction of triadan 210 is considered beneficial.

The dilated nasolacrimal duct is indicative for dacryocystitis – possible associated with the retrobulbar abscess.





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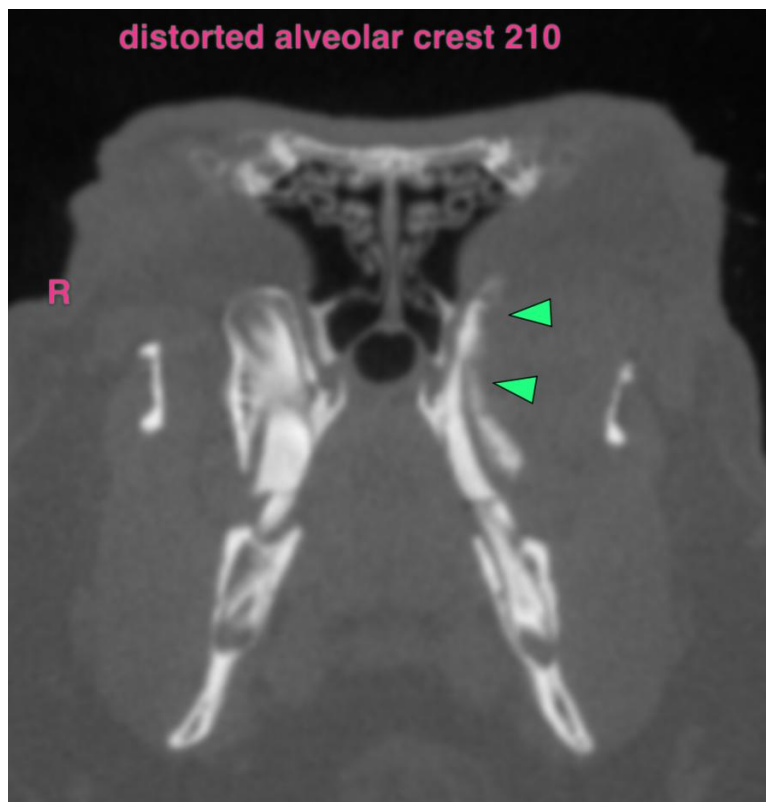
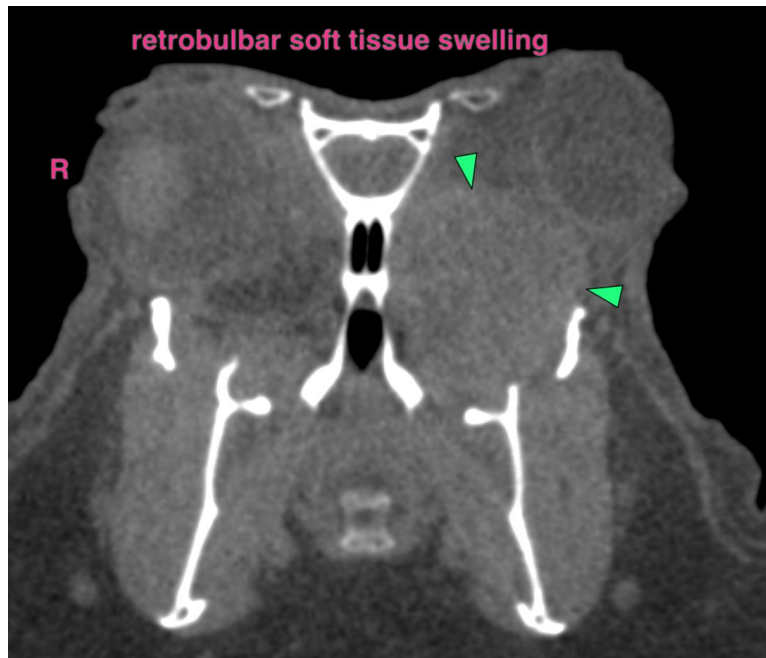
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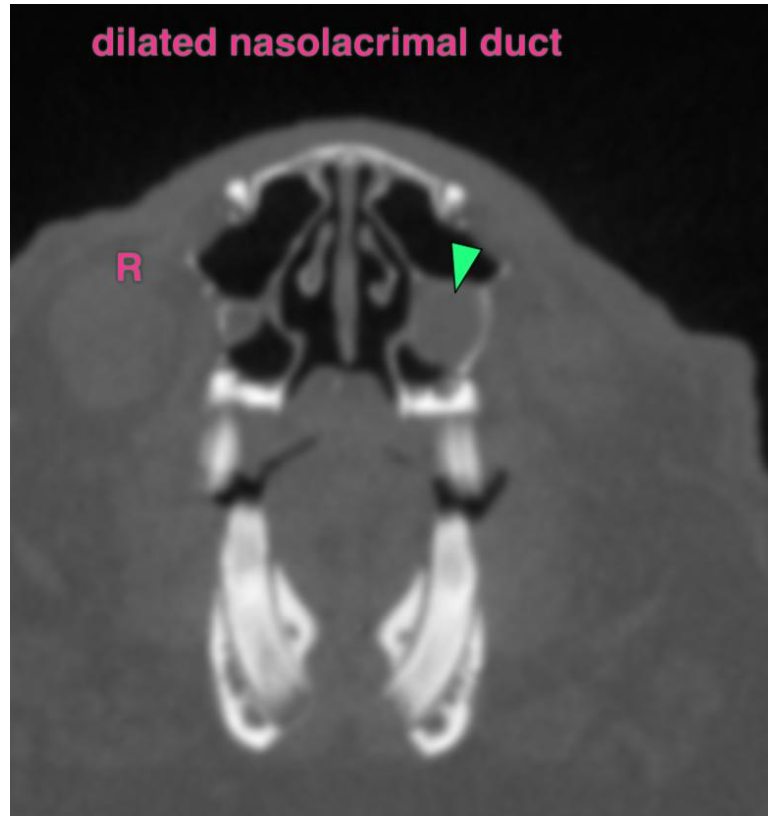
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)