



## PATIENT

Pixie Flammini

## SPECIES

Canine

## BREED

Pomeranian

## SEX

FS

## AGE

8Y

## WEIGHT

5.17kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Erika Ruiz

## HOSPITAL NAME

Animal Medical Center  
of Corona

## REFERRING VET

Bart Huber

## INVOICE

75041

## DATE

5-19-26

## PRESENTING CLINICAL SIGNS

Had neck pain and torticollus a couple weeks ago, In the rads from pDVM, C1 looks fractured or luxated. The O stated she could feel something hard bulging out on the right side of the neck at the base of the skull.

Snippet pictures of 5/6/26 rads attached so you can see what the neck looked like.

Pre and post contrast neck scans to be read, please ignore dental scan.

Abnormal PE/Chem/CBC/UA Results: Elevated Alk phos 1400, the rest of chems were normal.

Also had an abscessed right carnassial.

## COMPUTED TOMOGRAPHY OF THE NECK

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

## COMPUTED TOMOGRAPHIC FINDINGS

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.

Post contrast administration, strong contrast enhancing irregular plaque like thickening of the dorsal dural lining level C1 to C5 is appreciated. Along the central canal level C4/C5 and C6, presents segments with striated contrast uptake.

Level with the intervertebral disc spaces C2/C3 and C3/C4, disc material is protruding into the vertebral canal, occupying approximately up to 15% of the cross-sectional area of the vertebral canal at the same level. The intervertebral discs C4/C5 to C6/C7 are protruding into the vertebral canal, occupying approximately <10% of the cross-sectional area of the vertebral canal at the same level.

The osseous structures of the neck are within normal limits.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intradural extramedullary multiple strong contrast enhancing plaque like lesions dorsal aspect of the dural tube and central canal
- Intervertebral disc herniation C2/C3 and C3/C4 with possible dynamic myelocompression

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intradural strong contrast enhancing lesions are concerning for primary intradural neoplasia such as round cell tumor, drop metastasis of an intracranial lesion (no overt signs in the CT series of the skull, glioma, choroid plexus tumor) or less likely multiple en plaque meningiomas. Theoretically granulomatous meningitis is a differential (e.g. Mycobacterial, mycotic). A lumbar CSF tap may be tried for specification.



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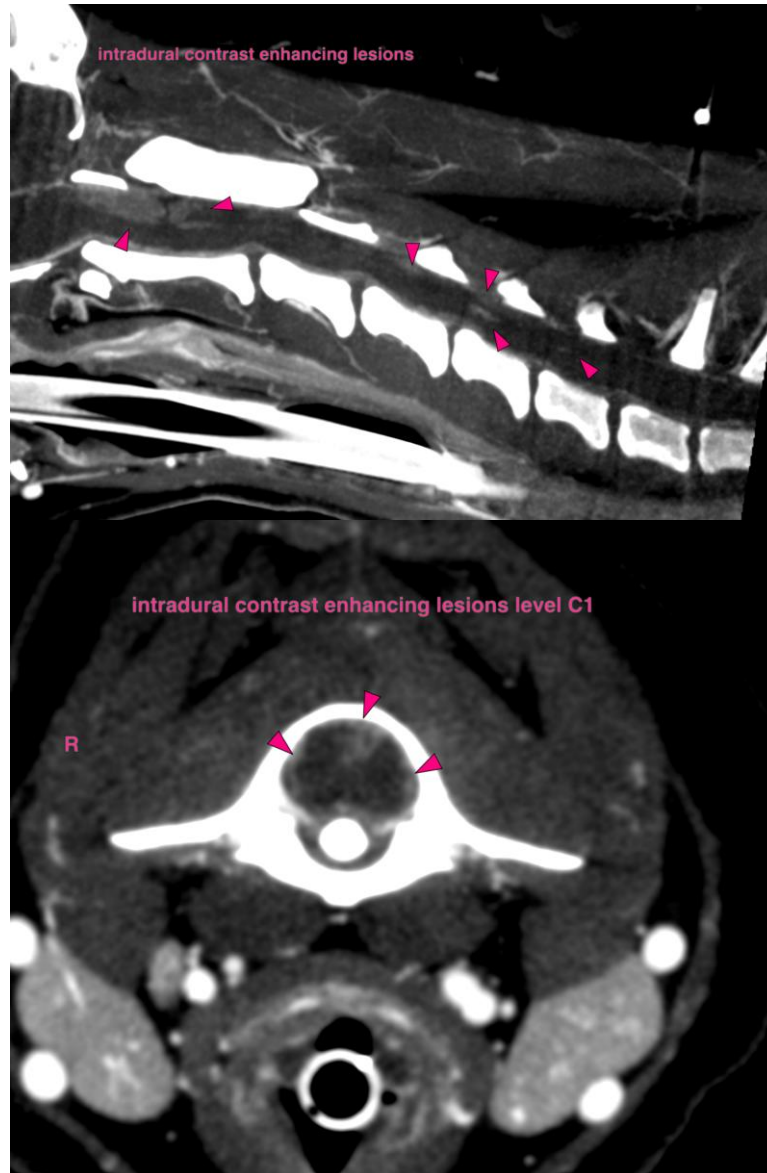
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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