



PATIENT

Van Gogh NY Bully
Crew

SPECIES

Canine

BREED

Mixed

SEX

MI

AGE

7

WEIGHT

28.6

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Kam

INVOICE

75540

DATE

6-17-26

PRESENTING CLINICAL SIGNS

Mass in Ventral neck

COMPUTED TOMOGRAPHY OF THE SKULL, NECK & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull & Neck

Triadan 405 is absent.

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.

The left tympanic bulla contains a small amount of soft tissue material. The osseous wall of the left tympanic bulla is irregularly thickened and smooth. A very small amount of soft tissue material is attached to the wall of the right tympanic bulla. The right external ear canal presents mild to moderate shell-like mineralization of the wall. The left external ear canal is absent.

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 soft tissue structures along the ventral aspect of the neck are partially burned out.

The intervertebral disc space C5/C6 is mildly narrowed and presents central irregular mineral attenuating material. Level with the intervertebral disc space C5/C6, in the right lateroventral aspect of the vertebral canal, heterogeneous mineral attenuating material is appreciated, occupying approximately 35% of the cross-sectional area of the vertebral canal at the same level. The hyperattenuating material in the vertebral canal level C5/C6 is extending predominantly caudally up to the level of the caudal vertebral endplate C6. The dural tube level C6 is deviated to the left and dorsally and distorted.

The remainder of 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 is hypoinflated, accentuating a patchy ground glass attenuation pattern of the dependent aspects of the lung. The aerated parts of the lung present expected architecture and attenuation behavior with randomly distributed interspersed punctuate mineralization.



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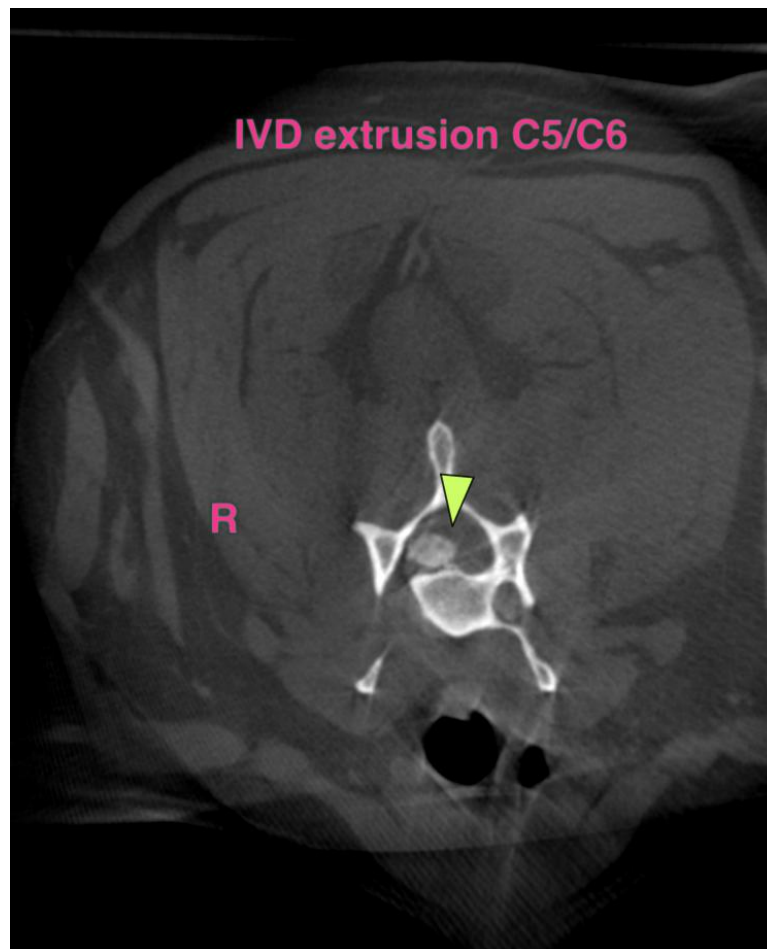
Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intervertebral disc extrusion C5/C6, located in the right ventral aspect of the vertebral canal, with compressive myelopathy
- Absent triadan 405
- History of left sided total ear canal ablation and bulla osteotomy with chronic osseous remodeling
- Very mild right sided otitis media
- Dystrophic mineralization wall right external ear canal
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A soft tissue mass along the neck is not appreciated and the main finding is the intervertebral disc extrusion C5/C6 that is a potential source for cervical pain.





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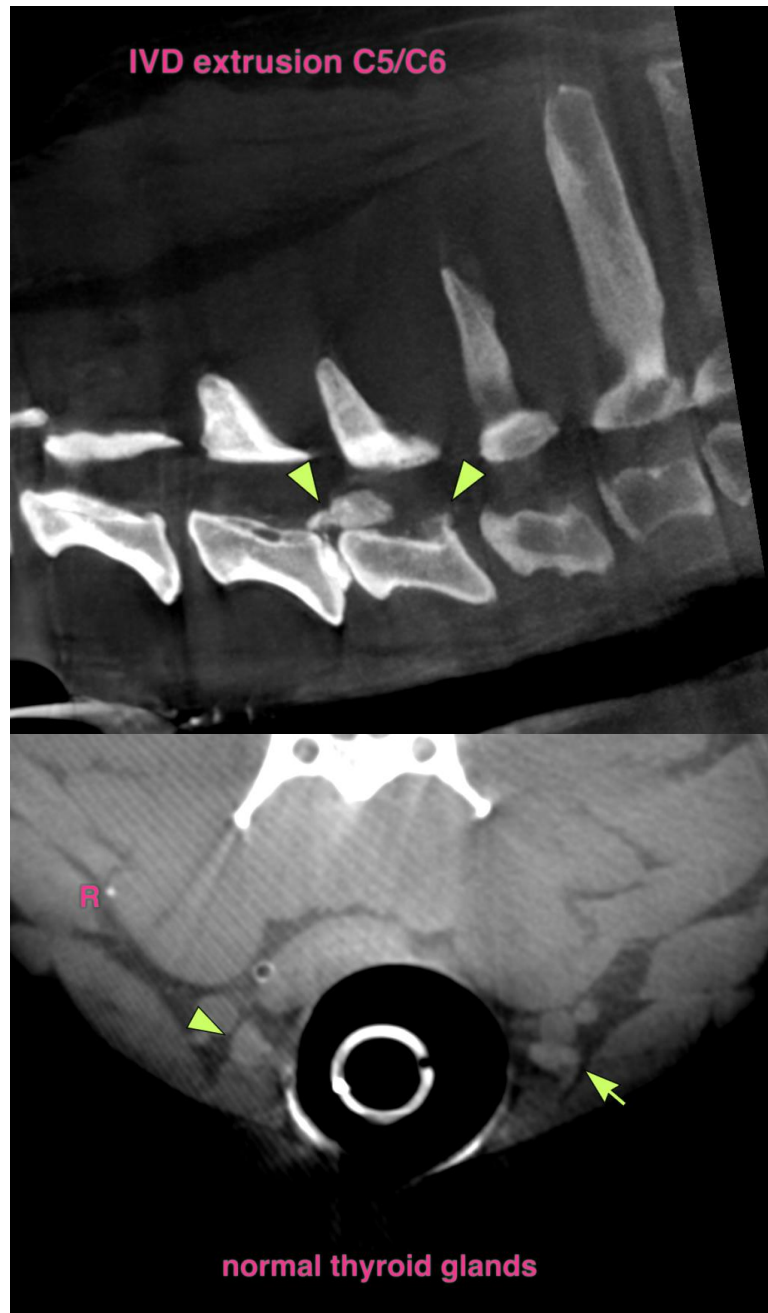
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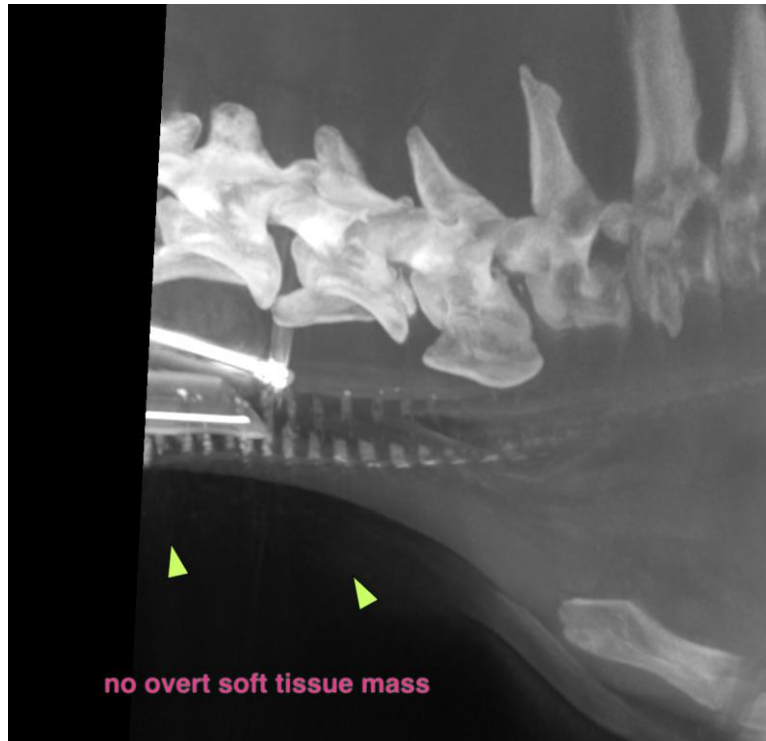
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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