



PATIENT

Zara Kidd

PRESENTING CLINICAL SIGNS

Swollen left eye, ? retrobulbar tumour, orbit does not seem painful on pressure and has no discharge or squinting Left front limb lameness- subtle CP delay
Abnormal PE/Chem/CBC/UA Results: Meloxicam has not helped Able to open mouth normally
Bloods normal PE- Mm pink, crt 1s Eye conjunctiva and tel very swollen, cornea and anterior chamber nad, did not attempt iop. T NE

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND FRONT LIMBS

BREED

Pit Bull

A pre- and post-contrast CT study of the skull, thorax and front limbs in a bone, lung and soft tissue reconstruction are post-contrast CT study of the thorax are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Female

Skull

Triadan 304 is absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

AGE

12

The left extraocular muscles are moderately swollen and present a homogeneous contrast enhancement pattern. The left orbital fat, surrounding the extraocular muscles presents mild fat-stranding. The left ocular bulb is deviated rostrally and mildly dorsally by the mass effect.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

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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.

REFERRING VET

Ella Richardson

Thorax

The vertebral body of T2 presents with an ill-defined geographic osteolytic lesion, presenting a hypoattenuating pattern (-150 HU).

INVOICE

52626

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.

DATE

6-28-22

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 right lung lobes present a mild decreased volume and the right lung lobes present with a mild



PATIENT irregular ground glass attenuating pattern. 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.

SPECIES Front limbs

Canine

The region of the right brachial plexus is unremarkable. The periarticular bones of the right shoulder joint present mild osteophyte new bone formation. The remainder of the osseous and soft tissue structures of the right front limb are within normal limits.

BREED

Pit Bull

The periarticular bones of the left shoulder joint present mild osteophyte new bone formation. In the region of the left brachial plexus, a mild ill-defined, mild undulating tubular lesion, measuring approximately 9 mm in diameter and 6 cm in length is appreciated. The tubular lesion of the left brachial plexus is blending with the left spinal nerve C8 or T1.

SEX **COMPUTED TOMOGRAPHIC DIAGNOSIS**

Female

- Significant swelling left extraocular muscles with surrounding mild steatitis and accompanying left sided exophthalmos
- Suspect segmental neuropathy left brachial plexus, originating from spinal nerve C8 or T1
- Mild degenerative osteoarthritis shoulder joints bilaterally
- Absent triadan 304
- Mild dystelectasis right lung lobes – likely due to general anesthesia and positioning
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a diffuse swelling of the left extraocular muscles with surrounding mild steatitis of the retrobulbar fat. Although unusual due to the age of the patient and breed, immune mediated unilateral extraocular muscle myositis is potential as well as infectious origin (e.g. bacterial, Neospora, Hepatozoon, Toxoplasma, atypical mycotic disease) or underlying neoplastic disease (e.g. round cell tumor, melanoma). FNA sampling ± biopsy of the extraocular muscles is recommended for further workup as well as testing for potential infectious agents.

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Ella Richardson

There is a tubular swelling in the region of the left brachial plexus, the finding is concerning for segmental neuropathy of the left spinal nerve C8 or T1 with mild surrounding steatitis. Both neuritis and peripheral malignant nerve sheath tumor need to be considered. Ultrasound aided FNA sampling can be tried for further definition.

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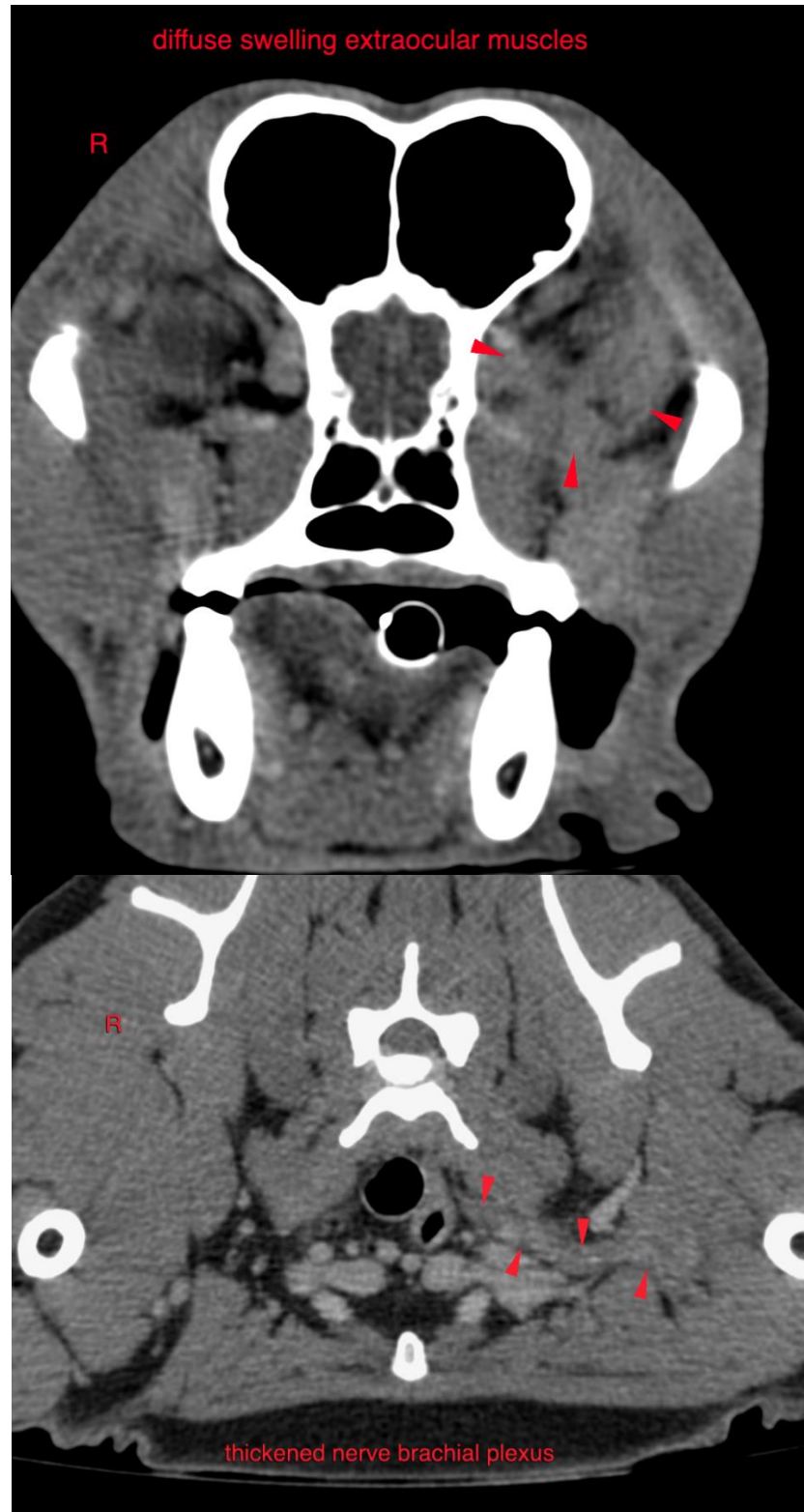
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

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SEX

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