



## PATIENT

Netto Perez Oben

## SPECIES

Canine

## BREED

Cavapoo

## SEX

M

## AGE

2Y

## WEIGHT

6.8lbs

## 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

Karina Miranda, DVM

## INVOICE

75323

## DATE

6-8-26

## PRESENTING CLINICAL SIGNS

Pt presented 6/7 for acute ataxia, falling to the right side, lethargy and decreased appetite. Upon PE, delayed Conscious Proprioception was seen in right forelimb and hindlimb. No overt signs of pain noted on PE. Radiographs showed fractured C2. Blood work showed PLT 132, ALT 154, GGT 16, NH3 is normal. Dexa sp was given in the meantime at 0.15 mg/kg IM once. Pt showed improvement overnight, but CT scan was still recommended in order to further eval spine for referral to specialist if needed.

Abnormal PE/Chem/CBC/UA Results: CBC: PLT 132 CHEM: Mildly elevated ALT 154, GGT 16  
Radiographs: Fractured C 2 PE: Musculoskeletal --- ataxia, neck pain suspected, right forelimb and hindlimb delayed CP's

## COMPUTED TOMOGRAPHY OF THE SKULL, NECK, THORAX AND ABDOMEN

A high resolution full body pre- and post-contrast CT study is provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull & Neck

Triadan 311 and 411 are 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.

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 right condylar process of the occipital bone is fractured and moderately rotated, protruding rostrally into the right caudal cranial fossa - into the region of the lateral aperture of the fourth ventricle.

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 cranial segment of the spinous process - overlapping C1 - is separated from the caudal segment by a well-defined, transverse fracture line.

The osseous and soft tissue structures of the neck are within normal limits.

### 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 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

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.

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, unremarkable.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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.

The bony and surrounding soft tissue structures reveal no abnormalities.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Acute traumatic fracture right condylar process of the occipital bone with moderate rotation into the caudal cranial fossa
- Acute traumatic fracture cranial segment spinous process C2
- Normal thorax & thoracic spine
- Normal abdomen & lumbar spine

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinical signs can be explained by the fracture of the right condylar process of the occipital bone that is secondarily rotated into the cranial fossa – along with the fracture of the spinous process a preceding trauma with hyperextension of the skull is likely.



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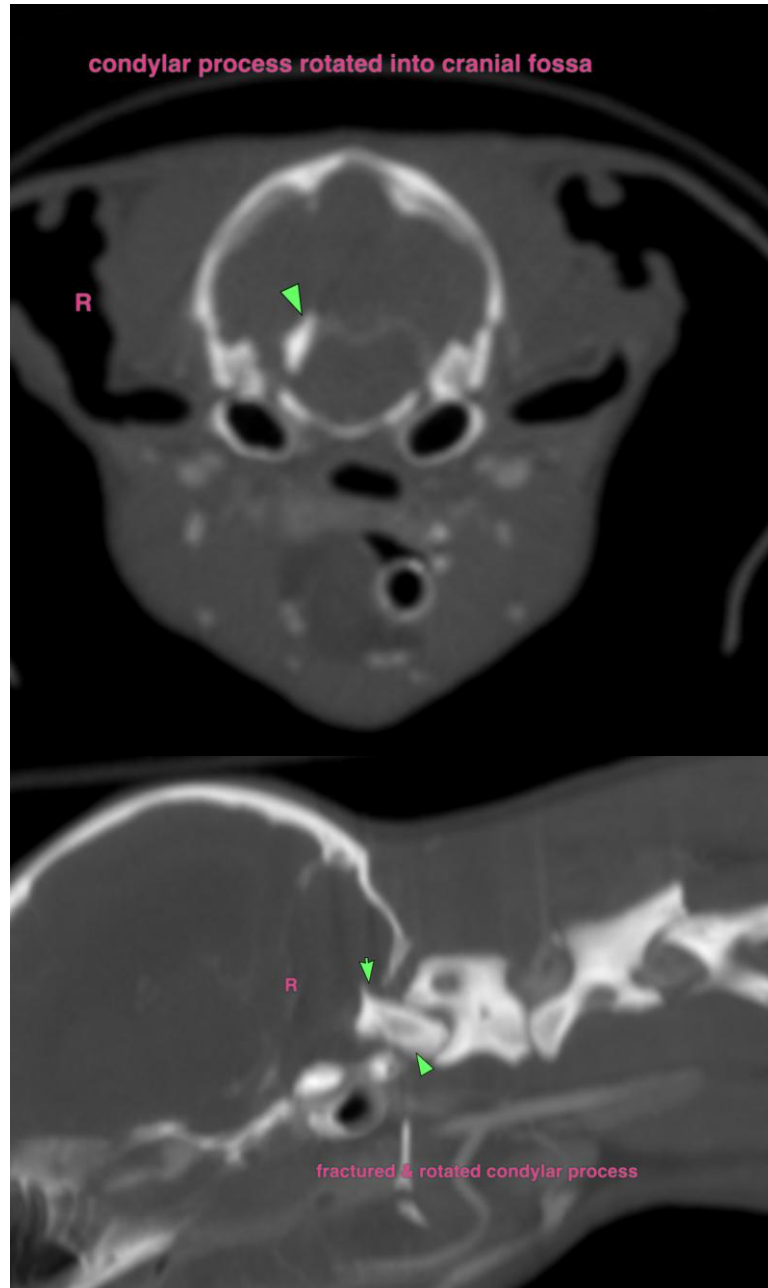
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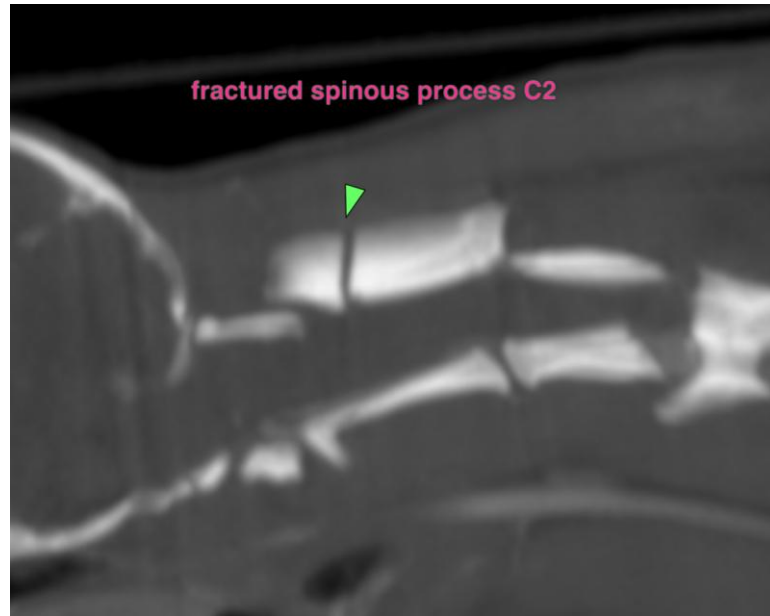
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)