



**PATIENT**

Henry Keith

**PRESENTING CLINICAL SIGNS**

Yelps when getting up or attempting to lick hind end for last 7 days. Sometimes jerks head to the right and whines. Raising food bowl helped. Is on gabapentin & robaxin. Was on Deramaxx and methocarbamol, owner has not noted any benefits. Moves neck normally on PE.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Low normal T4, decreased Phos 0.60 mmol/L, increased Lipa 1825 U/L

**COMPUTED TOMOGRAPHY OF THE SKULL & NECK**

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

**BREED**

Bull Mastiff X

**COMPUTED TOMOGRAPHIC FINDINGS**

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

**SEX**

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

**MN**

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

**AGE**

10 Years

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

**HOSPITAL NAME**

Bridgwater  
Veterinary Hospital  
and Wellness Centre

The dural tube presents mild peripheral mineralization.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Incidental mild dural mineralization
- Structural normal skull

**REFERRING VET**

Dr. M. Remple

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study presents without macromorphological abnormalities, explaining the described clinical signs. No evidence of compressive myelopathy along the cervical spine. However, in case of strong clinical suspicion of compressive myelopathy caused by isoattenuating material, complementing workup by a myelographic CT study or MRI study is considered beneficial.

**INVOICE**

52947

**DATE**

7-19-22



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**REFERRING VET**

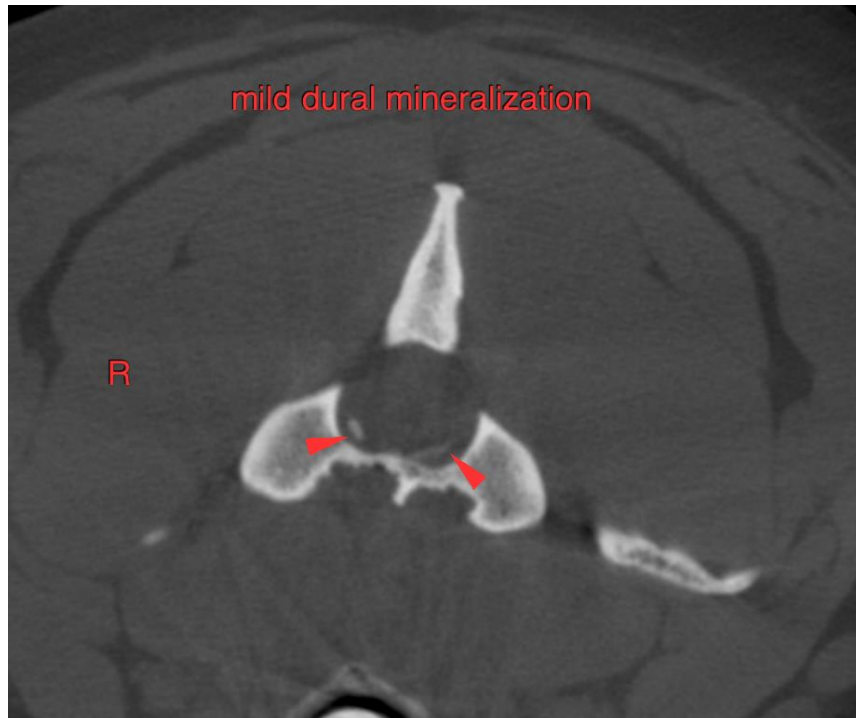
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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