



**PATIENT PRESENTING CLINICAL SIGNS**

Ben Meyer Right sided nasal congestion and Horner's Syndrome. Also presents with cough/gagging/hacking and suspected laryngeal paralysis.

**SPECIES COMPUTED TOMOGRAPHY OF THE SKULL**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**BREED** Triadan 305&405 are absent.

Labrador Retriever In the subcutaneous tissue at the ventrolateral aspect of the left ramus of the mandible, a well-defined ovoid shaped lipoma is appreciated, measuring 26 x 10 x 34 mm in size.

**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** 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.

9 Years 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.

**INTERPRETED BY** 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.

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The vertebral endplates C2/C3 present mild spondylosis formation.

**HOSPITAL NAME COMPUTED TOMOGRAPHIC DIAGNOSIS**

Mobile Pet Imaging  
CFL

- Lipoma ventrolateral aspect of the left ramus of the mandible
- Absent triadan 305&405
- Normal upper airways

**REFERRING VET INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Borecky The current CT study of the skull presents without clinically relevant pathologies.

**INVOICE** No macromorphological abnormality is appreciated explaining the history of left sided Horner's syndrome. Rule out other causes for facial nerve paralysis like hypothyroidism, polyneuropathy, thoracic pathology or idiopathic facial nerve paralysis. The latter is the most common cause for facial nerve paralysis with 75% of the cases in dogs.

52696 In combination with the suspected laryngeal paralysis, underlying polyneuropathy might be a consideration here.

**DATE** In case of strong clinical suspicion for intraparenchymal lesions of the brain, an MRI study may be beneficial for further workup.

7-5-22



**PATIENT**

Ben Meyer

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

MN

**AGE**

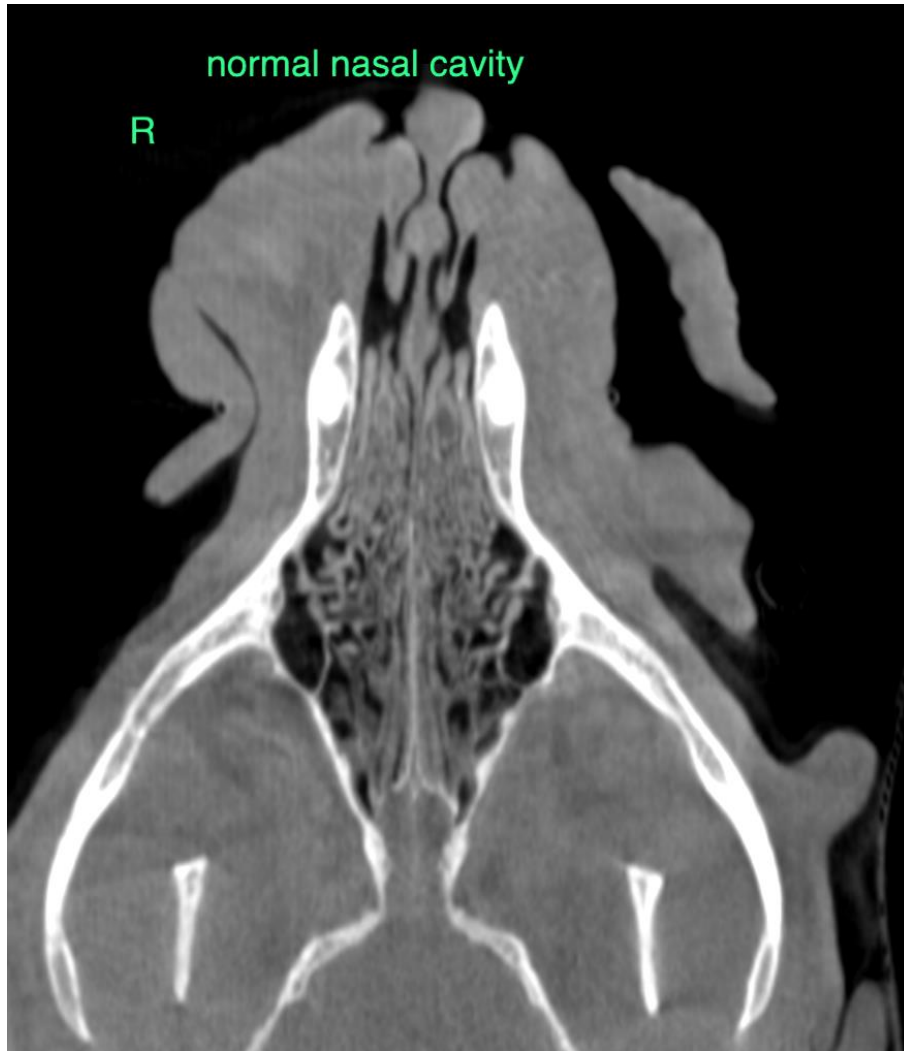
9 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Mobile Pet Imaging  
CFL



**REFERRING VET**

Borecky

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.

**INVOICE**

52696

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.

**DATE**

7-5-22

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com