



PATIENT PRESENTING CLINICAL SIGNS

Splash Stephens Ongoing neck pain. Has been on meloxicam and prednisone. Concern re SRMA or discospondylitis (or other injury/infection), needing to rule out discospondylitis via imaging. Has been bright and eating, although obviously painful. Initially mild pyrexia although resolved with only methadone.

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

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

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

Female 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.

AGE 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.

5 Months

INTERPRETED BY The medial retropharyngeal lymph nodes are prominent.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The condylar process of the occipital bone bilaterally, R>L, presents moth eaten osteolysis of the subchondral bone including the corresponding fovea of C1. Post contrast administration a homogeneous contrast enhancing soft tissue material is seen, encompassing the dural tube level with C1. The caudal margin of the clivus presents moth eaten osteolysis and mild immature periosteal new bone formation ventrally. An ill-defined soft tissue swelling is appreciated ventral to the craniocervical junction, causing ventral deviation of the roof of the pharynx. A hypoattenuating focus is appreciated in the junction between the clivus and C1.

HOSPITAL NAME

Animal Trust -
Ellesmere Port

COMPUTED TOMOGRAPHIC DIAGNOSIS

REFERRING VET

Paws Vet Health
Center

- Erosive arthritis atlantooccipital joint and osteomyelitis of the clivus
- Potential cavitory lesion between the clivus and C1
- Suspect inflammatory granulation tissue formation in vertebral canal level C1 and the paravertebral soft tissues
- Lymphadenopathy

INVOICE INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

59576 The appreciated erosive arthritis, osteomyelitis of the clivus and the supposed inflammatory granulation tissue formation – both in the vertebral canal and paravertebral region level with C1 – are a plausible explanation for the presenting clinical signs. There is evidence of a potential cavitory lesion between the clivus and C1, concerning for abscess formation. Potentials include migrating foreign body, preceding perforating trauma (e.g. stick injury) or hematogenous bacterial spread. Recommend complementing workup by an ultrasound examination of the ventral paravertebral region level with C1 to confirm fluid accumulation and check for potential foreign material not appreciated by CT.

DATE

8-1-23



PATIENT

Splash Stephens

SPECIES

Canine

BREED

Golden Retriever

SEX

Female

AGE

5 Months

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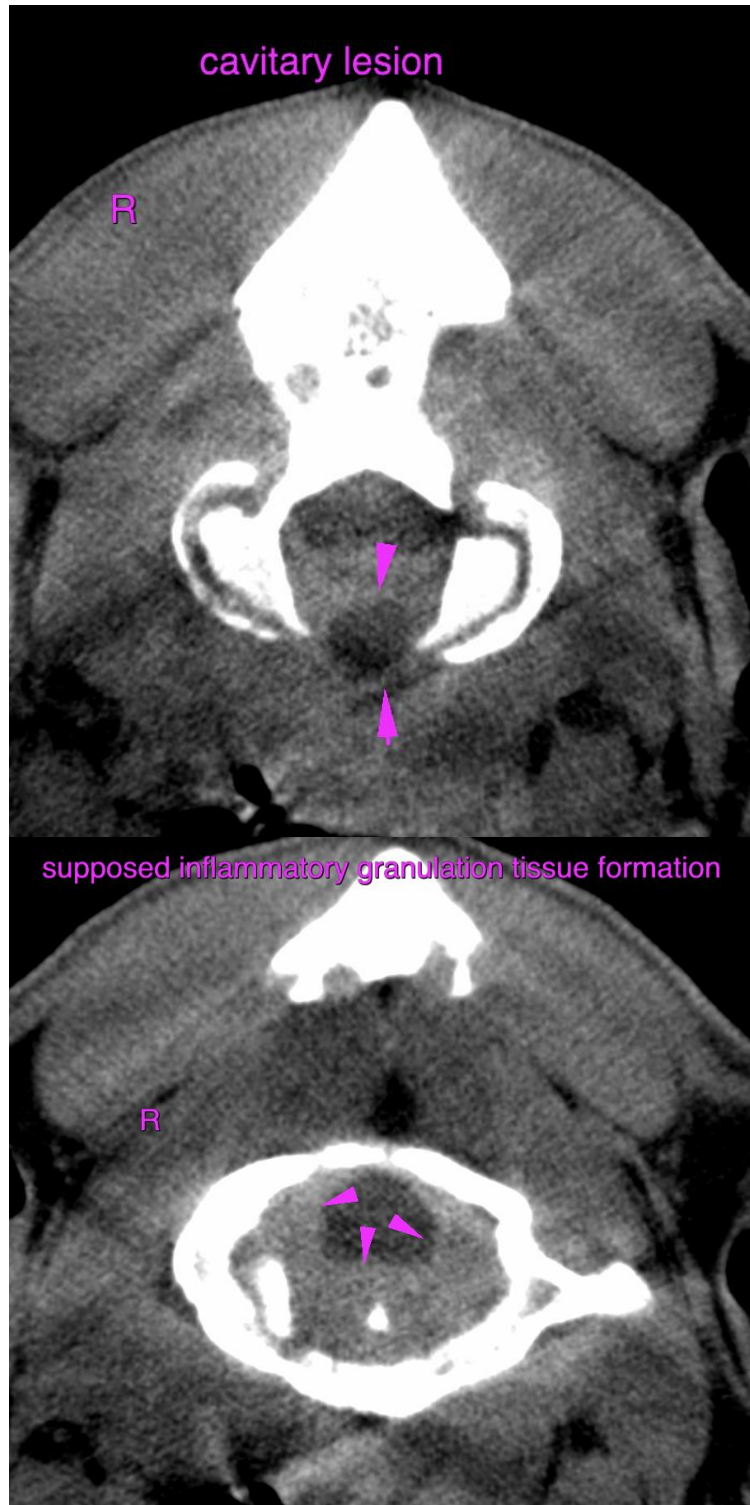
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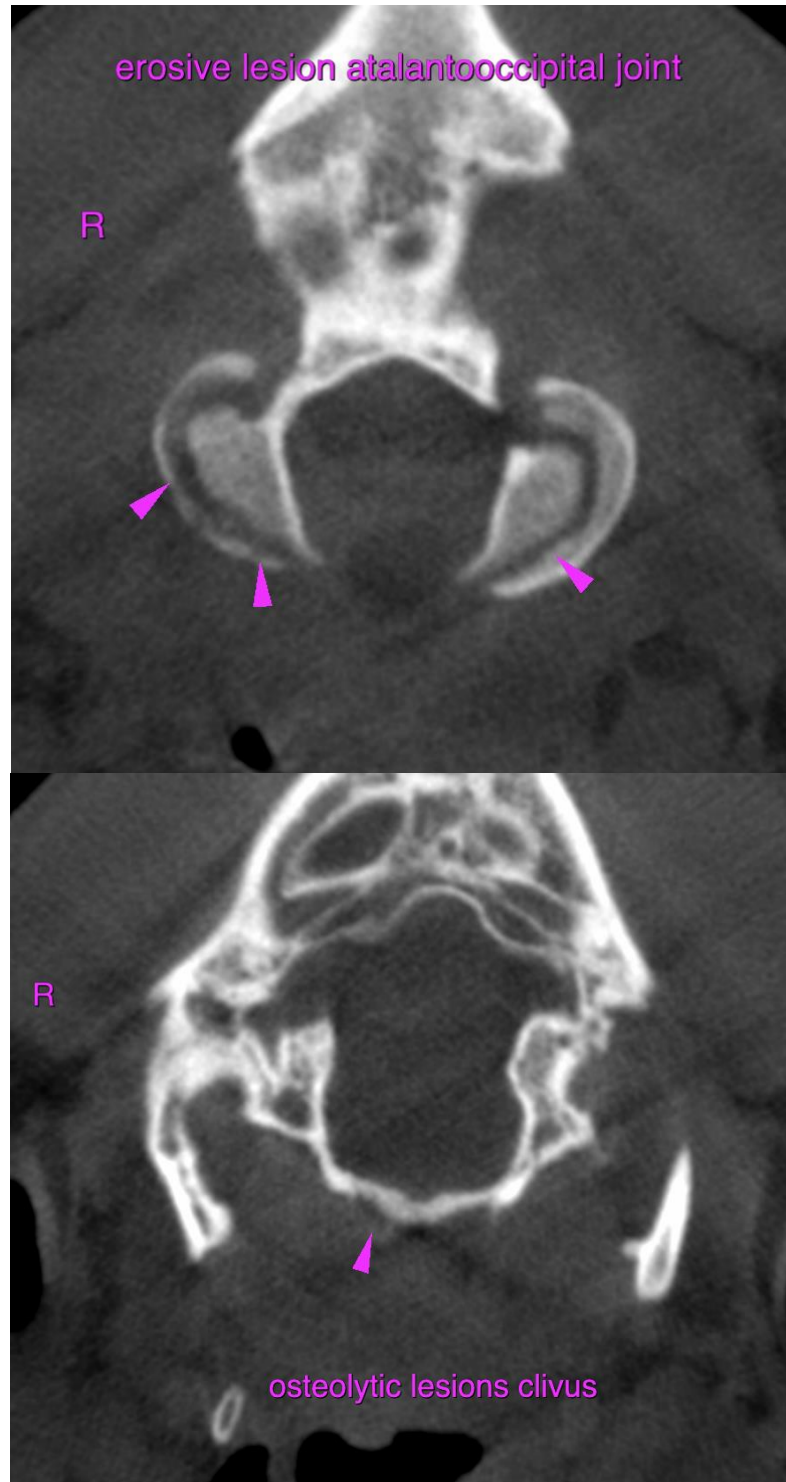
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Canine

BREED

Golden Retriever

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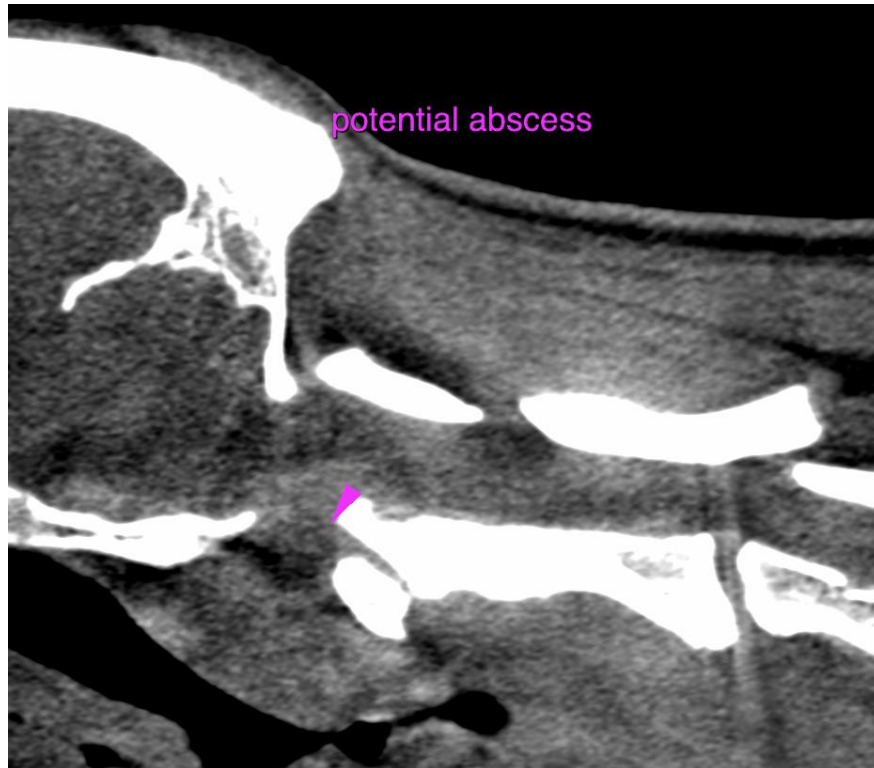
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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