



**PATIENT**

Beau Maitland

**SPECIES**

Canine

**BREED**

Border Collie

**SEX**

NM

**AGE**

9 Years, 7 Months

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Southern Oregon  
Veterinary Specialty  
Center

**REFERRING VET**

Dr. Fugazzi

**INVOICE**

54377

**DATE**

9-29-22

**PRESENTING CLINICAL SIGNS**

Pt presented one month ago with L forelimb lameness with generalized muscle loss, no focal points of atrophy. All joints feel pretty good with normal ROM and no joint swelling. There is pain with deep palpation of the axillary space (repeatable). CT was performed and nerve sheath tumor was identified. Due to length of time re-scan CT was performed to evaluate possible tumor progression and to see if amputation is still an option for treatment.

**COMPUTED TOMOGRAPHY OF THE THORAX AND FRONT LIMB**

A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax are provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

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 with sporadic punctuate mineralization.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Left front limb

Starting just distal to the left neuroforamen T1/T2, the left spinal nerve T1 presents an increased diameter, stationary in comparison to the preceding CT study. Level with the brachial plexus, level with the medial and cranial aspect of the first left rib the thickened left spinal nerve T1 merges with a tubular mass, measuring 19 mm in diameter with a heterogeneous contrast enhancement pattern – progressive in size in comparison to the previous CT study. The left spinal nerve C7/T1 is prominent up to the extraforaminal space.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- History of left sided nerve sheath tumor left spinal nerve C8 & T1
- Pulmonary osteomas, no evidence of pulmonary metastatic disease

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The tubular mass in the region of the brachial plexus is mildly progressive in size. The thickened segments of the left spinal nerves C8&T1 appear stationary in comparison to the previous CT study – if amputation is considered recommend dissecting the respective spinal nerves near the neuroforamen.



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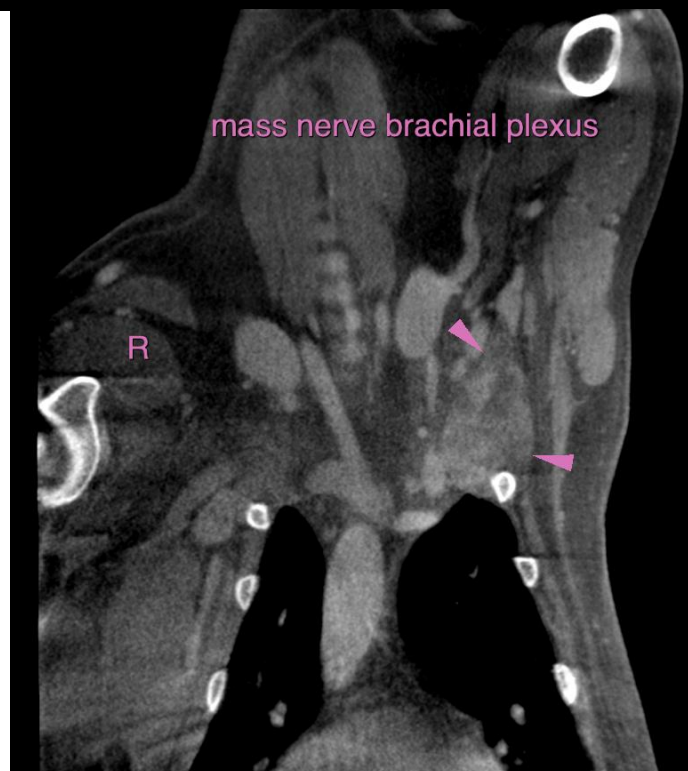
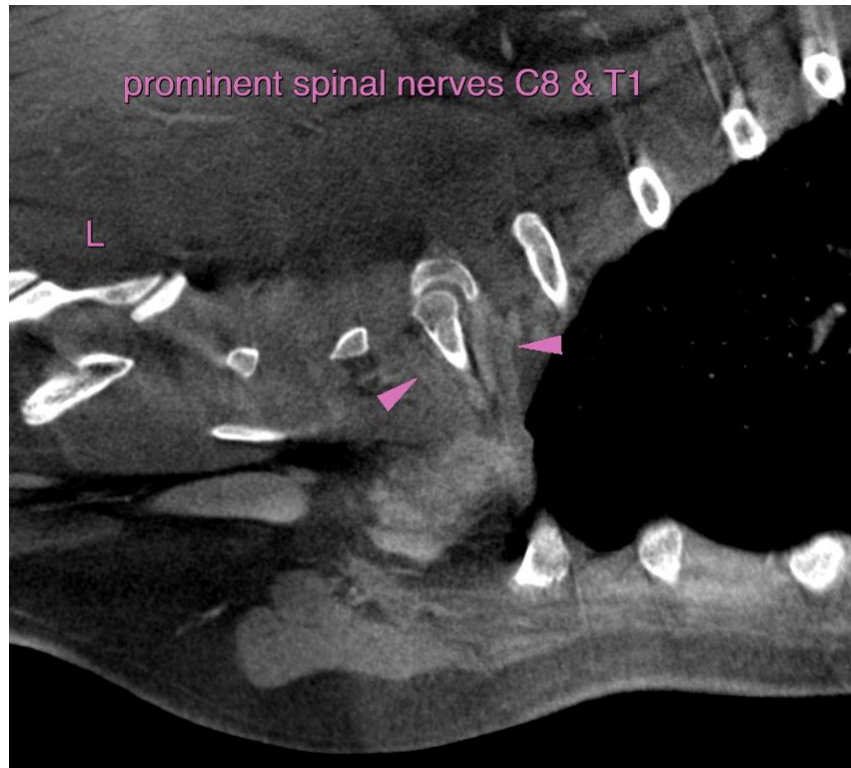
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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