



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Zero Yost
SPECIES Canine
BREED Lab Mix
SEX FI
AGE 1 Year

Presented 4 weeks prior due to lethargy, anorexia, fever and cough, acute onset following camping trip. Radiographs and b/w revealed NSF. Anesthetized oropharyngeal exam revealed no obvious FB. Improved with antibiotics but ongoing lethargy. Recurrent fever, L sided firm swelling along region of salivary gland, cytology revealed abscess. Surgically explored site, noted draining tract running dorsally caudal to L otic canal with no obvious communication, could not find FB. Placed drain and performed culture/sensitivity, culture revealed Actinomyces (consistent with possible migrating plant FB) and anerobic bacteria Porphyromonas. 4 day history of acute onset ataxia and L-sided head tilt, concerned over emerging vestibular signs. No nystagmus/anisocoria or other neurologic deficits. Still e/d with no fever. Currently receiving Ciprofloxacin and Clavamox. Planning referral to specialist for bulla osteotomy or other procedure as indicated. Ongoing cough, unknown origin.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem: Unremarkable Thoracic/cervical radiographs revealed no cardiopulmonary/airway abnormalities.

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

The left tympanic bulla contains a moderate amount of non-contrast enhancing soft tissue material and the osseous lining is mild to moderately thickened and smooth.

The left mastoid process, left squamous part of the occipital bone, left condylar process of the occipital bone and left ala of the atlas present moth eaten osteolytic lesions and a heterogeneous sclerosis; post contrast administration the overlying soft tissue structures present a heterogeneous striated contrast enhancement pattern with multifocal central hypoattenuating small (<9 mm) lesions. The contrast enhancing swelling is extending caudally in the fascial plane of the left splenius and complexus muscle up to the level of C2. A potential fistulous tract is seen caudal to the left external ear canal extending ventrally up to the subcutaneous tissue lateral to the left mandibular salivary gland.

Post contrast administration level with the left mastoid process the meningeal lining is moderately to markedly thickened and generalized contrast enhancement of the leptomeninx along the spinal cord level C1 to C2 is seen – the spinal cord presents moderate irregular margins at the same level.

The left medial retropharyngeal and parotid lymph node are moderately enlarged, uniform soft tissue attenuating and contrast enhancing.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Inflammatory swelling along the left mastoid process, left aspect of the occipital bone and left ala of the atlas with fistulous tract caudal to the left external ear canal
- Polyostotic aggressive mixed osteolytic and osteoproliferative lesions of the left mastoid process, squamous part of the occipital bone and left ala of the atlas
- Erosive arthritis left atlanto-occipital bone
- Advanced Meningitis
- Lymphadenopathy left parotid and medial retropharyngeal lymph node

INTERPRETED BY
 Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME
 Healing Spirit Animal
 Wellness

REFERRING VET
 Desen Ertunc

INVOICE
 47365

DATE
 9-6-21



PATIENT

- Left sided otitis media

Zero Yost

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

The findings are consistent with advanced osteitis and inflammatory swelling at the same level with potential fistulous tract extending distally – intracranial spread is seen with evidence of marked infectious meningitis or possible meningoencephalitis/meningomyelitis. A migrating foreign body would be the most likely explanation for the current imaging findings (e.g. stick injury, porcupine quill) no foreign material can be appreciated in the current CT study. If not done so yet, complementing workup by an ultrasound examination of the respective region would be ideal. Consider sampling for microbial culture of the small cavitary lesions if possible.

BREED

Lab Mix

Aggressive antimicrobial therapy including agents crossing the blood-brain-barrier is indicated.

SEX

FI

The left sided otitis media is likely an incidental finding or a sequela to local inflammatory process and altered function of the auditory tube.

Secondary lymphadenitis of the tributary lymph nodes.

AGE

1 Year

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Healing Spirit Animal
Wellness

REFERRING VET

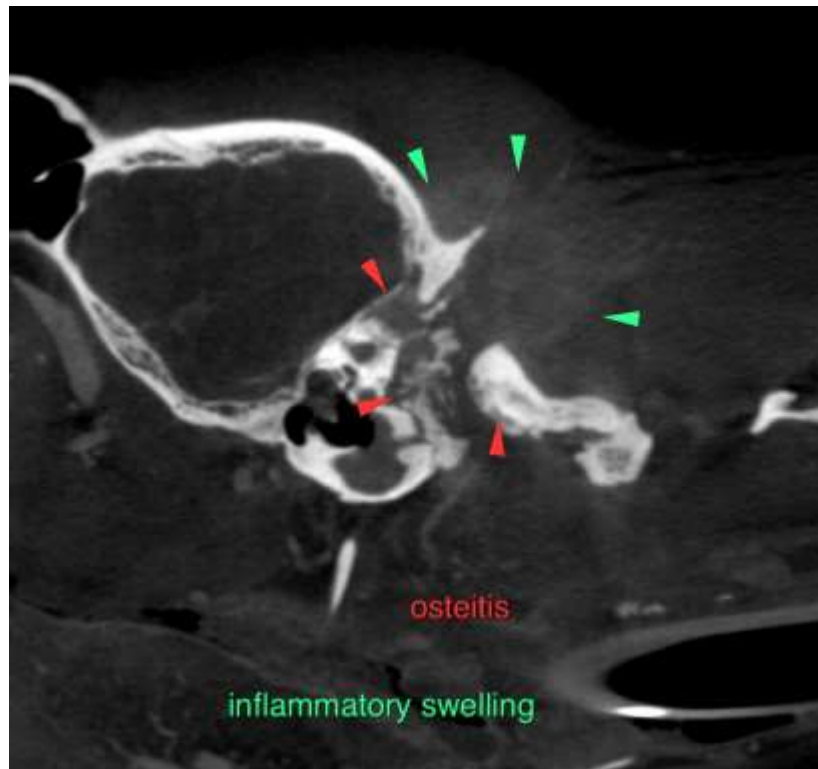
Desen Ertunc

INVOICE

47365

DATE

9-6-21





PATIENT

Zero Yost

SPECIES

Canine

BREED

Lab Mix

SEX

FI

AGE

1 Year

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Healing Spirit Animal
Wellness

REFERRING VET

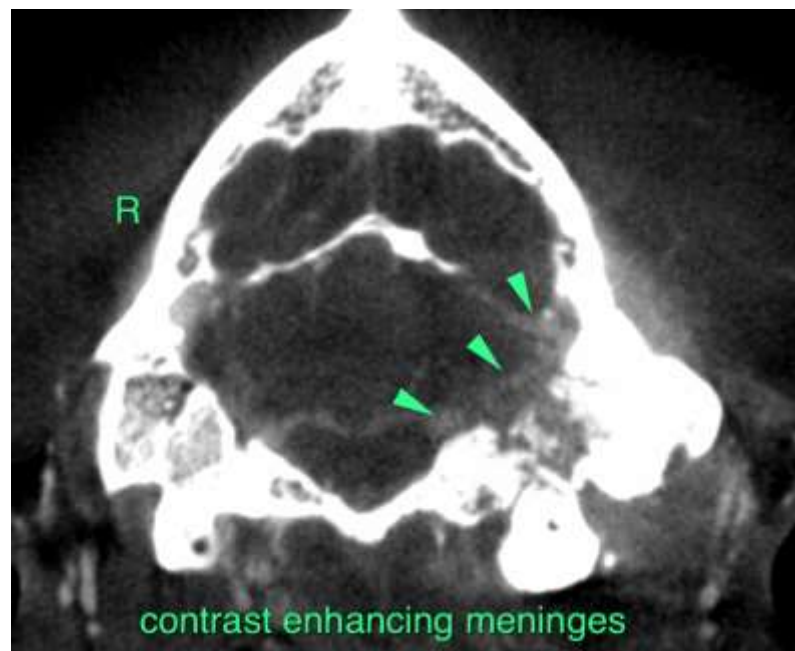
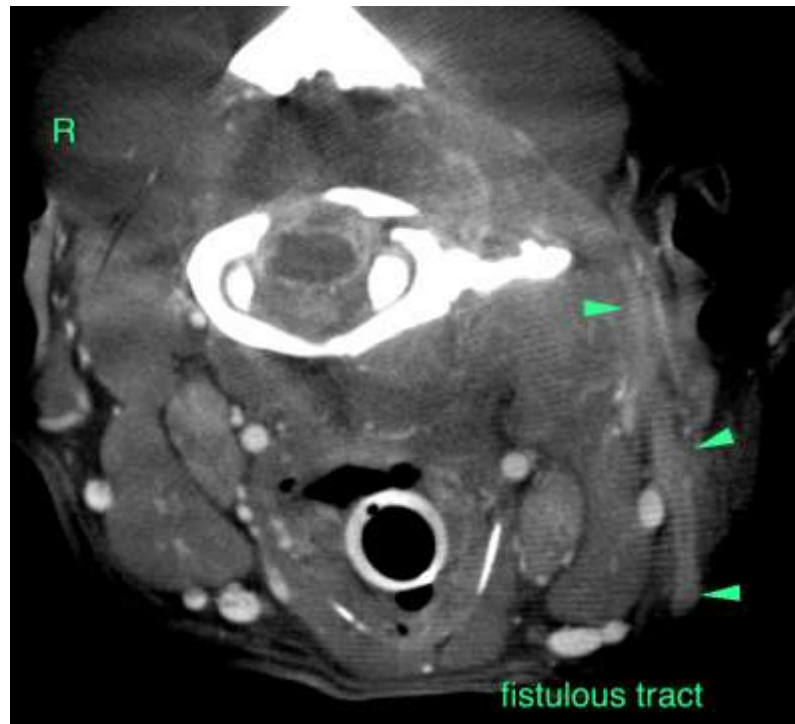
Desen Ertunc

INVOICE

47365

DATE

9-6-21





PATIENT

Zero Yost

SPECIES

Canine

BREED

Lab Mix

SEX

FI

AGE

1 Year

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Healing Spirit Animal
Wellness

REFERRING VET

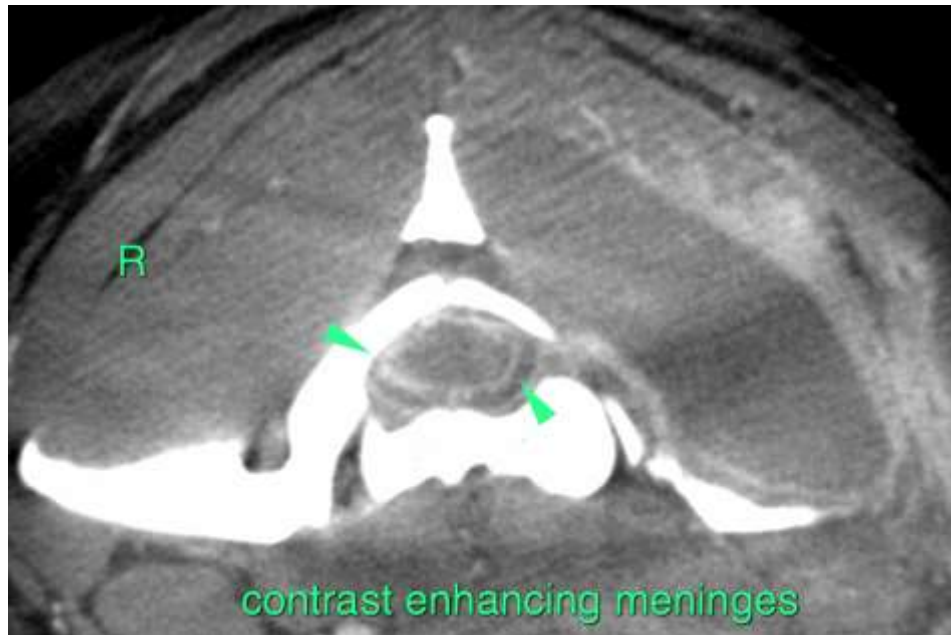
Desen Ertunc

INVOICE

47365

DATE

9-6-21



The information and recommendations provided are based on the images presented by the referring veterinarian. 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
sebast.schaub@gmail.com