



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Bucket Dahlbeck

SPECIES Feline

BREED DSH

SEX MN

Bucket, a 6 months old, MN Domestic Short Hair, presented to the AHP Neurology Service on January 12, 2022 for evaluation of losing balance. Bucket's clinical signs were first noted around Dec 27th 2021 and then other neurological signs followed a week later and this included losing balance, falling over to the right side, and mild circling. He was assessed on 1/8/2022 for aural hematoma that started on Dec 27th 2021 and it has been drained on multiple occasions. (bilateral aural hematomas) Since then, his signs have been the same; there has not been any worsening. He is able to stand up and falls to his right side immediately. Current medications: None Previous diagnostic testing: Blood work

Abnormal PE/Chem/CBC/UA Results: swelling on the left side of face. has been there on and off since a few months old. it came and went away and now is back. The swelling is staying static in size. The dog pulls out Bucket's whiskers Mentation: Dull and depressed Cranial nerve exam: No deficits noted. Gait/posture: Minimally ambulatory with a severe generalized vestibulocerebellar ataxia and no paresis. Tendency to fall to the right Postural reactions: Proprioceptive positioning and hopping were mildly delayed on the right and normal on the left Spinal reflexes: Normal. Sensory/nociception: No hyperesthesia elicited with palpation along the vertebral column. Neurological Localization: cerebellum v bilateral vestibular

MAGNETIC RESONANCE IMAGING STUDY OF THE HEAD

AGE 6 Months

T2, T2 star, FLAIR, and T1-weighted plain and post contrast studies. Diffusion weighted images with ADC map in various image planes available for review.

MAGNETIC RESONANCE IMAGING FINDINGS

Patient has a history of bilateral oral hematoma.

A large oral hematoma with heterogeneous T2-hyper- and T2-hypo- intense content is seen. The left oral hematoma is smaller and predominantly T2-hyperintense. The T1 signal on the T1-weighted images is predominantly hypointense with hyperintense areas in the right oral hematoma. The subcutaneous fluid extends on the dorsum of the skull, around the pinnae, and ventral of the left eye.

Moderate thickening of the pinna is seen bilaterally. The right external auditory meatus presents moderate thickening of its epithelial lining with increased contrast enhancement. Mild thickening of the epithelial lining with increased contrast enhancement is seen in the left external auditory meatus. There is no evidence of otitis media and no evidence of otitis interna.

The right medial retropharyngeal lymph node is moderately enlarged and presents increased contrast enhancement.

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The brain presents the expected bilateral symmetry, anatomy, and signal behavior. The csf spaces are of normal dimensions. The csf signal is completely suppressed on the FLAIR sequences. Mild pachymeningeal enhancement is seen on the post contrast studies.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- DATE** 1-13-22
- Bilateral oral hematomas with chronic hemorrhage.
 - Extensive subcutaneous fluid accumulations on the dorsum of the skull, around the pinnae, and in the left side of the face.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Health
Partners

REFERRING VET

Dr. Little



PATIENT

Bucket Dahlbeck

- Moderate right sided and mild left sided otitis externa.
- No evidence of otitis media or interna.
- Structurally normal presentation of the neuroparenchyma.
- Mild pachymeningeal enhancement.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No structural pathology of the cerebrum, diencephalon, brainstem, or cerebellum can be identified. There appears to be potential for meningitis which renders FIP a potential consideration. Complementary csf analysis is recommended.

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The otitis externa and oral hematomas do not explain the clinical signs completely and satisfyingly.

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The subcutaneous fluid accumulations may represent subcutaneous hematoma. Abscess (and seroma) are potential differential diagnoses. Cyst is considered an unlikely potential here.

The right medial retropharyngeal lymphadenomegaly is compatible with reactive lymphadenitis.

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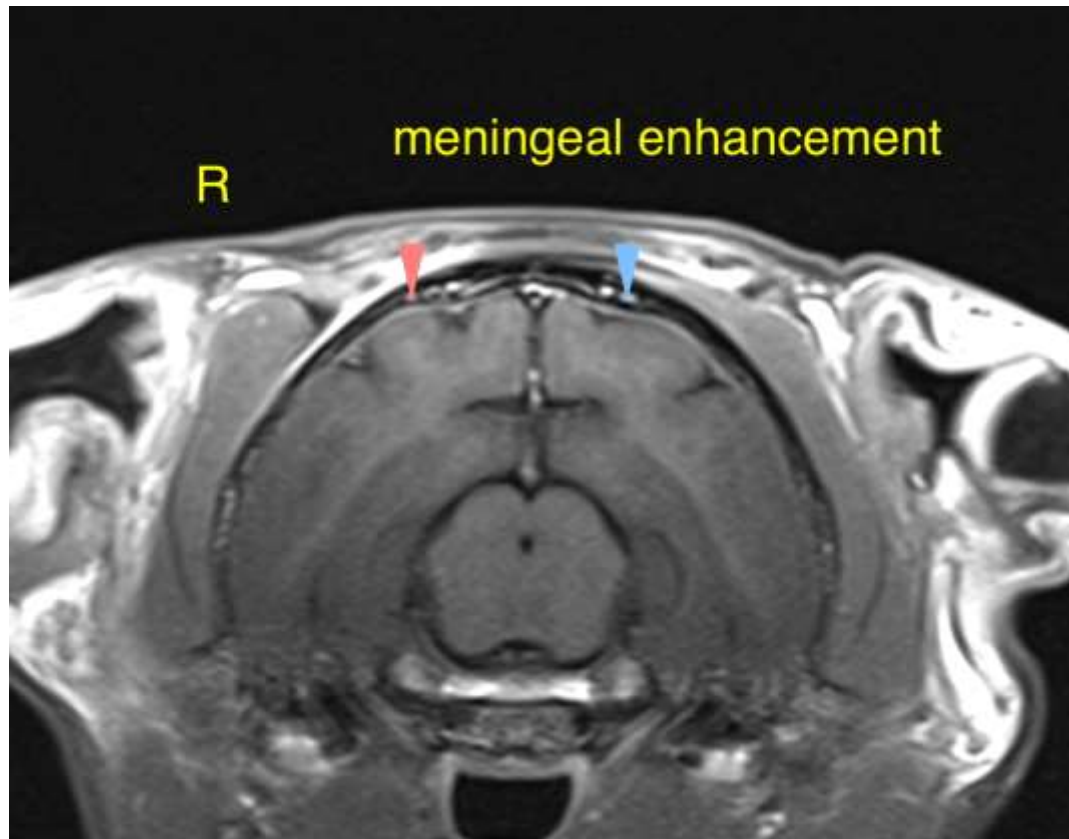
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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.

BREED

DSH

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