



PATIENT PRESENTING CLINICAL SIGNS

Teak Schumacher

Presented for episodes of gulping/hard swallowing, and some exercise intolerance. She said that he just has not seemed like himself for a couple of months. His heart looked normal on echo about a year ago. He is always very itchy and was taking apoquel for a while but stopped it when he did a course of prednisone and ciprofloxacin and omeprazole . The prednisone did not seem to help and he had negative side effects from it so it was discontinued. They go on walks and sometimes he seems fine and other times he just gets tired. He will then stop and lay down and not want to get back up. He has also done a course of rimadyl which made him vomit so that was also stopped. She then took a sample in to have a fecal ran at the rdvm. He is not on any medications at this point. The rdvm did a pharyngeal exam and said that he looked very red but no fb was found. They also noted that even under sedation the mouth seemed stiff and hard to open. He lives to eat and drinks normally. He also gets erections often at random times. He has excess salivation at times. He is on Hills SD C/D diet. there has been No noted changes in his muscle mass at home aside from possible masticatory muscle mass loss when taking prednisone. Muscle mass has not worsened or improved over the past 3 weeks (since stopping prednisone). He will go through long episodes multiple times per day of swallowing and swallowing since about the beginning of October. There is some increased drool at those episodes. It has increased in frequency to some degree. There are audible tooth grinding at times, especially at night. The episodes tend to be at night and when he is laying down during the day. Most recently, he starts opening his mouth widely (yawning) after he grinds his teeth. He will chew on sticks sometimes but Christine tries very hard to pick them all up. When he is lying down and drinks water, he will hack/cough. He does not choke on water when drinking when standing up. Dr. Albrecht noted that he seems reluctant to turn his head to the left. Since watching him at home, Christine notes that he does not turn his head to the left as often as he turns it to the right. However, he does not seem to hurt and he does not exhibit neck or head guarding behavior. Is on heartgard, Reglan, and Omeprazole. They stopped flea tick preventative. No raw meat. No access to ruminants.

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

4 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & NECK

Plain and post contrast studies available for review.

HOSPITAL NAME

Southern Oregon
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COMPUTED TOMOGRAPHIC FINDINGS

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

REFERRING VET

Kimberly Winters

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

INVOICE

56362

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

The muscle volume of the masticatory muscles appears to be within the expected limits. No muscle asymmetry is noted.

DATE

1-24-23

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external auditory meatuses present within normal limits.



PATIENT

Teak Schumacher

Mild symmetric enlargement of the bilateral submandibular and retropharyngeal lymph nodes is noted.

The salivary glands present within normal limits.

SPECIES

Canine

The visible dentition is within normal limits.

The larynx and trachea present within the expected limits.

The axial musculature of the neck presents within normal limits.

BREED

Golden Retriever

Number, alignment, and general anatomy of the cervical vertebrae are within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

SEX

MN

- Normal CT findings of the temporomandibular joints, muscles of mastication, and dentition.
- Normal CT presentation of the salivary glands.
- Mild bilaterally symmetric submandibular and medial retropharyngeal lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

4 Years

Reactive hyperplasia is the most likely cause of the mild bilaterally symmetric lymph node enlargement.

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No evidence of dental, temporomandibular joint pathology, and no structural changes of the muscles of mastication can be identified. Masticatory myositis and other myopathy however remains a potential. The odds of immune mediated or other myopathy may be increased in the absence of structural muscular, temporomandibular joint, or dental changes.

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REFERRING VET

Kimberly Winters

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PATIENT

Teak Schumacher

SPECIES

Canine

BREED

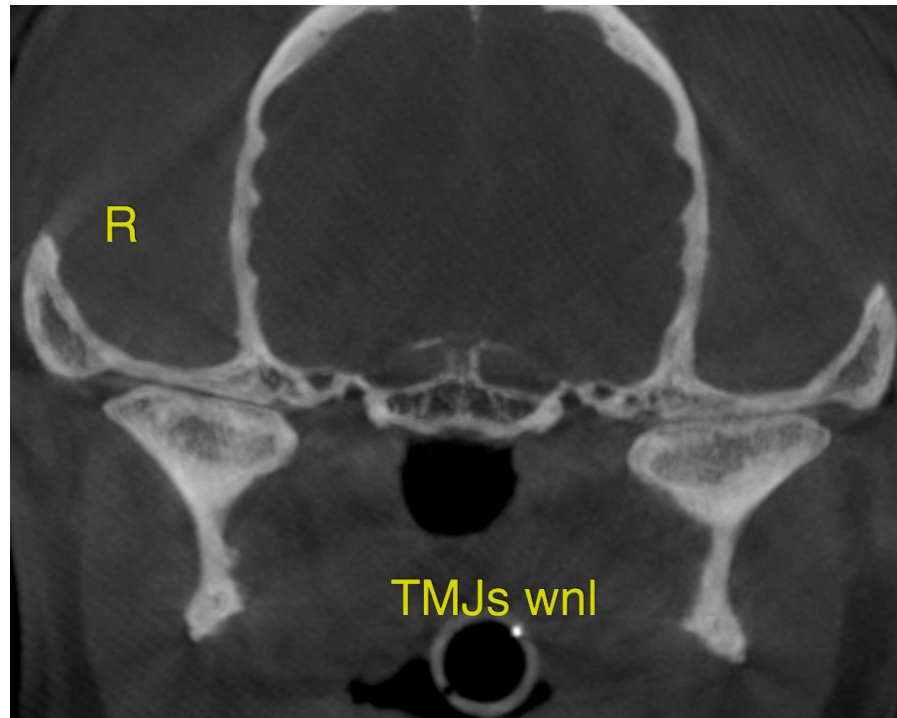
Golden Retriever

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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.

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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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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
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