



**PATIENT PRESENTING CLINICAL SIGNS**

Gabar Thapar

Gabar's first seizure occurred shortly after his last set of vaccines end of Aug 2021. He vomited the day after vaccination and was given diphenhydramine as recommended by the family veterinarian. being of sept Gabar mainly lives outdoors, but he was seen a whole body shaking with foam around his mouth on a couple of occasions. He was monitored closely and kept indoors more often and since then he has had at least 10 episodes suspected to be seizures. During the episode Gabar will seem to stare off into space, then starts to shake, collapses over and paddles, and then urinates on himself. The episodes last under a minute, but are becoming increasingly frequent and the last episode lasted almost 1 minute. After the episodes, he returns to normal quickly and is completely normal in between episodes Gabar's currently has around 3-4 episodes a day (focal seizures) despite being on levetiracetam. He runs around aimlessly and foams at the mouth, appearing confused, hyperesthetic with tail tugged and ears dropped afterwards. Levetiracetam was started on Oct 21st 2021. Between episodes, Gabar has been clinically normal at home.

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

M

Abnormal PE/Chem/CBC/UA Results: Blood work on Oct 22nd 2021: Mild lymphocytosis, monocytosis, and eosinocytosis Cranial nerve exam: Mild intermittent absent menace OD (susp post ictal). fluid-filled mass at base of tongue

**MAGNETIC RESONANCE IMAGING STUDY OF THE BRAIN**

**AGE**

5 Months

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

**MAGNETIC RESONANCE IMAGING FINDINGS**

A 14mm sized multicystic structure with fluid intense content and thin smooth peripheral lining with peripheral rim enhancement and no evidence of regional inflammation is seen at the base of the tongue rostroventral of the epiglottis.

The neuroparenchymal anatomy is considered within normal limits. White/gray matter contrast is well recognized.

The signal of the neuroparenchyma is within normal limits in all sequences. Signal and dimensions of the ventricular system are considered within normal limits.

There is no evidence of hemorrhage on the T2-star.

No evidence of restricted diffusion on the ADC map and no evidence of pathological enhancement of the meninges and/or neuroparenchyma on the post-contrast studies.

**MAGNETIC RESONANCE IMAGING DIAGNOSIS**

- Structurally normal MRI study of the brain.
- Small cystic structure at the base of the tongue.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The negative MRI findings suggest potential for primary / idiopathic epilepsy; however, owing to the patient's young age, inflammatory/infectious and metabolic/toxic pathology should be considered a potential as well. Complementary csf analysis could be considered to complete the

**INTERPRETED BY**

Nele Eley, DVM  
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**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

Dr. Little

**INVOICE**

48095

**DATE**

10-28-21



**PATIENT**

diagnostic workup.

Gabar Thapar

A small cystic structure is seen at the base of the tongue which may correlate with a ranula / sialocele of the sublingual gland. Trapped fluid between the base of the tongue and epiglottis cannot be ruled out as a differential diagnosis.

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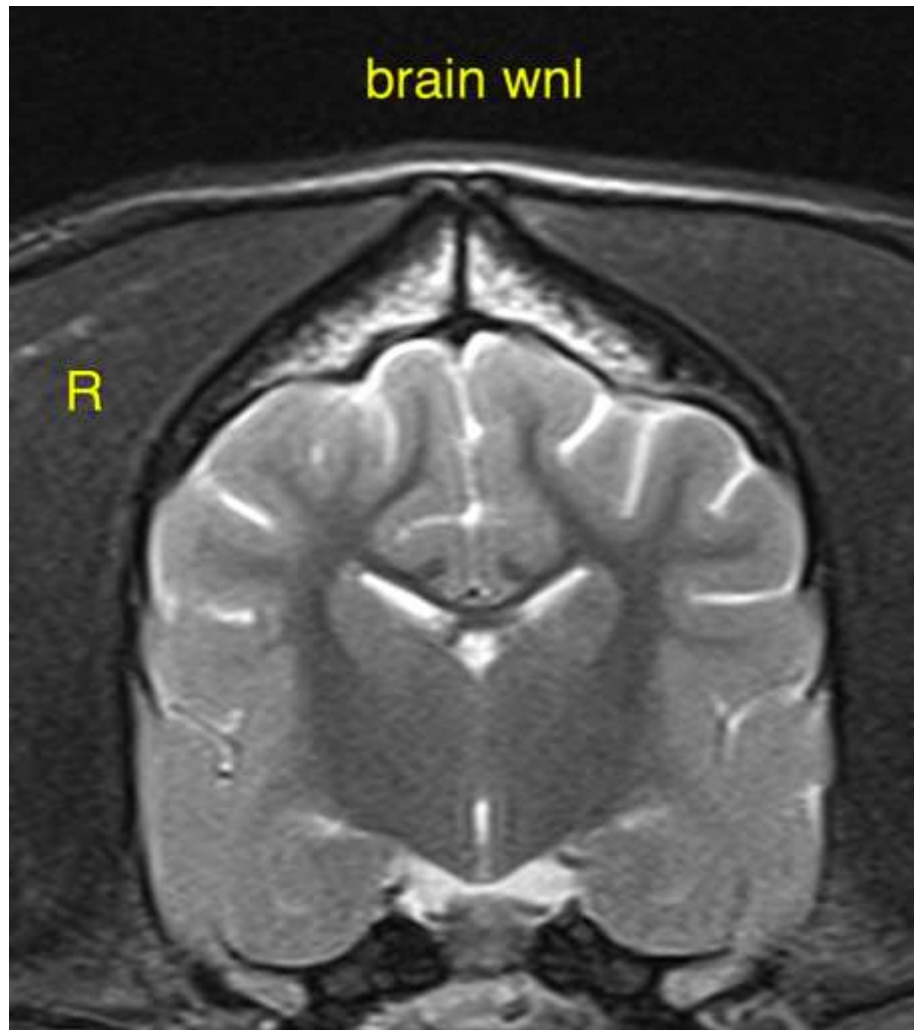
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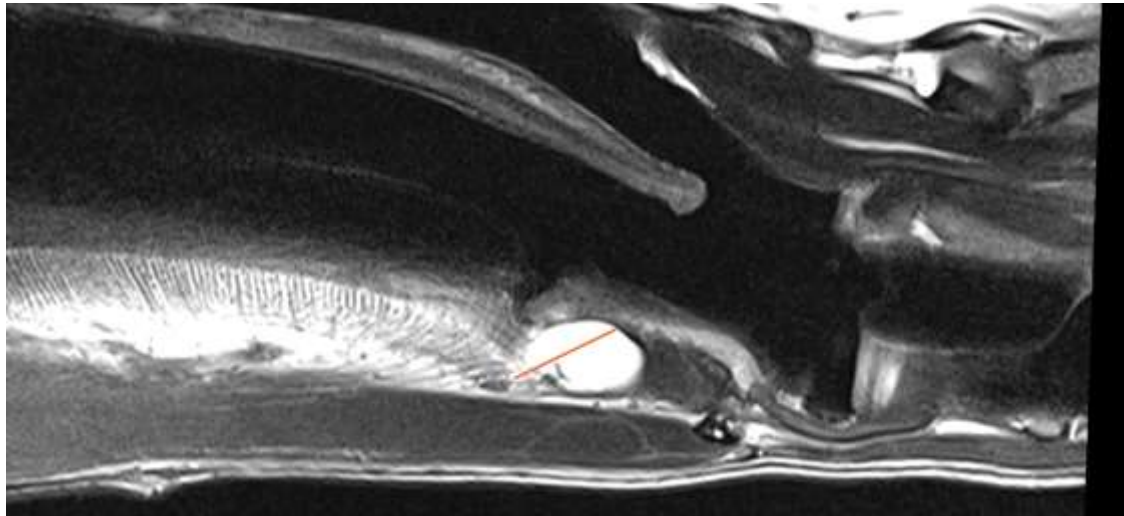
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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