



PATIENT

Rocky Wattson

PRESENTING CLINICAL SIGNS

Mentation: Drowsy Cranial nerve exam: Menace response decreased OU, possibly worse OD. Intermittent counterclockwise rotatory positional nystagmus. No other deficits noted. Gait/posture: Minimally ambulatory (taking a few steps before laying down and sleep) with generalized ataxia Postural reactions: Proprioceptive positioning and hopping are normal on the left side and seem decreased on the right side. Spinal reflexes: Normal. Sensory/nociception: No hyperesthesia elicited with palpation along the vertebral column. Type of seizures: partial seizures: head shaking and drooling. Lasted about 10 sec. Post-ictal: seemed disoriented, would run around quickly after the event Never collapsed No urination or defecation -- Onset of seizures: October 28th 2021

SPECIES

Canine

BREED

Bichon Frise

MAGNETIC RESONANCE IMAGING STUDY OF THE BRAIN

T2, T2-star, diffusion-weighted, T1-weighted, and FLAIR images both plain and post-contrast in multiple image planes available for review.

SEX

M

MAGNETIC RESONANCE IMAGING FINDINGS

There is moderate dilation of the lateral ventricle of the brain on the right side. Severe dilation of the lateral ventricle of the brain on the left side is seen. The interventricular septum appears to be incomplete. The 3rd and 4th ventricles are nondilated. There is no evidence of abnormal widening of the subarachnoid spaces. No evidence of periventricular edema is seen. The sulci and gyri are well seen. Relative loss of cerebral white matter is present owing to the ventricular dilation. The brain parenchyma presents the expected signal intensity. No evidence of abnormal contrast enhancement is seen. There is no evidence of hemorrhage on the T2-star weighted sequence and no evidence of restricted diffusion of the water molecules on the ADC map.

AGE

9 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Visible extra-cranial structures present within normal limits.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Moderate to severe asymmetric lateral ventriculomegaly of the brain - left more than right - without signs of increased intracranial pressure.

HOSPITAL NAME

Animal Health
Partners

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ventriculomegaly may be congenital and incidental. However, hereditary hydrocephalus maldevelopment of the left cerebral hemisphere due to infection or infarction during the embryological development and acquired hydrocephalus ex vacuo, secondary to diffuse parenchymal loss, are potential differential diagnoses. No structural neuroparenchymal changes were seen. However, inflammatory/infectious pathology cannot be ruled out. In absence of structural changes, complementary csf analysis should be considered in order to rule this out as a potential differential diagnosis.

REFERRING VET

Dr. Marchal

INVOICE

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DATE

11-13-21



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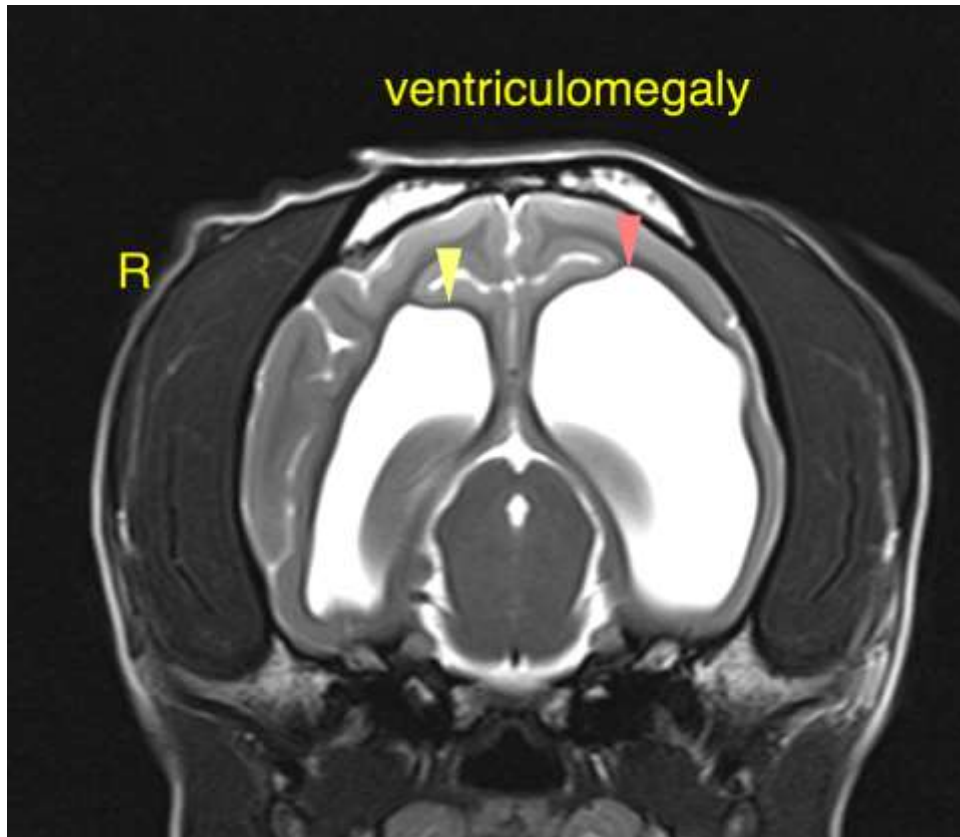
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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