



PATIENT

Woodley Johnson

PRESENTING CLINICAL SIGNS

Dec 17/22 - seen by rDVM. Hind end weakness, worsening. Videos sent by owner- suspect minor seizures, frequent, acute onset, previous HM 2-3/6. Nothing to do with HM. Start Vetmedin 10mg BID due to higher SSR. Rx'd Phenobarb 100mg BID. On Meloxyn SID. Abnormal PE/Chem/CBC/UA Results: Dec 14/22- CBC/Chem-WNL.

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies available for review.

BREED

Shepherd X

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.

SEX

MN

Thin and smoothly folded conchae and turbinates are seen. The osseous lining of the nasal cavities is intact. Mild mucosal swelling is noted within the right frontal sinus.

AGE

10 Years

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

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

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.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

HOSPITAL NAME

Bridgwater
Veterinary Hospital
and Wellness Centre

The salivary glands present within normal limits.

The triadan 108 is absent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal CT findings of the brain.

REFERRING VET

Dr. Klug

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study does not reveal evidence of structural brain injury. Mild skull and neuroparenchymal asymmetry is noted and considered within the limits of normal anatomic variation. Complementary csf analysis could be considered in order to screen for inflammatory/ infectious, metabolic/toxic, neurodegenerative, and other pathology. Cerebrovascular and microvascular disease remain a potential too. Temporal lobe sclerosis has not been ascertained to exist in dogs as in people. However, could be one potential source of late onset seizure activity without structural brain changes in CT. An MRI of the brain could be considered should the patient remain refractory to the initiated anticonvulsive medication.

INVOICE

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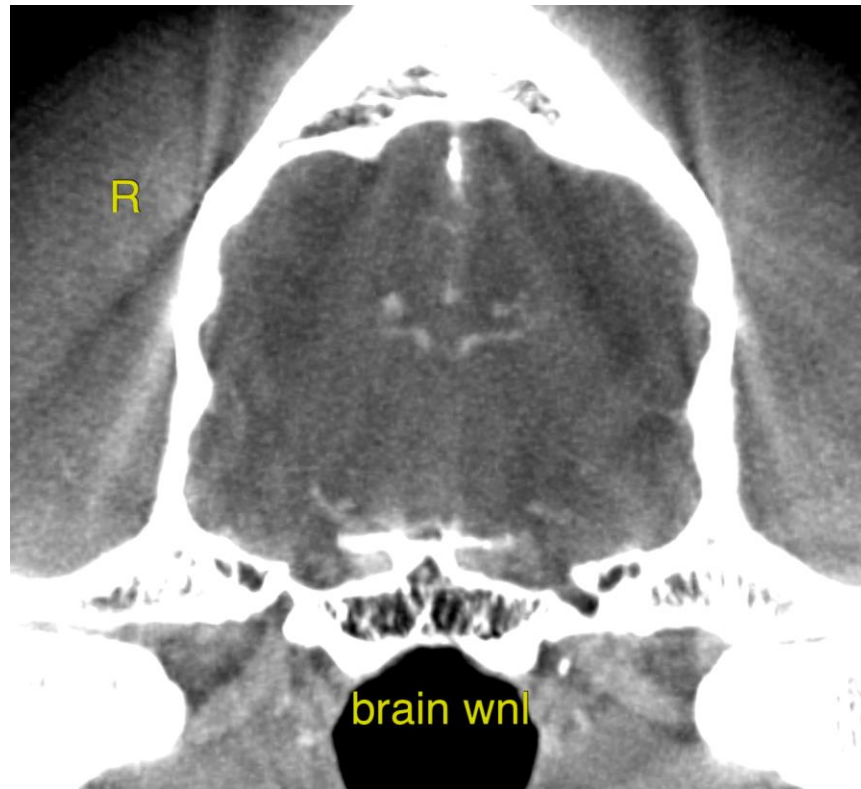
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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