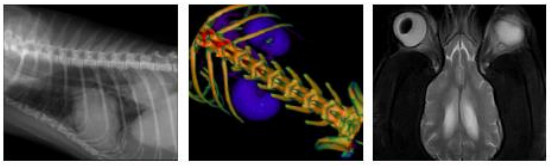

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Luna Jones

SPECIES

Canine

BREED

Australian Shepherd

SEX

FS

AGE

6

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Little

INVOICE

50007

DATE

2-1-22

PRESENTING CLINICAL SIGNS

Luna, a 6 year old, FS Australian Shepherd, presented to the AHP Neurology Service on February 1st, 2022 for a scheduled MRI scan. She previously presented on January 28, 2022 for evaluation of seizures. -- Type of seizures: tonic clonic generalized seizures, paddling. Lasts 1 minute. Salivating, urinated. Post-ictal: Confused, wobbly. 5 minutes to last. Threw up the second time. -- Onset of seizures: January 24th -- Frequency of seizures: 2 seizures on Jan 24, 6 hours apart. -- Behavior outside seizures: since the seizures: wobbly on her feet, mild lethargy, increase in appetite and urinating and drinking Current medications: -- phenobarbital 60mg every 12 hours started on January 24th. Previous diagnostic testing: -- January 24th: CBC and biochemistry including CK without significant abnormalities Previous medical history: no Luna has otherwise been previously healthy. BCS: 5/9 MM: pink and moist, CRT: < 2 s, euhydrated EENT: clear OU, clean AU, nares clear, oral exam unremarkable Thor: no murmur or arrhythmia noted, normal RR/RE, normal bronchovesicular sounds Abd: soft, non-painful; no masses, fluid wave, or organomegaly UG: unremarkable PLN: within normal limits PP: strong, synchronous MSK: no lameness or joint effusion Integ: haircoat and skin in good condition Rectal: not evaluated Neurological exam: Mentation: Bright, alert and responsive. Cranial nerve exam: No deficits noted. Gait/posture: Ambulatory with mild generalized tetraparesis and proprioceptive ataxia mainly seen in the pelvic limbs. Postural reactions: Proprioceptive positioning is mildly delayed in the pelvic limbs (left mildly worse than right) Spinal reflexes: Normal. Sensory/nociception: No hyperesthesia elicited with palpation along the vertebral column.

MAGNETIC RESONANCE IMAGING STUDY OF THE BRAIN

T2, T2-star, FLAIR, T1-diffusion weighted images as well as FLAIR and T1-weighted post contrast sequences available for review.

MAGNETIC RESONANCE IMAGING FINDINGS

The anatomy and signal behavior of the brain is considered within normal limits in all sequences. No evidence of abnormal dilation or abnormal signal of the csf spaces is seen. There is no evidence of intracranial hemorrhage, restricted diffusion, or pathologic contrast enhancement.

The visible part of the craniocervical junction presents within normal limits.

Inner and middle ear present within normal limits.

The regional lymph nodes present within normal limits.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Structurally normal MRI study of the brain.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No structural brain pathology is identified on the MRI study. Complementary csf analysis is recommended, if not performed already, in order to screen for inflammatory/infectious, metabolic/toxic, and other brain pathology. Primary epilepsy appears to be a potential cause of the seizural activity in this patient.

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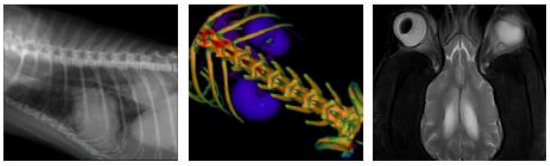

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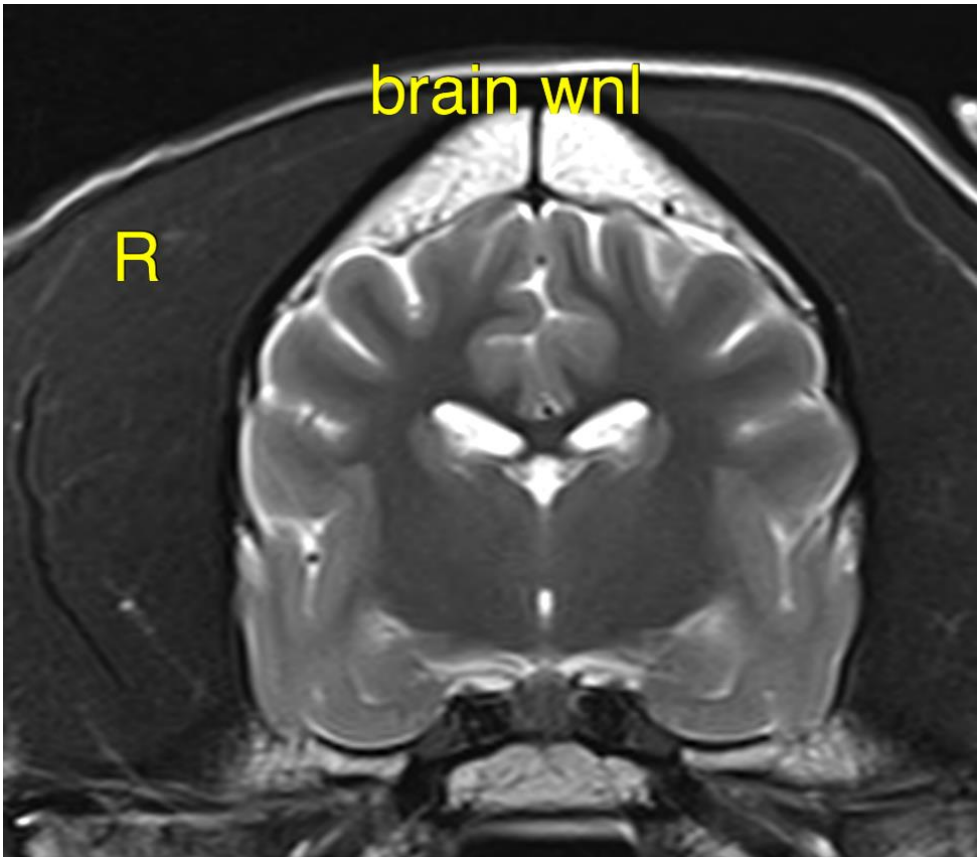

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com