

**PATIENT**

Alfred Hensucker

**SPECIES**

Canine

**BREED**

Dachshund Mix

**SEX**

MN

**AGE**

6 Years

**INTERPRETED BY**Nele Eley, DVM  
Dr. med. Vet. DipECVDI**HOSPITAL NAME**

Casselton Vet Service

**REFERRING VET**

Laurie Huckle

**INVOICE**

50662

**DATE**

3-2-22

**PRESENTING CLINICAL SIGNS**

Sudden multiple seizures started last week, was hospitalized at emergency clinic for 2 days with multiple focal facial seizures while getting him stabilized. Was adopted through a rescue so age is just an approximate. Has had one break-through seizure since going home. Likely idiopathic epilepsy.

Abnormal PE/Chem/CBC/UA Results: Labs have essentially been within normal limits

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD**

Plain and post contrast studies available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

The general neuroparenchymal anatomy, attenuation, and symmetry present within normal limits. An area of questionably increased enhancement is seen in the area of the left piriform lobe on the post-contrast study. (See image below)

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

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.

The salivary glands present within normal limits.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Open

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Presumably artifactual increase in attenuation is seen on the post-contrast study in the left piriform lobe. This area is subject to multiple beam hardening streaks and an artifact is thought more likely than true increase in contrast enhancement. However, intraaxial lesion with increased contrast enhancement cannot be ruled out entirely and MRI should be considered for further definition, especially should the patient remain unresponsive to anticonvulsive medication.



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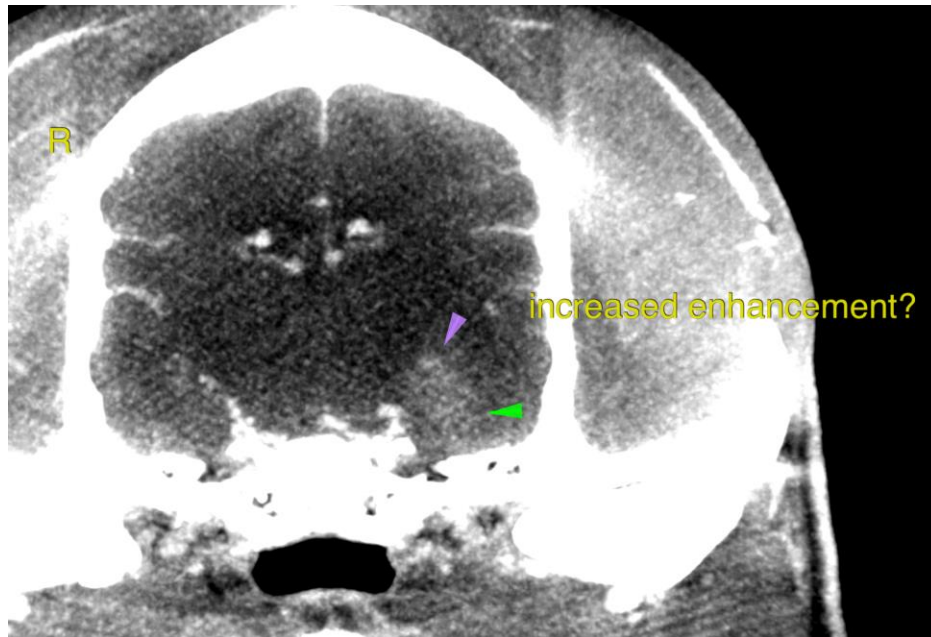
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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