



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Gizmo Dodds  
**SPECIES** Canine  
**BREED** Yorkshire Terrier

Gizmo's clinical signs were first noted on April 14th 2022 and at that time he was in the backyard, and seen to be was shivering and disoriented. When he was picked up, his thoracic limbs were spastic and he was shaking. When placed on the ground, he was disoriented and walking with an ataxic gait, no drooling. No pathological nystagmus. The episode lasted 1 minute and after the episode he was back to his normal self-right. The second episode occurred on April 19th 2022 (5 days later). The signs were the same before, during and after the episode and lasted for 45 sec. The third and last episode happened during consultation on April 27th 2022. In between episodes, he appears completely normal. There has been no change of personality episodes. Previous medical history: Red spot on cornea last 2 months Honking cough due to collapsing trachea. Patellar luxation He has been stressed since there has been a newborn in the house for past 1 year. He is not fed water ad-libitum

**SEX** MN  
**AGE** 11 Years

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

Abnormal PE/Chem/CBC/UA Results: BCS: 5/9 MM: pink and moist but can turn mildly cyanotic during coughing episodes., CRT: < 2 s, euhydrated EENT: Focal ill-defined red lesion within caudal anterior chamber OD, clean AU, nares clear, oral exam unremarkable Thor: no murmur or arrhythmia noted, normal RR/RE, Honking cough when excited Abd: soft, non-painful; no masses, fluid wave, or organomegaly UG: unremarkable PLN: within normal limits PP: strong, synchronous MSK: Bialteral MPL grade 2/4 Integ: haircoat and skin in good condition Rectal: not evaluated Mentation: Bright, alert and responsive. Cranial nerve exam: No deficits noted during and after the episode Gait/posture: During episode, there is a severe vestibular ataxia characterized by severe truncal sway to either sides coupled with leaning to either sides. After the episode he was ambulatory with no ataxia or paresis. Postural reactions: Proprioceptive positioning and hopping were normal in all limbs. Spinal reflexes: Normal. Sensory/nociception: No hyperesthesia elicited with palpation along the vertebral column. CSF analysis: Protein level = 0.3 g/L (normal <0.30 g/L) WBC =4.8 /uL (normal 0-4/uL); low numbers of normal mononuclear cells; no atypical cells or infectious organisms identified.

**MAGNETIC RESONANCE IMAGING STUDY OF THE BRAIN**

**HOSPITAL NAME** Animal Health Partners

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

**MAGNETIC RESONANCE IMAGING FINDINGS**

The patient is a brachycephalic dog.

**REFERRING VET** Dr. Little

**INVOICE** 51824

Generalize caudal neuroparenchymal shift is seen with crowding of the neuroparenchyma within the cranial fossa, steep contour of the supraoccipital bone, mild cerebellar herniation, medullary kinking, and upper cervical syringomyelia. The sulci and gyri of the cerebrum are mildly deep; however, the ventricular system presents mild generalized enlargement without pressure signs. Mild supracollicular fluid accumulation without mass effect onto the cerebellum is noted. The height of the interthalamic adhesion is within normal limits with 5mm. No pathological contrast enhancement is seen.

**DATE** 4-28-22

Mild swelling of the mucosal lining is seen ventrally within the right tympanic bulla. The left middle ear and bilateral inner ear present within normal limits.

The C2/3 intervertebral disc presents degenerative nucleus pulposus and minimal protrusion with no compressive myelopathy.



**PATIENT**

Gizmo Dodds

**MAGNETIC RESONANCE IMAGING DIAGNOSIS**

- Normal age and breed related findings of the brain.
- Mild right sided otitis media.
- Brachycephalic craniocervical stenosis with mild upper cervical syringomyelia.

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Craniocervical stenosis and syringomyelia is a common finding in brachycephalic breeds which, however, does not appear to correlate with the clinical history of the patient and is likely to represent an incidental finding at least at this point.

**BREED**

Yorkshire Terrier

The signs of the right sided otitis media are minimal and also questionable in the context of the clinical signs. Idiopathic vestibular syndrome appears to be most likely based on the largely negative MRI findings.

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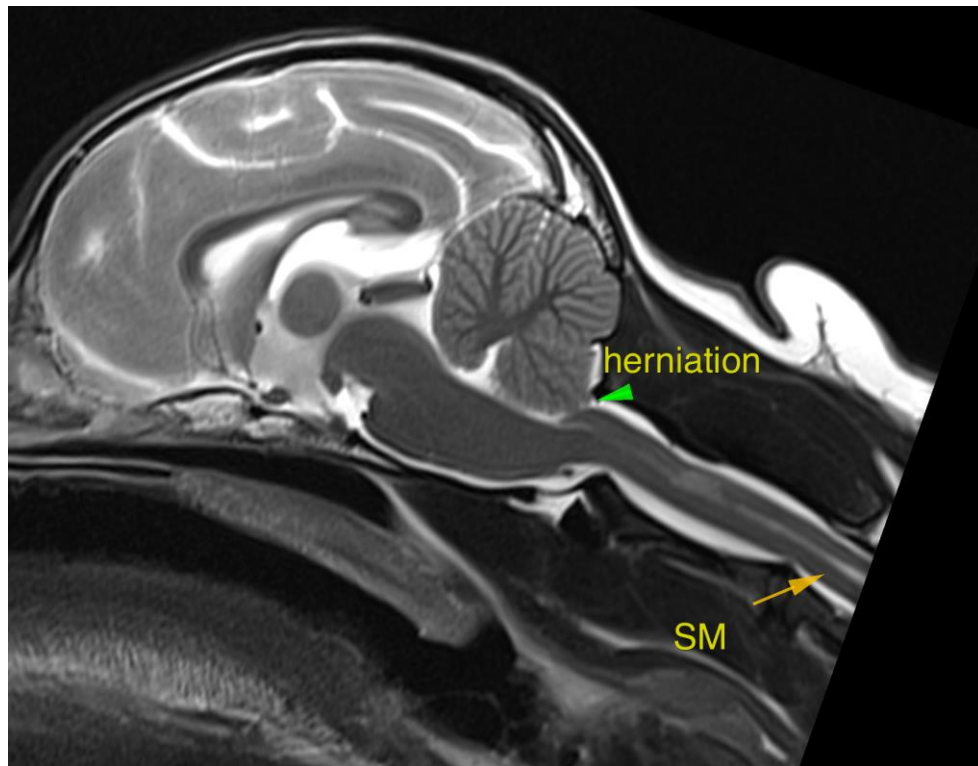
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**HOSPITAL NAME**

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**PATIENT**

Gizmo Dodds

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.

**SPECIES**

Canine

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.

**BREED**

Yorkshire Terrier

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