



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Charlie Calle 10 year old, MN Shih Tzu. Initially presented on March 3rd 2022 for a right facial paralysis. with absent palpebral reflex OD. and spontaneous rotatory nystagmus fast phase counter clockwise. He also had moderate right head tilt. At that time his gait was right-lateralized vestibular ataxia.

SPECIES Canine
 Diagnostics were declined and he was treated empirically with amoxicillin/clavulante. By the second week recheck he was neurologically improving, although he still had a persistent right facial paralysis with absent palpebral reflex OD. His gait was almost back to normal. On March 29th 2022, he had new signs, but affecting the left side of his face this time. He was seen to be spinning in circles and unable to blink the left eye.

BREED Shih Tzu
 Abnormal PE/Chem/CBC/UA Results: Assessment of April 5th 2022 (after relapse noted on March 29th 2022): Mentation: Bright, alert and responsive. Cranial nerve exam: Absent menace response OU. PLR present OU. Decreased physiological nystagmus when head turned to the left. Bilateral facial paralysis. No pathological nystagmus. No other deficits noted. Gait/posture: Ambulatory with mild right-sided vestibular ataxia characterized by losing his balance to the right and a mild right head tilt. Low head carriage. 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 - WBC = 4.8/uL (normal 0-4/uL); low numbers of normal mononuclear cells; no atypical cells or infectious organisms identified. MRI - No obvious noted that would explain clinical signs.

SEX

MN

AGE

10 Years

MAGNETIC RESONANCE IMAGING STUDY OF THE BRAIN

T2, T2-star, DWI/ADC, T1 & FLAIR plain and post-contrast studies in various image planes available for review.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

MAGNETIC RESONANCE IMAGING FINDINGS

The brain presents within normal limits. No structural neuroparenchymal changes are seen. The signal behavior of the neuroparenchyma is considered within normal limits on all available sequences. The dimensions and signal of the CSF spaces are considered within normal limits.

HOSPITAL NAME

Animal Health
 Partners

The inner and middle ear present within normal limits.

Bilateral facial nerve enhancement is seen. The mild asymmetry of the facial nerve enhancement between the right and left side is a consequence of mildly asymmetric slice orientation; however, does not reflect true differential enhancement between the right and left side.

REFERRING VET

Dr. Little

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Bilateral facial nerve enhancement.
- Structurally normal CT study of the brain, middle, and inner ear.

INVOICE

51343

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The MRI findings support the potential of idiopathic facial neuropathy which is the most common underlying cause of clinical facial paresis/paralysis. Facial nerve enhancement has been reported to be associated with incomplete recovery and relapse especially when concurred by vestibular signs. The facial nerve dysfunction may be persistent. Complementary CSF analysis could be considered to rule out differential diagnoses if not performed already.

DATE

4-5-22



PATIENT

Charlie Calle

SPECIES

Canine

BREED

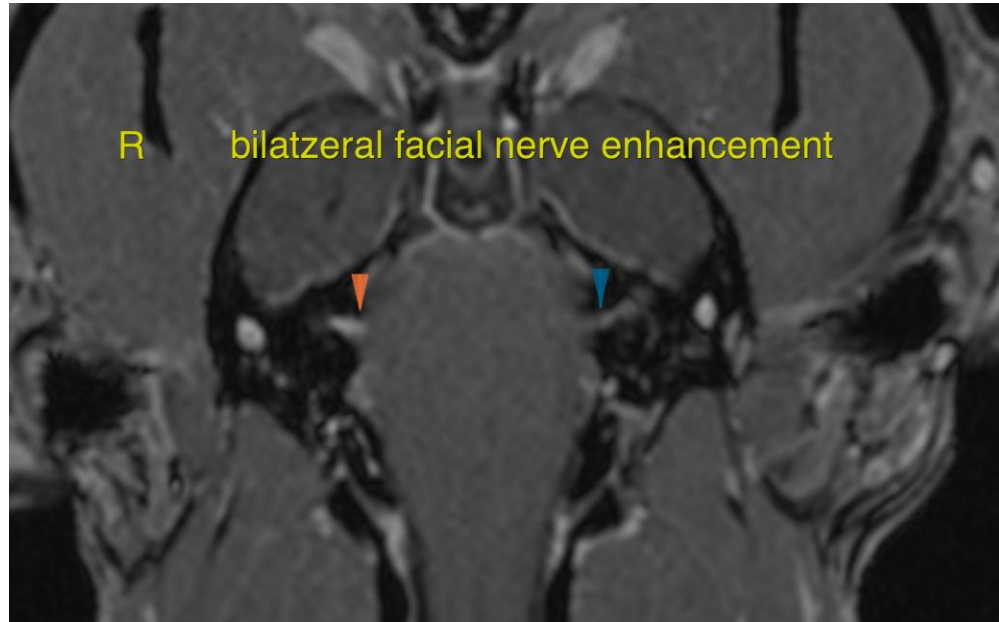
Shih Tzu

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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.

HOSPITAL NAME

Animal Health
Partners

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