



PATIENT

BoBo Hopper

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

13 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Bluegrass Veterinary
Specialists

REFERRING VET

Gover

INVOICE

46977

DATE

8-14-21

PRESENTING CLINICAL SIGNS

About 3-4 weeks ago had an event where he started backing up and then lost ability to stand on his back legs. Was star gazing and then stiffened. While tense and stiff he began shaking and the owners think he had a seizure. This happened again a few days later, and then again today. Today's he didn't come out of the event. He presented in stable condition, he was ambulatory and had no CP deficits. He is still stargazing and hyperextending his neck.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

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

The tympanic bullae are aerated, the mucosal lining is not seen, and the bony wall is smooth and thin. The external ear canals are within normal limits.

There appears to be asymmetry of the forebrain with mild generalized dilation of the lateral and third ventricles with increased attenuation and heterogeneity level with the left frontal lobe and nucleus caudatus. However, this region is heavily affected by streak artifacts which interfere with the assessment.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild ventriculomegaly of the brain.
- Questionable neuroparenchymal asymmetry presumed to represent artifacts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No definitive conclusion can be drawn on the potential presence of neuroparenchymal disease of the forebrain with left/right asymmetry. I do consider this likely representing discrepant presentation due to beam hardening streak artifacts. However, structural changes in this region cannot be ruled out. Depending on the further development of the patient's clinical signs upon the initiated empirical management, complementary csf analysis and/or MRI of the brain could be considered for further definition.



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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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