



PATIENT

Adira Rubio

SPECIES

Canine

BREED

Rottweiler

SEX

F

AGE

4 Months

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

HOSPITAL NAME

Mountain West
Veterinary Hospital

REFERRING VET

Andrew Burton

INVOICE

49669

DATE

1-19-22

PRESENTING CLINICAL SIGNS

01/13/22: In December pt was boarded and groomer noticed pt was walking strange, O thought it was due to puppy clumsiness. Pt was falling if she would turn too quickly, pt would frequently fall down on slick floors and had trouble going up and down stairs. Pt is shaking and wobbly now, has progressively gotten worse. Pt shakes her head - O says it looks like Parkinson's disease. Pt is still active. Still E/D like normal.

Abnormal PE/Chem/CBC/UA Results: OBJECTIVE Weight(kg): 8.40 Temp(°F): 101.4 H.R.: 120 R.R: 30 CRT: 1-2 sec MM: Pink Attitude: BAR Comments: Resp Effort = Eupnic Pulse Quality: Normal Eyes: bright and clear Ears: clean with no inflammation Nose and throat: no abnormality Heart: No noted arrhythmia or pulse deficits, normal subjective peripheral circulation Lungs: normal respiratory sounds, rate and effort Abdomen: soft and non-painful with no noted abnormalities Musculoskeletal: No significant musculoskeletal abnormalities or lameness Integument: Clean and smooth hair coat Lymph Nodes: Normal size and firmness Neurological: Abnormal; Moderate to severe symmetric ataxia.

MAGNETIC RESONANCE IMAGING OF THE HEAD

Pre/post contrast studies provided for review.

MAGNETIC RESONANCE IMAGING FINDINGS

There are bilaterally symmetric ventricles noted. The gyri appear deep and prominent. All fluid sensitive sequences show no evidence of an edema. The caudal fossa demonstrates hyperostosis of the occipital bone with impression of the dorsal cerebellar outline. White and grey matter are seen with clear definition with age-appropriate myelin. Post contrast images show no pathological enhancement. Th pituitary gland is small and inconspicuous. Brain stem and the cerebellar-pontine angle are unremarkable. Signs of a dilated central canal are missing. There is no cerebellar herniation recognized.

The displayed parts of the tympanic bullae and external ear canals, the nasopharyngeal space and the temporo-mandibular joints are inconspicuous.

Musculature of the head is bilaterally symmetrical and unremarkable.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Suspected impression of the cerebellum
- Prominent and deep cerebral gyri

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The deformation of the caudal fossa and impression of the cerebellum are likely due to an abnormal occipital formation. The latter could be caused by trauma as seen with fracture healing. Hyperostosis is another differential and may be idiopathic, represent an atypical form of a Chiari-



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malformation and occurs as a concomitant finding in hypervitaminosis A. I assume this finding to be of clinical relevance, since signs of an active inflammatory or even neoplastic process are missing.

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The deep gyri of the cerebrum are still in expected and age-appropriate limits. Degenerative disease is a differential diagnosis but thought unlikely in this case.

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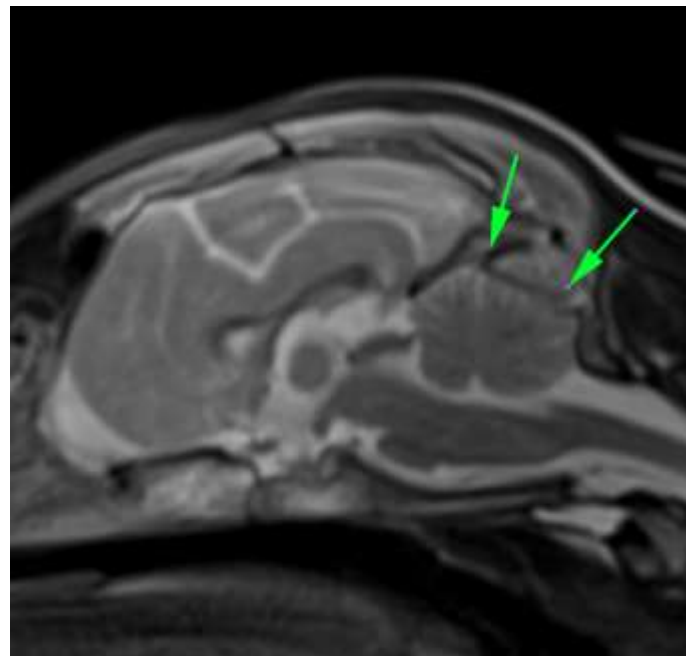
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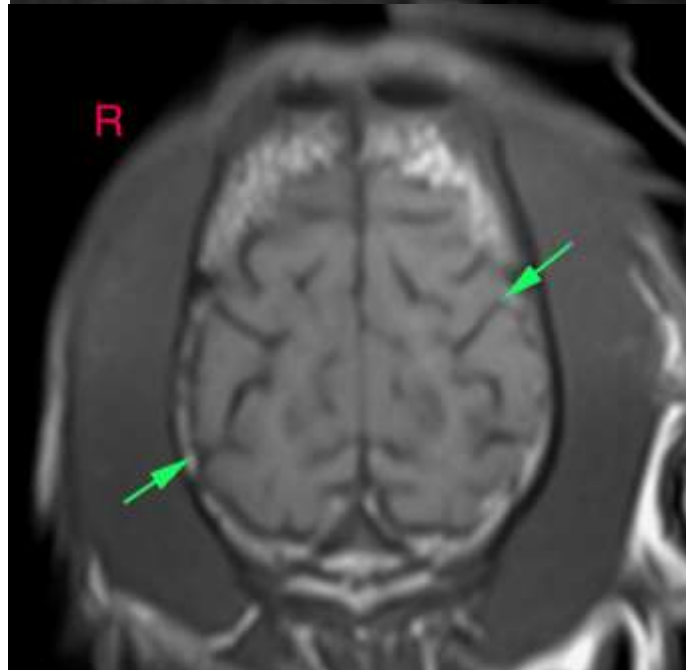


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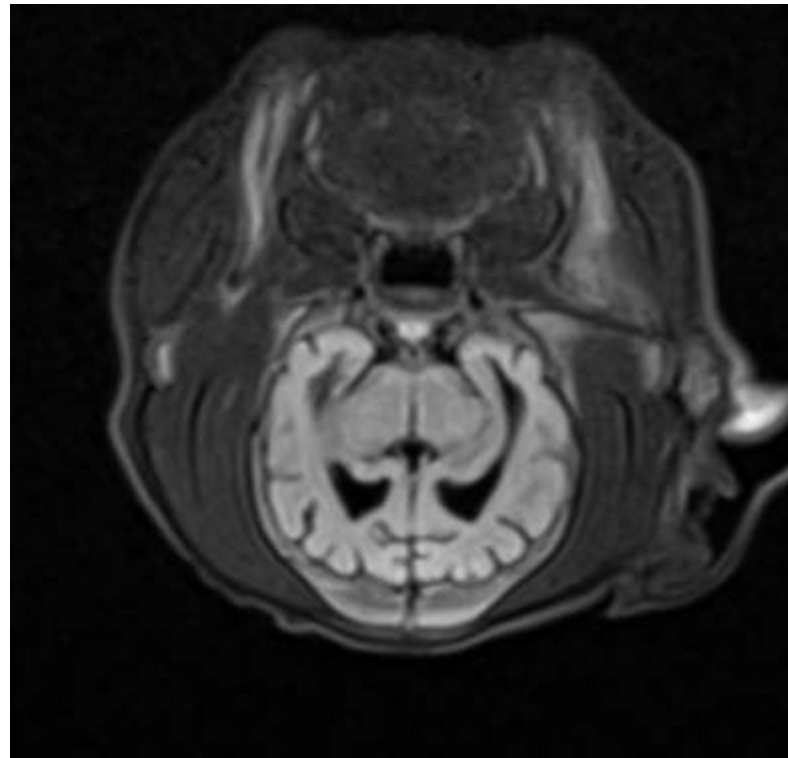
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
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