

**PATIENT PRESENTING CLINICAL SIGNS**

**Brownie 30987A**  
Southpaw VCS

History: 8 week progressive history of worsening mandibular muscle weakness, failure to appropriate apprehend food, and increased drooling. Normal appetite and thirst, mandible held in the normal anatomical position at rest and full range of motion is achieved while the the guinea pig is under general anesthesia. Condition has been non-responsive to anti-inflammatory treatment with meloxicam or course of enrofloxacin antibiotics.

**SPECIES**

**Cavia Porcellus**

Abnormal PE/Chem/CBC/UA Results: CBC/Chem indicate moderate elevation of white blood cell count, consistent with aspiration identified on thoracic radiographs, and moderate elevation of creatinine and BUN. Hemoconcentration and mild macrocytosis.

**BREED**

**Guinea Pig**

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & NECK**

The neurocranium shows normal findings as far as can be assessed.

**SEX**

**Male**

Bony structures of the skull and the skull foramina of the cranial nerves are laterally symmetrical and inconspicuous. Both tympanic bullae are completely ventilated with a regular tympanic bulla wall.

**AGE**

**2 Years**

External ear canals are ventilated in all sections, walls of the external ear canals, the adjacent temporomandibular joints and the nasopharyngeal meatus have no particular findings.

The orbital contents are laterally symmetrical without evidence of a retrobulbar lesion. Nasal cavities are ventilated regularly. Conches look normal as well as the maxillary/mandibular teeth.

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

Post contrast images show no pathological enhancement. Soft tissues of the head and neck are symmetrical and of homogeneous density.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Normal CT findings of the head

**HOSPITAL NAME**

Gentle Doctor AH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT findings show no signs of a neoplastic or an inflammatory process. Intra-axial lesions such as infarcts, small edema or low-grade neoplasia as well as lesions of the peripheral nerves (especially CN V) are difficult to recognize in CT and therefore not ruled out completely.

**REFERRING VET**

Pete Bashara, DVM

**INVOICE**

16410

**DATE**

7/1/22



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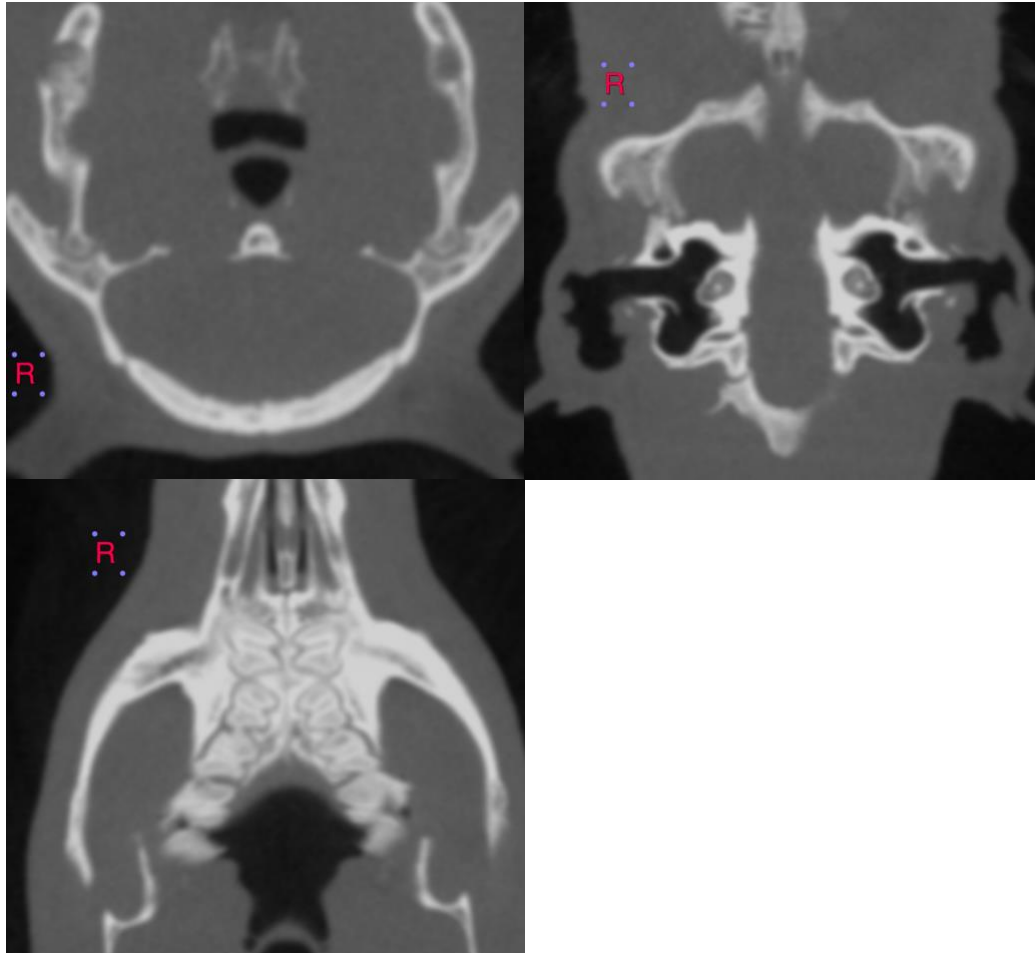
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Sebastian Jawinski**, German Board Certified Vet Specialist in Diagnostic Imaging  
info@sonopath.com