



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Felix Pierce  
**SPECIES** Feline  
**BREED** DSH  
**SEX** Neutered Male

**PRESENTING CLINICAL SIGNS**  
 History: Before June 8th, Felix was doing perfectly fine. On June 8th, Mr Pierce heard a big crash and the cat was meowing. He thought he was stumbling after the crash. He tried to jump off the box and he crashed. He seemed off balance, could not walk After about 1/2 hour, he seemed to be normal He keep having theses episodes once a week except for the past 4-5 days where it is permanent : his head is tilted to the left, his gait is wide-stance, he is loosing balance, he cant walk in a straight line, he stumbles occasionnaly and he favors the left side. For about 1 year, he had ear issues (greasy), topic antibiotic (surolan) in February 2021 Two ears are affected but left worse He was prescribed 1 week of metacam on June 15th and one convenia injection because the left ear was very itchy and painful. He showed some improvement and received a second convenia injection. He was prescribed gabapentin but it did not change anything even when it was stopped. Mentation: Bright, alert and responsive. Cranial nerve exam: Pathological positional rotatory clockwise nystagmus. No other deficit. Gait/posture: Ambulatory. Mild vestibular ataxia with tendency to fall to the left. Left head tilt. 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

**MAGNETIC RESONANCE IMAGING STUDY OF THE HEAD**

**AGE** 19 Years

The ventricles are symmetrical and regular. The subarachnoid space appears regular with unremarkable gyri. There is no deviation of the midline recognized. Cerebral structures are unremarkable. All fluid sensitive sequences show no evidence of a brain edema. White and grey matter show clear definition. There is cerebellar herniation noted best seen in the T2 sag sequence. Secondary hydrocephalus/syringohydromyelia is not recognized. Pituitary gland is small and inconspicuous.

**INTERPRETED BY**

Sebastian Jawinski,  
 German Board  
 Certified Vet Specialist  
 in Diagnostic Imaging

Both tympanic bullae present marked thickening of the bulla wall. Bone edema is not noted. Both are filled with mottled hyperintense material showing small fluid pockets. Tympanic membrane on the right appears intact, discontinuity on the left is suspected, since bulla content extends into the external ear canal. Findings are more severe on the left. In addition to that, extension into the nasopharyngeal meatus on the left is recognized. After contrast there is mild meningeal enhancement caudal to the cerebellar-pontine angle noted on the left. Cranial nerves (especially VII./VIII.) are symmetrical and inconspicuous. Structures of the petrosal bone and fluid signal of the cochleae appear regular.

**HOSPITAL NAME**

Animal Health  
 Partners

**REFERRING VET**

Dr. Kilburn

Musculature of the head is bilaterally symmetrical and unremarkable.

**MAGNETIC RESONANCE IMAGING DIAGNOSIS**

**INVOICE**

12751

- Signs of a bilateral, chronic and active otitis media
- Questionable meningeal enhancement caudal to the cerebellar-pontine angle on the left
- Cerebellar herniation

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

8/25/21



**PATIENT**

Felix Pierce

Findings of both tympanic bullae are significant and more prominent on the left. They represent chronic and active inflammatory changes. Polyps are possible especially on the left extending into the meatus and the external ear canal.

**SPECIES**

Feline

At the level of the brain stem and the skull foramina there is no evidence of a lesion of the facial/vestibulocochlear nerves detected. Affection of the CN VII remains likely since it passes the tympanic bulla. Subtle and secondary meningitis/vasculitis on the left is possible. Regarding the patient's age osteotomy of the bullae must be discussed critically. I still would favor a conservative approach (myringotomy/lavage, microbiological testing, cytology).

**BREED**

DSH

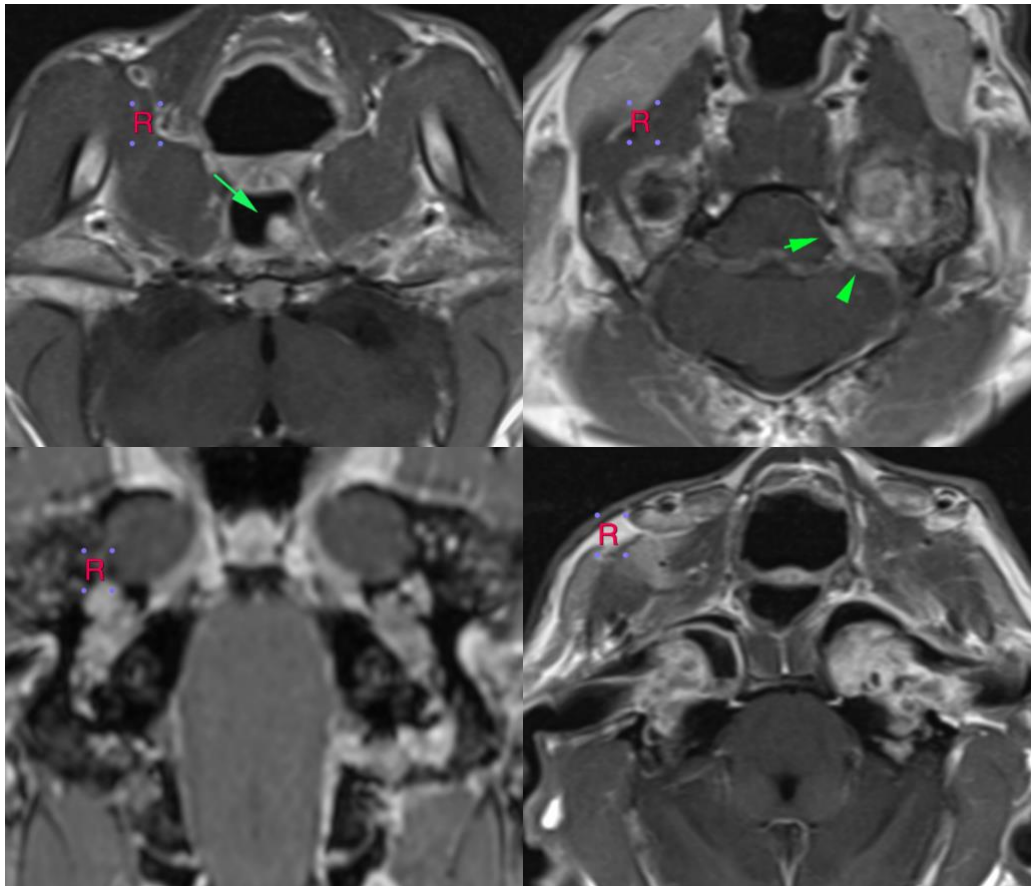
Cerebellar herniation is an uncommon finding in cats. This may be an incidental finding without clinical relevance. Signs of an increased intracranial pressure/cerebellar edema are not present.

**SEX**

Neutered Male

**AGE**

19 Years



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**PATIENT**

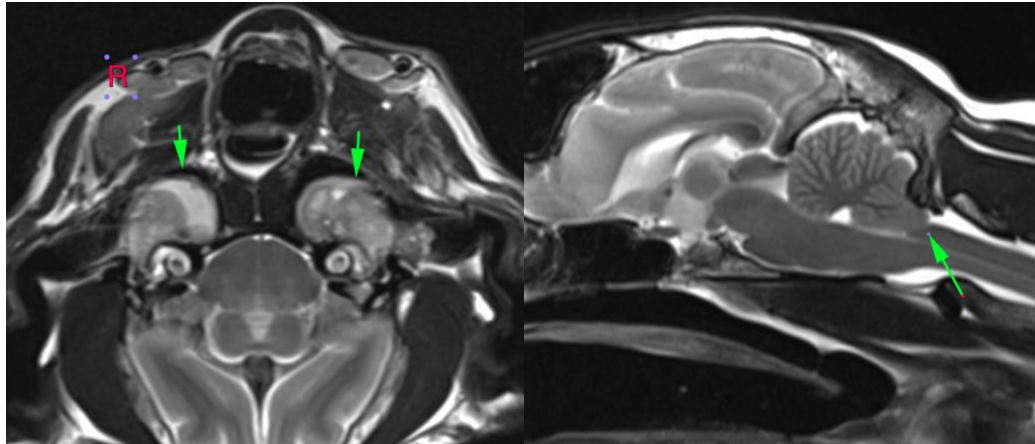
Felix Pierce

**SPECIES**

Feline

**BREED**

DSH



**SEX**

Neutered Male

**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.**

**AGE**

19 Years

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

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