



PATIENT

Clarkie Stanley

PRESENTING CLINICAL SIGNS

Mentation: Bright, alert and responsive. Cranial nerve exam: Nose is deviated to the left. Important drooling. Not able to swallow the treat. Menace response present OU. Normal PLR OU. Tongue motor function seems normal. Gait/posture: Ambulatory with generalized mild ataxia. Postural reactions: Proprioceptive positioning and hopping were normal in all limbs. Spinal reflexes: Normal. Sensory/nociception: Very reluctant with extension of the head. No hyperesthesia elicited with palpation along the thoracolumbar vertebral column. Clarkie, a 10 year old, MN Portuguese Water Dog, presented to the AHP Neurology Service on August 30, 2021 for evaluation of seizures. Type of episodes: rigid all legs, loss of conscious. No autonomous signs. Last 10sec to 1 minutes. Disoriented for a few minutes. Onset of seizures: August 29th Frequency of seizures: 2 others on August 29th, 2 today (one with rDVM). 5 in total. All same presentation. Behaviour outside seizures: For the past month or so, Clarkie seems quieter than usual. He started to have difficulty walking : he is unsteady, wobbly and loss his balance sometimes. The left side seems weaker. For the past week he has been interested in food, but it has been difficult to prehend his food or drink water. He has not been able to eat dry kibble. Mr and Mrs Stanley has also noticed a change in his voice. He is also scratching a lot his left ear and shaking his head a lot. Mr and Mrs Stanley also noticed a mild left head tilt. No coughing He does not seem to be in pain

SPECIES

Canine

BREED

Portuguese Water Dog

SEX

MN

AGE

10 Years

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Pre/post contrast studies provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The interhemispheric gap is in the midline with no evidence of a mass effect. As far as can be assessed, there are regular cortical gyri in the cerebral and cerebellar region with a mildly asymmetrical ventricular system. Brain stem and cerebellum are inconspicuous. Pituitary gland is within normal limits.

HOSPITAL NAME

Animal Health Partners

Bony structures of skull and the skull foramina of the cranial nerves are laterally symmetrical and inconspicuous.

REFERRING VET

Dr. Marchal

Both tympanic bullae are completely ventilated with a regular tympanic bulla wall. 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.

Frontal sinuses and the orbital contents are laterally symmetrical without evidence of a retrobulbar lesion. Nasal cavities are ventilated regularly.

INVOICE

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Post contrast images show no pathological enhancement. Soft tissues of the head and neck are symmetrical and of homogeneous density, especially the medial retropharyngeal lymph nodes.

DATE

8-30-21



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal CT findings of the head

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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 are difficult to recognize in CT and therefore not ruled out completely.

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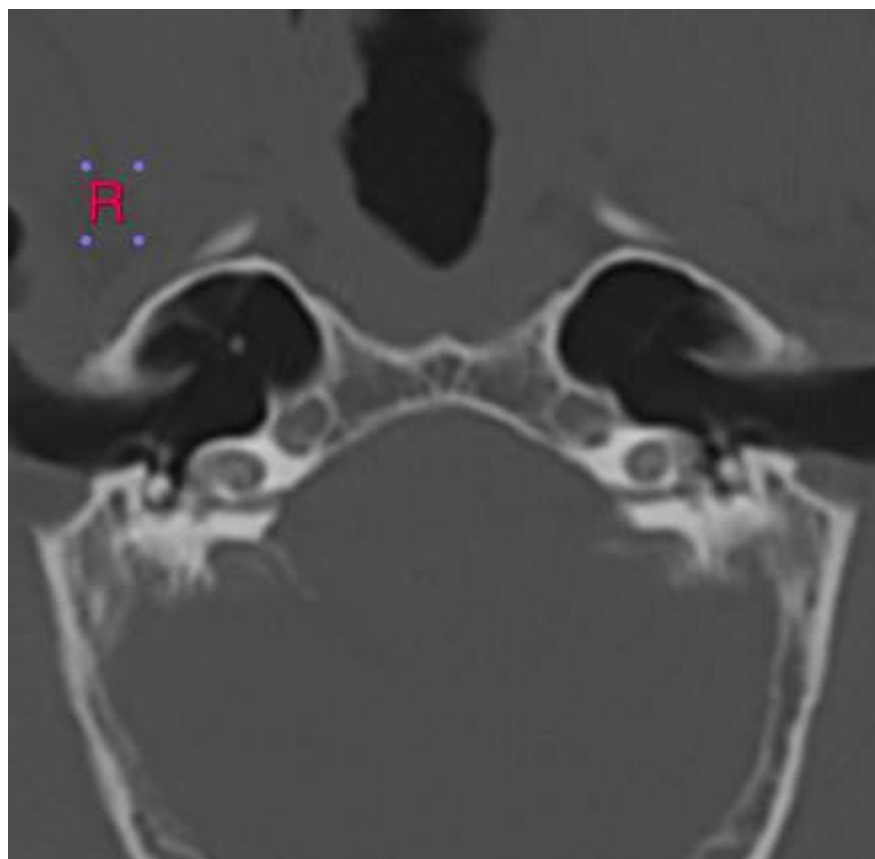
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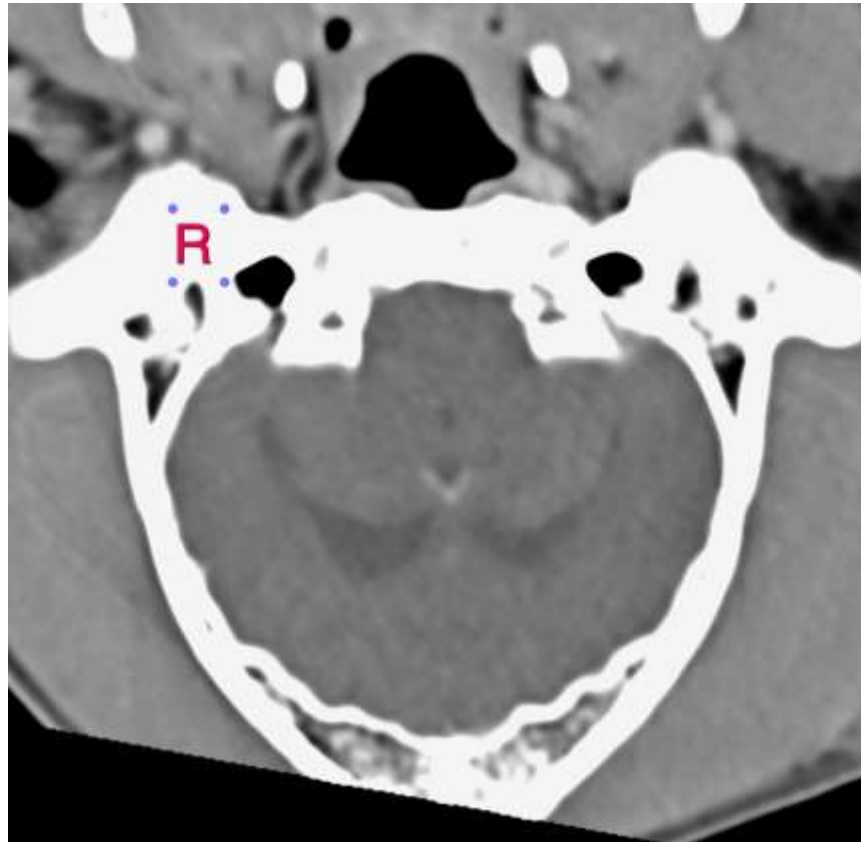
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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