



PATIENT PRESENTING CLINICAL SIGNS

Frankie Young

seen at CTVRC last night for labored breathing and loss of balance, discussed referral here for neuro consult currently being treated for corneal ulcer OS, started treated Tues but owner describes chronic ongoing Hx of corneal ulcers OU and sees referring veterinarian Wed eyes appeared to be rolling back into his head when at rest but not sleeping; appears to not be paying attention but responds to owner when stimulates subsequently appears restless and tilting head forwards and back owner took out to bathroom Wed night and owner heard loud noise when Frankie fell on stairs loss of balance in back legs since Wed -static regurgitated once yesterday morning - small amount of food episodes appear to be happening more than once per hour, stop when owner interrupts treated here spring 2020 for IVDD C3-C4 V slot Hx calcinosis cutis, chronic dermatopathy Owner describes Hx IBD, has had Bx has had BAS Sx Mentation: Quiet but interactive with the environment. Gait/Posture: Wide base stance in pelvic limbs. Ambulatory with mild proprioceptive ataxia of pelvic limbs with a mild component of generalized mild hypermetria in all limbs. No paresis noted. Cranial nerve examination: --pupil symmetry: Mild miotic OU. --pupillary light reflex (II,III): normal OU. --palpebral reflex (V,VII): Absent OU (both medial and lateral) (corneal retraction present). --menace response (II,FB,C,VI): Absent OU (corneal retraction present). --physiological nystagmus (III,IV,VI,VIII): normal; positional horizontal nystagmus fast phase to the left --nasal stimulation response (Vmax, FB): Decreased on the left --facial symmetry (V, VII): Mild droopy skin on the left side of the face. --Other: Tongue deviated to left. Postural reactions: --proprioceptive positioning: normal in all limbs. --hopping: normal in all limbs. Spinal Reflexes: --withdrawal reflex: mildly decreased in both pelvic limbs (right worst than left). --patellar reflex: normal bilaterally. --cutaneous trunci reflex: normal --perineal reflex: normal bilaterally. Palpation/Nociception: No hyperesthesia with palpation of vertebral column BCS: 5/9 MM: pink and moist, CRT: < 2 s, euhydrated EENT: Focal corneal ulceration OU (more severe OS), clean AU, nares clear, oral exam unremarkable Thor: no murmur or arrhythmia noted, normal RR/RE, normal bronchovesicular sounds Abd: soft, non-painful; no masses, fluid wave, or organomegaly UG: unremarkable PLN: within normal limits PP: strong, synchronous MSK: no lameness or joint effusion Integ: Multifocal lichentification, of the skin at lateral abdomen and dorsal thoracic with alopecia, crusted papules with a scaly periphery. Rectal: not evaluated
Abnormal PE/Chem/CBC/UA Results:

SPECIES

Canine

BREED

French Bulldog

SEX

MN

AGE

4

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health
Partners

MAGNETIC RESONANCE IMAGING OF THE SKULL

T2 weighted, FLAIR, diffusion weighted, DWI, T1 pre- and post-gadolinium sequence in multiple imaging planes are provided for review.

REFERRING VET

Dr. Little

MAGNETIC RESONANCE IMAGING FINDINGS

The lateral ventricles are moderately dilated. The volume of the brain parenchyma is moderately decreased – with loss of volume of the white matter. There is a normal signal intensity of the brain parenchyma. The corpus callosum is bulging dorsally. The interthalamic adhesion presents a mild irregular shape. In FLAIR there is a mild cloudy hyperintensity of the CSF within the lateral ventricles – flow related artefact. A signal void is seen in the mesencephalic aqueduct. No pathological distribution of the contrast media is appreciated. There is no evidence of abnormal meningeal enhancement.

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The rostral contour of the cerebellum presents a mild concave depression.

The pictured parts of the cervical spine, the central canal is significantly dilated, measuring up to



PATIENT

7.7 mm in diameter.

Frankie Young

The tympanic bullae are aerated, and the bony lining is thin.

Surrounding soft tissue structures in the head region are within normal limits.

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MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Hydrocephalus internus with signs of mild hypertension
- Secondary syringohydromyelia

BREED

French Bulldog

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The MR study is compatible with hydrocephalus internus with signs of hypertension – mild distorted interthalamic adhesion, dorsal bulging of corpus callosum – and secondary advanced syringohydromyelia. There is no evidence of overt mass effect on the cerebellum/brain stem, that would explain vestibular clinical signs. Potentials might include transient ischemic insult of the thalamus or syringohydromyelia affecting the spinocerebellar tracts – a phase of increased pressure might explain the acute onset of clinical signs. Implantation of a ventriculoperitoneal shunt can be discussed and may result in decreasing the volume of the syrinx. To rule out signs for encephalitis, complementing workup by a CSF tap might be beneficial as well.

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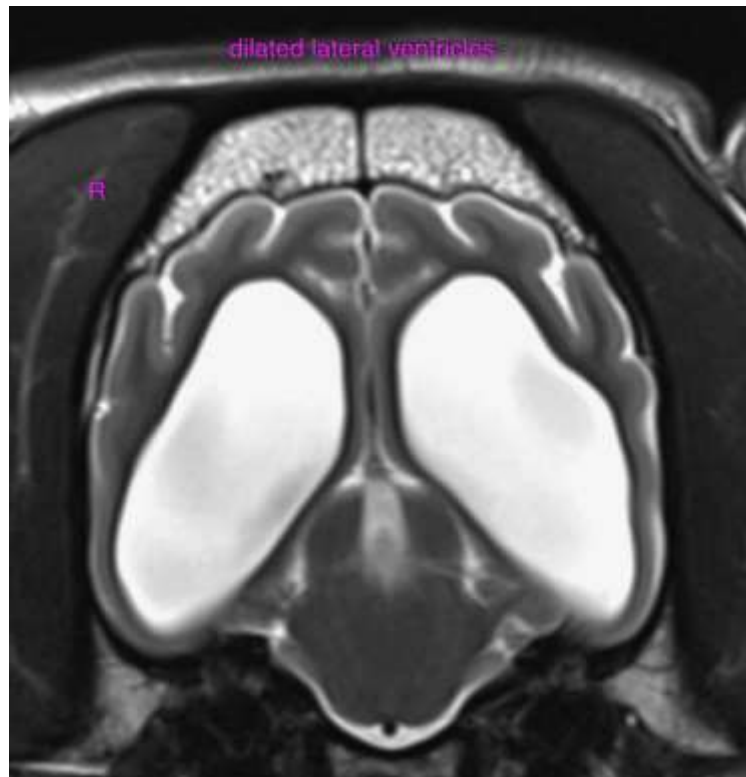
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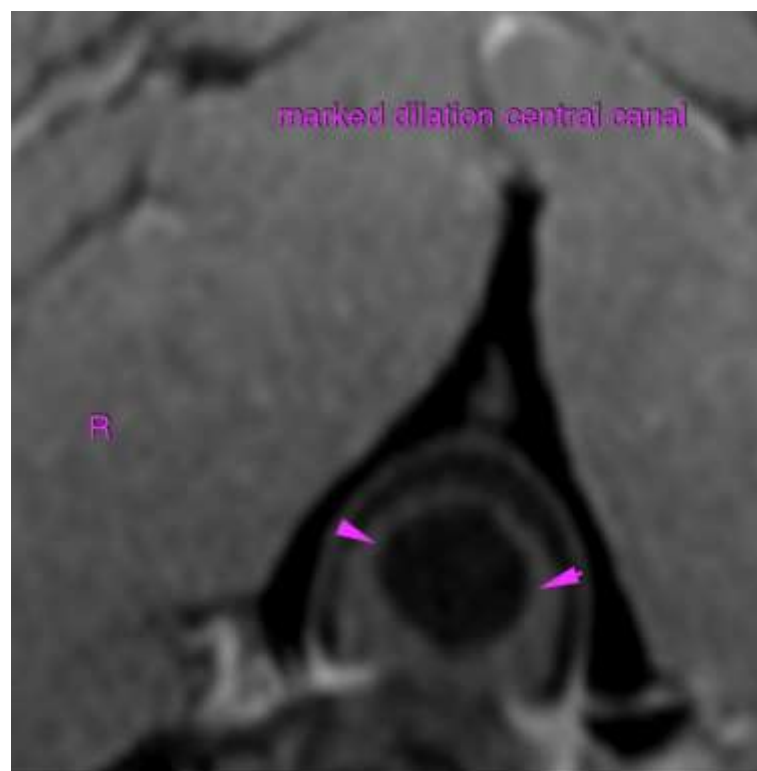
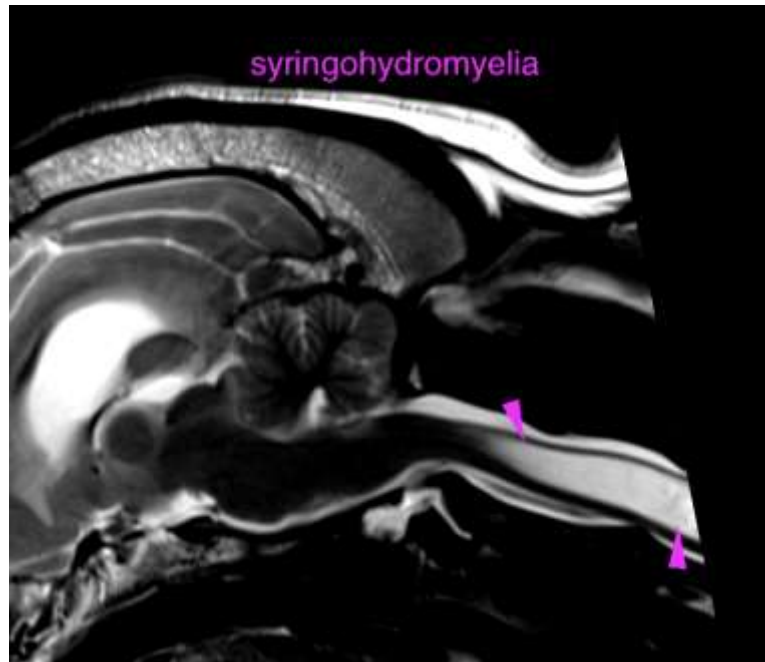
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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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