



**PATIENT PRESENTING CLINICAL SIGNS**

Colt Stowe PE on 1/26 revealed Left sided head tilt Significant ataxia Absent menace L eye Absent PLR in R eye (lateral deviation - o reports normal for p) Rec referral to neurologist for further workup, o unable to due to cost at this time. Neuro recommended testing for toxoplasmosis, neospora +/- distemper, fungal disease, and tick borne disease -- gave estimate for testing with us, o declined due to cost. Based on my conversation with neurologist, treating empirically and monitoring closely with dex sp 0.1 mg/kg IV, clindamycin 11-15mg/kg BID, doxycycline 5mg/kg BID. If not improving or if worsening, p needs to be seen asap at ER or neurologist. Due to changes on neuro exam it seems multifocal, does not fit with inner/middle ear infection based on changes noted today.

**SPECIES**

Canine

**BREED**

Cattle Dog

**COMPUTED TOMOGRAPHY OF THE SKULL**

A high resolution plain CT study of the skull is provided for review.

**SEX**

MN

**COMPUTED TOMOGRAPHIC FINDINGS**

The 207, 308 and 408 are absent.

**AGE**

3

In both nasal cavities, a small amount of soft tissue attenuating material is attached to the nasal mucosal lining. In the frontal sinus bilaterally, gravity dependent, soft tissue attenuating material is seen, forming a horizontal gas-fluid-interface.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain parenchyma is homogeneous and within normal limits for attenuation. The lateral ventricles appear to be normal in size and symmetric.

**HOSPITAL NAME**

Advanced Animal  
Imaging

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Mild rhinitis
- Absent triadan 207, 308 and 408
- No evidence of otitis media or interna

**REFERRING VET**

Blair Hollowell

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

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In the present study of the brain there is no evidence of macromorphological disease, explaining the presenting clinical signs – but evaluation of the brain in the plain CT is very limited.

The appreciated rhinitis might be a post mortal finding due to esophageal reflux.

**DATE**

1-26-23



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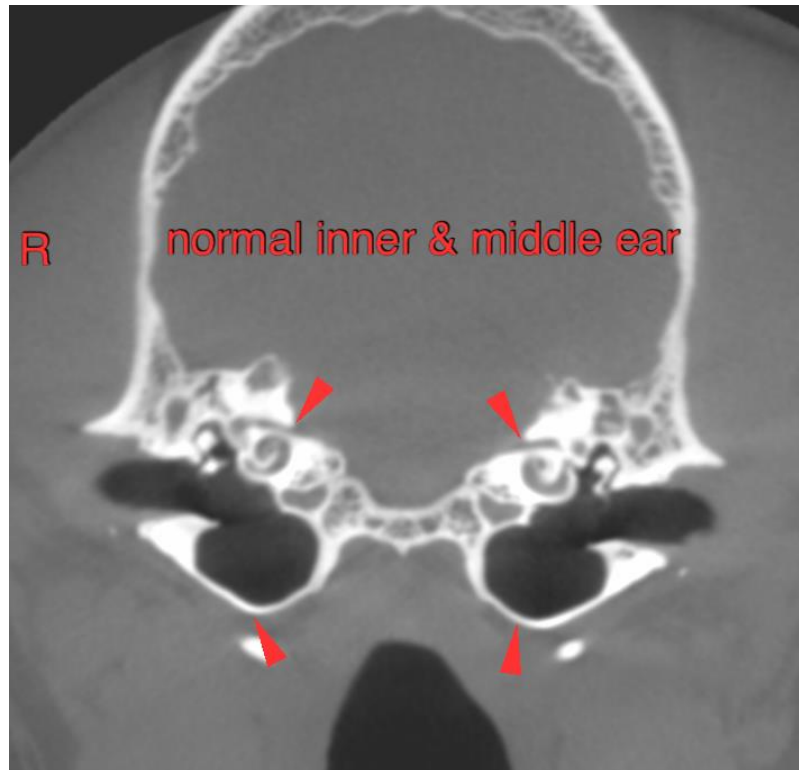
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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