



**PATIENT**

Carmella Savarino

**PRESENTING CLINICAL SIGNS**

Carmella, a 7 year old, FS Boxer, presented to the AHP Neurology Service on January 3, 2022 for evaluation of left facial nerve paralysis. Carmella was first presented to Brooklin Veterinary Hospital on December 15, 2021. Her signs were noted a day prior to presentation. Her left lower lip was droopy and she is drooling on that side. Otherwise, she was doing well. There was no recent history of vomiting or diarrhea. On assessment, there was no blinking reflex on the left eye. She had a grade 2 systolic murmur. The left side of the face was droopy (ear, face, lip), Palpebral reflex is was absent. No other neurological abnormalities were noted. Blood test was done and was within normal limits and she was prescribed with Optixcare 1-2 drops left eye every 8 hours long term. Current medications: Metoclopramide as needed for occasional vomiting Optixcare - every 8 hours Previous diagnostic testing: CBC, Biochem and T4 on Dec 15th 2021 - unremarkable BCS: 5/9 MM: pink and moist, CRT: < 2 s, euhydrated EENT: clear OU, clean AU, nares clear, oral exam unremarkable Thor: grade 2/6 murmur, no 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: haircoat and skin in good condition Rectal: not evaluated Mentation: Quiet, alert and responsive. Cranial nerve exam: Bilateral facial nerve paralysis (absent menace response and absent palpebral reflex OU). Mild left head tilt. Positional ventromedial strabismus OS. Remainder of cranial nerves within normal limits. Gait/posture: Ambulatory with a very mild vestibular ataxia 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. Abnormal PE/Chem/CBC/UA Results:

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

FS

**AGE**

7

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**MAGNETIC RESONANCE IMAGING OF THE SKULL**

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

**HOSPITAL NAME**

Animal Health  
Partners

**MAGNETIC RESONANCE IMAGING FINDINGS**

The brain presents the expected anatomy and bilateral symmetry with normal signal intensity and contrast enhancement. There is no evidence of abnormal meningeal enhancement.

**REFERRING VET**

Dr. Alison Little

The ventricular system presents the expected dimensions, morphology and the CSF signal is within normal limits in all sequences.

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**

- Structural normal brain
- No evidence of otitis media or interna

**DATE**

1-4-22

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The current MR study fails to present an underlying macromorphological abnormality that can explain the history of left sided facial nerve palsy. Rule out other causes for facial nerve paralysis like hypothyroidism, polyneuropathy, thoracic pathology or idiopathic facial nerve paralysis. The latter is the most common cause for facial nerve paralysis with 75% of the cases in dogs.

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Dr. Alison Little

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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.

**DATE**

1-4-22

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