



PATIENT PRESENTING CLINICAL SIGNS

Mia Samples
 Mia is hospitalized at Southern Oregon Veterinary Specialty Center for first time seizure Patient was dull and intermittently dyspneic with episodes of coughing / and progression to retching / regurgitation. PE Eyes: cloudy cornea OS- consistent with previous OS healed corneal ulceration, appears to be non visual at this time, OD lenticular sclerosis, mild chemosis OU Ears: clear AU Neck: wnl Oro-Nasal: gagging (consistent with tracheal irritation from recent intubation), mm pink and tacky, crt <2sec, no nasal dc Heart: 4/6 murmur, ssp, sinus rhythm Lungs: clear and eupenic Abdomen: soft, non painful, no palp masses Rectal: NE Urogenital: FS Musculoskeletal: sternally recumbent, unable to walk at this time Integument: in good flesh, good fur coat Lymph Nodes: wnl Neurologic: mentation altered- intermittent episodes of opisthotonus ASSESSMENT heart murmur Seizure- CT scan performed 11/28- pending report altered mentation cough/gag regurgitation- collapsing trachea

SPECIES

Canine

BREED

Miniature Poodle

SEX

FS

AGE

12 Years

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME

Southern Oregon
 Veterinary Specialty
 Center

REFERRING VET

Ravi Seshadri
 DACVECC

INVOICE

48653

DATE

11-29-21

COMPUTED TOMOGRAPHY OF THE SKULL

A high resolution pre- and post-contrast CT study of the skull is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Multiple teeth are absent. A moderate amount of mineralized material is attached to the crowns of multiple premolar and molar teeth. The remaining teeth present evidence of moderate periodontal disease.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

The mandibular fossa of the zygomatic process of the temporal bone bilaterally is shallow.

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 presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The right mandibular zygomatic gland is mildly swollen and presents a post contrast fluid attenuating periphery and mild lobulated appearance. The fat surrounding the right mandibular salivary gland shows mild fat-stranding.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Small sialocele right mandibular salivary gland
- Advanced periodontal disease and dental tartar
- Multiple absent teeth
- Dysplasia temporomandibular joints bilaterally



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- Structural normal brain

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In the present study of the brain there is no evidence of macromorphological disease, potentials include transient ischemic insult/infarction or idiopathic epilepsy.

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If not yet done so the workup should be complemented by examination of CSF and complete bloodwork to screen for brain disease that is not necessarily associated with structural changes of the brain parenchyma and rule out hepatoencephalopathy and other systemic illness. In case of the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.

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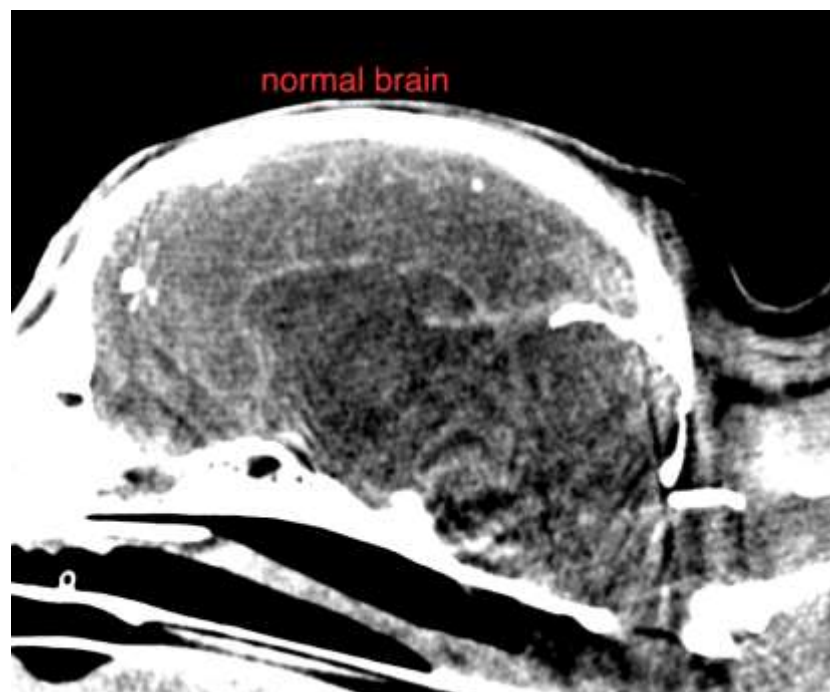
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

BREED

Miniature Poodle

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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