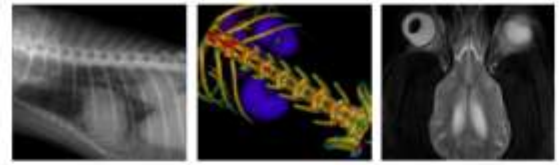

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Apple Chung

SPECIES

Canine

BREED

Pomeranian

SEX

MN

AGE

4

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Marchal

INVOICE

48264

DATE

11-6-21

PRESENTING CLINICAL SIGNS

Apple, a 12 year old, MN Pomeranian, presented to the AHP Neurology Service on November 6, 2021 for evaluation of seizures. -- Type of seizures: generalized seizures, jaw movements, on his side, drooling, limbs stiff Lasted 30 seconds. Post-ictus: confused. In 20 minutes, he was completely normal -- Onset of seizures: October 27th 2021 -- Frequency of seizures: 4 seizures in total overnight, October 28th 2x -- Behavior outside seizures: normal before the seizures. Now he is pretty tired, sleeping, he has not been able to walk, he is losing his balance. Getting a bit worse actually. Facial paraylisis on his right side for the past week. Current medications: -- levetiracetam 62.5mg (13.8mg/kg) q8h (11AM) -- thyrotab -- vetmedin (11:30AM) -- fortekor Previous diagnostic testing: -- blood work reportedly normal (low T4 level) Previous medical history: -- heart condition 2019 (ultrasound last year) -- corneal ulcer OD (antibiotics + lubricant)` -- bladder stones - managed Apple has otherwise been previously healthy. BCS: 6/9 MM: pink and moist, CRT: < 2 s, euhydrated EENT: bilateral mild scleritis, clean AU, nares clear, moderate to severe periodontitis Thor: heart murmur 2/6, 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: Bright, alert and responsive. Cranial nerve exam: Facial paralysis complete OD, partial OS. Delayed menace response OU but menace seems present OU (eyeball retraction). No other deficits noted. Gait/posture: Minimally ambulatory with vestibulo-cerebellar ataxia characterized by head tremors that seems to worsen when he is trying to walk, loose of balance and falling to either side. Mild right head tilt. Postural reactions: Proprioceptive positioning and hopping were severely delayed on the left side and delayed on the right side. Spinal reflexes: Normal. Sensory/nociception: No hyperesthesia elicited with palpation along the vertebral column.

MAGNETIC RESONANCE IMAGING OF THE SKULL

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

MAGNETIC RESONANCE IMAGING FINDINGS

Multifocal throughout the parenchyma of the telencephalon, diencephalon and mesencephalon– best appreciated in the susceptibility weighted images – variable sized roundish hypointense lesions/susceptibility artefacts are seen, measuring up to 5.5 mm in diameter. The largest hypointense lesions are noted in the left piriform lobe and right parietal lobe. The hypointense lesion in the left piriform lobe is T1 mild hyperintense and presents mild contrast enhancement with mild FLAIR hyperintense rim of the brain parenchyma.

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.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Multifocal non-traumatic hemorrhages, measuring up to 5.5 mm in size

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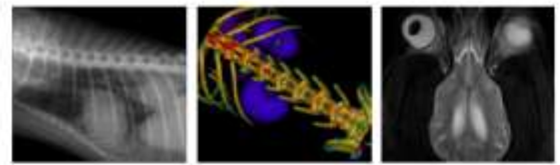

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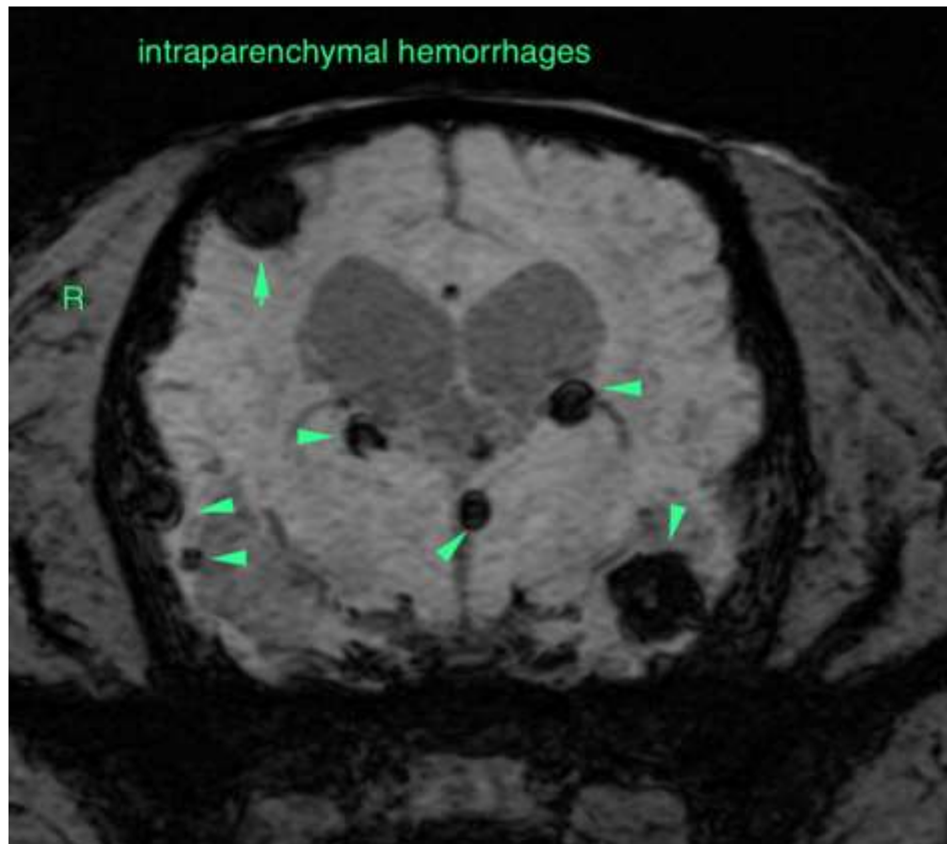
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Due to the large size of the two of the lesions in the left piriform lobe and the right parietal lobe, the odds for underlying coagulopathy or metastatic disease (e.g. hemangiosarcoma) are considered high. Less common are arteriovenous malformation.

Due to the size of the hemorrhagic lesions microbleeds secondary to cerebral amyloid angiopathy ± systemic hypertension (e.g. cardiac disease, pheochromocytoma) are less likely regarding the literature.

Recommend complementing workup by complete coagulation panel as well as workup for underlying Angiostrongylus infection and blood pressure measurement. Rule out underlying neoplastic disease as well.



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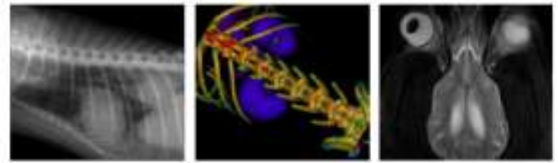

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com