



PATIENT

Ruby Adelman

PRESENTING CLINICAL SIGNS

CNS lesion, Focal Seizure Current meds: Prednisone, Ondansetron, Omeprazole, Doxycycline, Trazodone
 Abnormal PE/Chem/CBC/UA Results: 11/21/22 Lymphocytes: 0.95, MPV: 13.3, Plateletcrit: 0.47

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL

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

BREED

Chi Mix

COMPUTED TOMOGRAPHIC FINDINGS

Triadan 301-303, 308, 401-403 & 408 present a moderate widening of the periodontal space.
 The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

SEX

FS

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

AGE

9 Years

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. Level with the right tympanic membrane, a small amount of soft tissue material is appreciated.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

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 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.

HOSPITAL NAME

SonoPath Imaging Center

A small cutaneous wart like lesion is seen at the rostradorsal aspect of the calvarium.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Periodontal disease mandibular incisors and triadan 308 & 408
- Suspect small amount of cerumen attached to right tympanic membrane – consider otoscopy for confirmation
- Normal brain

REFERRING VET

Rockaway Animal Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In the present study of the brain, there is no evidence of macromorphological disease, and the presumptive diagnosis is idiopathic/cryptogenic epilepsy.

INVOICE

55499

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.

DATE

12-1-22



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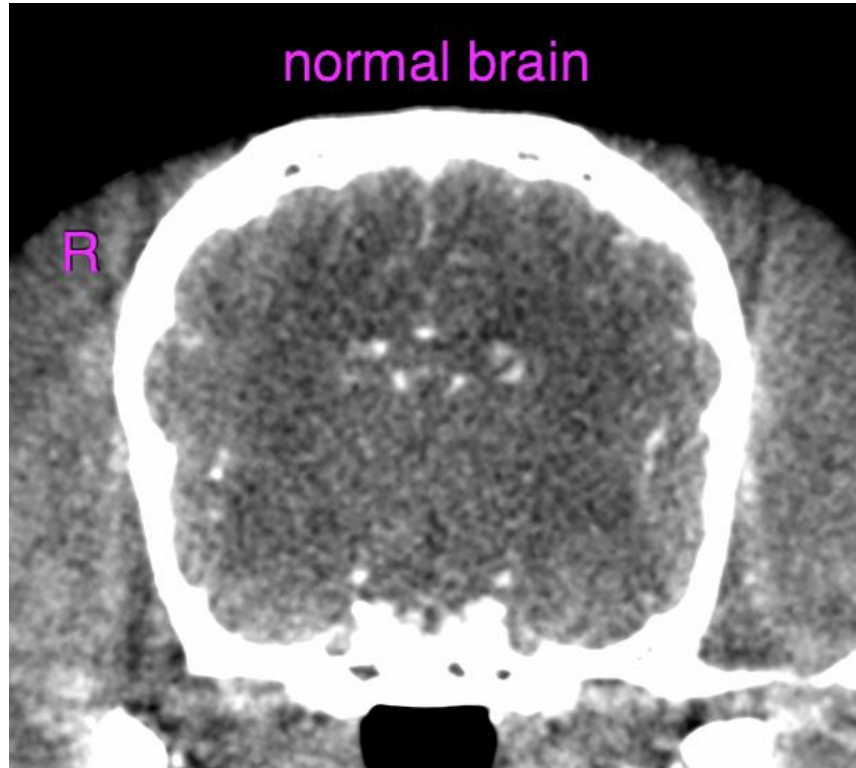
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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