



**PATIENT**

Bilbo Granofsky

**PRESENTING CLINICAL SIGNS**

Initially presented for suspected neck pain and progressive ataxia over one week. Was pyrexia at rDVM. Treated with clavaceptin and meloxicam and no changes noted (please also include full history above) Neuro exam - Mild right head tilt, absent menace response OD, positional ventromedial strabismus OD, positional intermittent vertical nystagmus with the fast phase down. Remainder of cranial nerves within normal limits. Ambulatory with a generalized vestibulocerebellar ataxia. Truncal sway predominantly to the right with mild hypermetria and dysmetria of all 4 limbs. Tendency to stumble more to the right. Localization: cerebellovestibular MRI was done and CSF was normal (microprotein pending)

**SPECIES**

Canine

**BREED**

Goldendoodle

**MAGNETIC RESONANCE IMAGING OF THE SKULL AND CERVICAL SPINE**

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

**SEX**

MN

**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.

**AGE**

1 Year

Post contrast administration the right trigeminal nerve presents a mild increased contrast enhancement patten in comparison to the contralateral trigeminal nerve.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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. The signal of the endolymph of the inner ear is suppressed in the FLAIR, as expected.

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The volume of the right temporal and masseter muscle is mildly decreased in comparison to the contralateral side.

The osseous and soft tissue structures of the cervical spine are within normal limits.

**REFERRING VET**

Dr. Little

**MAGNETIC RESONANCE IMAGING DIAGNOSIS**

- Increased contrast enhancement right trigeminal nerve
- Mild muscle atrophy right temporal & masseter muscle
- Structural normal cervical spine

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The muscle atrophy of the right temporal muscles is likely a sequela to underlying neuropathy of the right trigeminal nerve. The odds for primary inflammatory origin such as idiopathic neuritis of the trigeminal nerve or meningitis of unknown origin (e.g. granulomatous meningoencephalitis), infectious causes (e.g. Neosporosis, Listeriosis) are considered higher than for neoplastic disease (e.g. round cell tumor). A CSF tap has already been performed and results are pending. Recommend testing for potential infectious agents as well.

**DATE**

12-14-21



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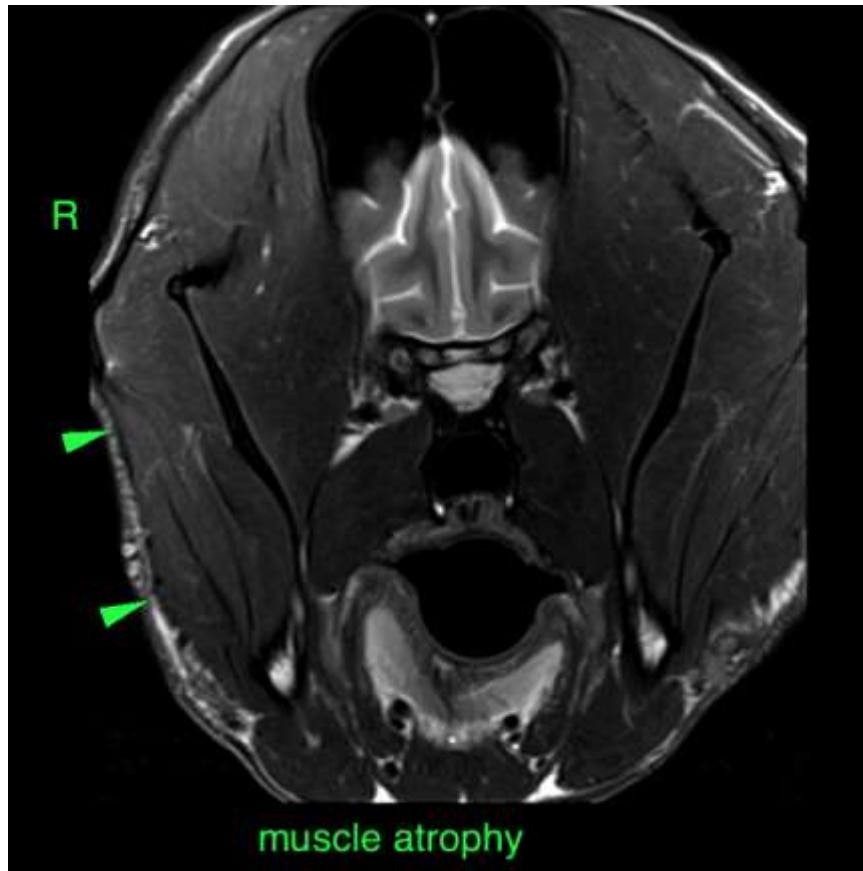
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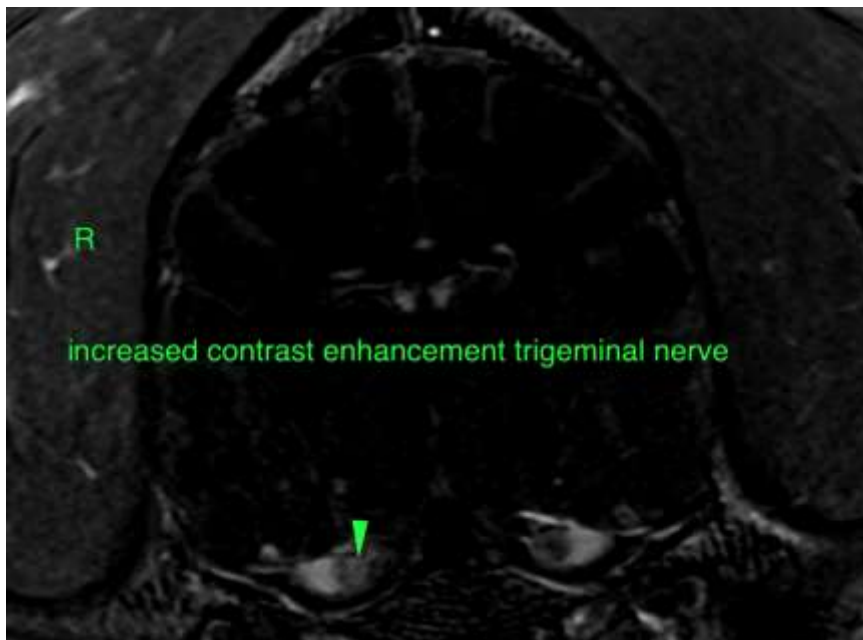
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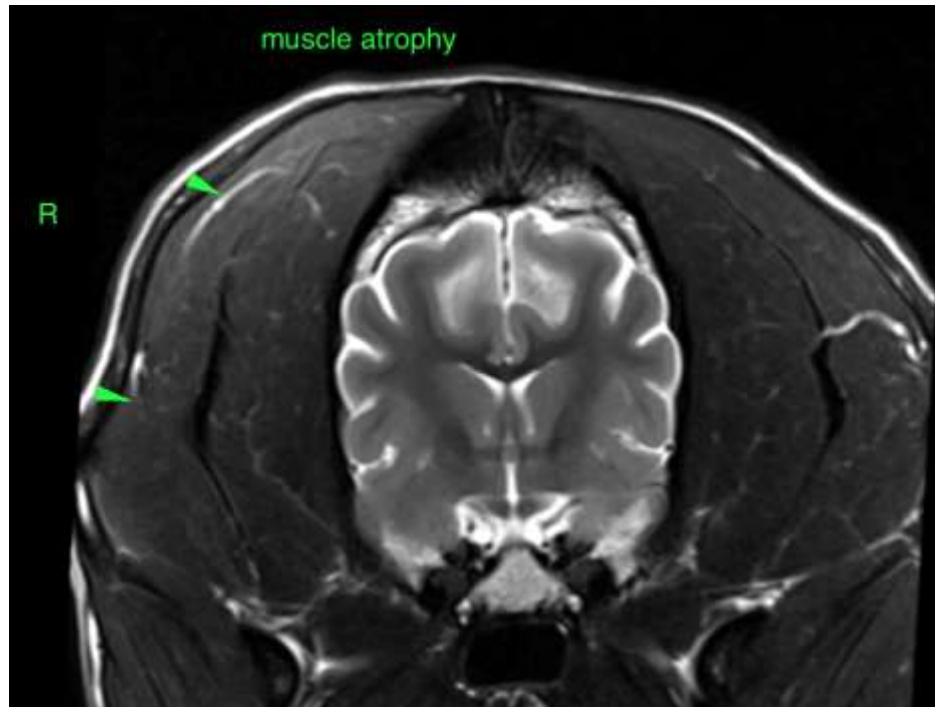
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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