



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Vito Peuser  
**SPECIES** Canine  
**BREED** Yorkie Mix

History: Presented to clinic for having head turned/ataxia. Owner believes patient had possible seizure 12/14 and owner brought to clinic. Patient presented non-ambulatory x4, rigid c-curve of cervical spine to R side; No CPs right side (forelimb and hindlimb), despite intact withdrawals, reflexes, motor x4. Patient has hx of heart murmur (ausculted at V/VI) with recent azotemia diagnosis within last 2 weeks. Patient has been hospitalized and c-curvature of cervical spine improved within the first 6 hours in hospital, patient now holds head appropriately and moves it normally. No pain on palpation or range of motion of cervical spine. Patient is now able to prop himself up and sit with forelimbs extended, but is unable to ambulate and still has CP deficits. He has remained mentally appropriate the whole time in hospital and has not had any seizures.

Abnormal PE/Chem/CBC/UA Results: On presentation: Non-ambulatory, c-curve of spine to R, negative CPs R forelimb and hindlimb, intact CPs L side. Now, 36hr later: normal movement and posture of cervical spine, but still non-ambulatory with CP deficits, able to use and prop himself up better with his limbs Azotemia (BUN 40, Creatinine 1.6), Hyperphosphatemia, hypoalbuminemia, hyperglycemia, Hyperkalemia, hyperlactatemia. No clinically significant abnormalities in CBC.

**SEX** Neutered Male

**COMPUTED TOMOGRAPHIC STUDY OF THE SKULL**

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

11 Years

**COMPUTED TOMOGRAPHIC FINDINGS**

**INTERPRETED BY** Multiple teeth are absent. Mineral attenuating material is attached to the crowns of the remaining teeth and there is evidence of advanced periodontal disease.

Sebastian Schaub, DVM Dr. med. vet. DipECVDI  
 The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

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

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 Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. A moderate amount of soft tissue material is appreciated in the right external ear canal. The wall of the right external ear canal is moderately thickened.

**REFERRING VET** Dr. Schwanebeck  
 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.

**INVOICE** The mandibular lymph nodes are generalized prominent.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**DATE**

12/16/22



**PATIENT**

Vito Peuser

- Generalized advanced periodontal disease
- Dental tartar
- Lymphadenopathy mandibular lymph nodes
- Right sided otitis externa
- Multiple absent teeth

**SPECIES**

Canine

- Normal brain
- No evidence of otitis media or interna

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

Yorkie Mix

An underlying macromorphological cause of the described clinical signs is not detected. However, according to the history an ischemic insult and/or geriatric vestibular syndrome is a potential differential diagnosis.

**SEX**

Neutered Male

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 other systemic illness. MR imaging may be indicated in case of the strong suspicion of structural parenchymal changes of the brain.

**AGE**

11 Years

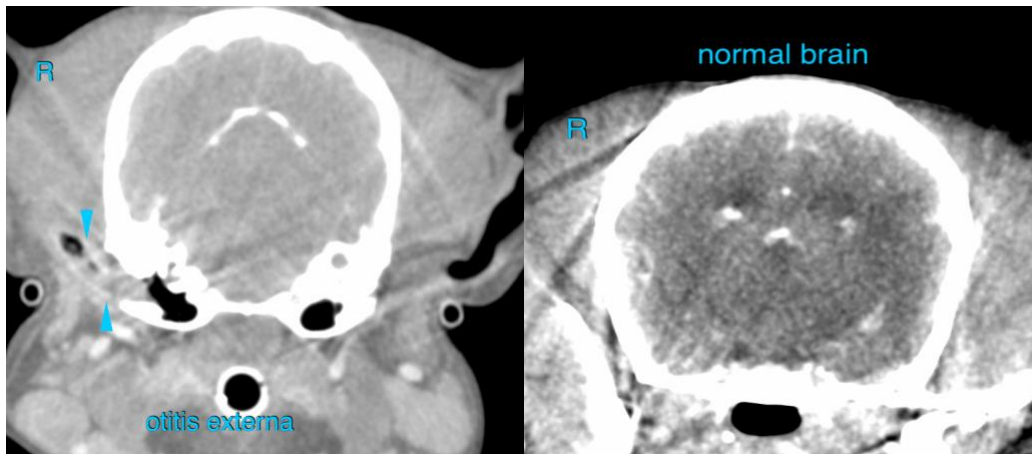
The prominent mandibular lymph nodes are likely a sequela to underlying dental disease.

**INTERPRETED BY**

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Emergency Hospital, Deland



**REFERRING VET**

Dr. Schwanebeck

**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.

**INVOICE**

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**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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Vito Peuser

**SPECIES**

Canine

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**SEX**

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**AGE**

11 Years

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