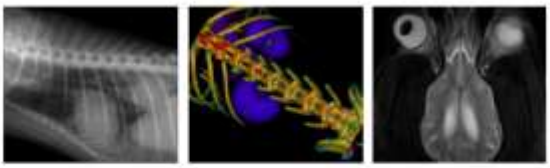

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Declyn Thompson

SPECIES

Canine

BREED

Australian Shep Mix

SEX

MN

AGE

8

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Greg Killburn

INVOICE

49145

DATE

12-20-21

PRESENTING CLINICAL SIGNS

Declyn, a 8 year old, MN Australian Shepherd, presented to the AHP Neurology Service on December 20, 2021 for evaluation of head tilt. Declyn's clinical signs were first noted around early December 2021 and at that time he would be uncoordinated. As he shakes his head he would randomly fall over (both sides). He seemed coherent,and and had a slight head tilt and low head carriage (normal for him). On initial assessment at Rossland Animal Hospital on Dec 7th 2021, the right horizontal canal was very inflamed moderate dry waxy debris/hair and the ear had to be flushed for better visualization. He also had a low head carriage with a slight head tilt to the right. The right temporal muscles were suspected to have subtle atrophy on palpation. The right menace and palpebral closure were blunted compared to the left. The left PLR consensual response may be reduced from left to Right He was treated with Mometamax SID and Zeniquin 50 mg SID. Since then, no improvement has been stated. No changes at all. Potential right facial paresis. BCS: 5/9 MM: pink and moist, CRT: < 2 s, euhydrated EENT: clear OU, clean AU, nares clear, oral exam unremarkable Thor: no murmur or 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: Decreased palpebral reflex OD. Decreased menace response OD. Upper lip seems droopy on the right side. Decreased physiological nystagmus when head turned to the right. Positional ventromedial nystagmus OD. Mild rotatory pathological nystagmus OU fast phase counterclockwise. No other deficits noted. Gait/posture: Ambulatory with mild right vestibular ataxia characterized by a right head tilt. No paresis. Postural reactions: Proprioceptive positioning and hopping were normal in all limbs. Spinal reflexes: Normal. Sensory/nociception: No hyperesthesia elicited with palpation along the vertebral column. Abnormal PE/Chem/CBC/UA Results:

MAGNETIC RESONANCE IMAGING OF THE SKULL

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

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.

The central canal of the spina cord, level with C2, presents focal eccentric left sided saccular widening of the central canal.

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 outer osseous margins of the right frontal sinus are distorted and partially depressed into the right frontal sinus; presenting a loculated appearance with trapped fluid. The volume of the right temporal musculature is mildly decreased.

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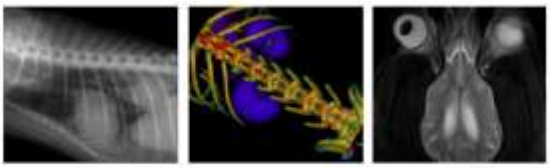

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MAGNETIC RESONANCE IMAGING DIAGNOSIS

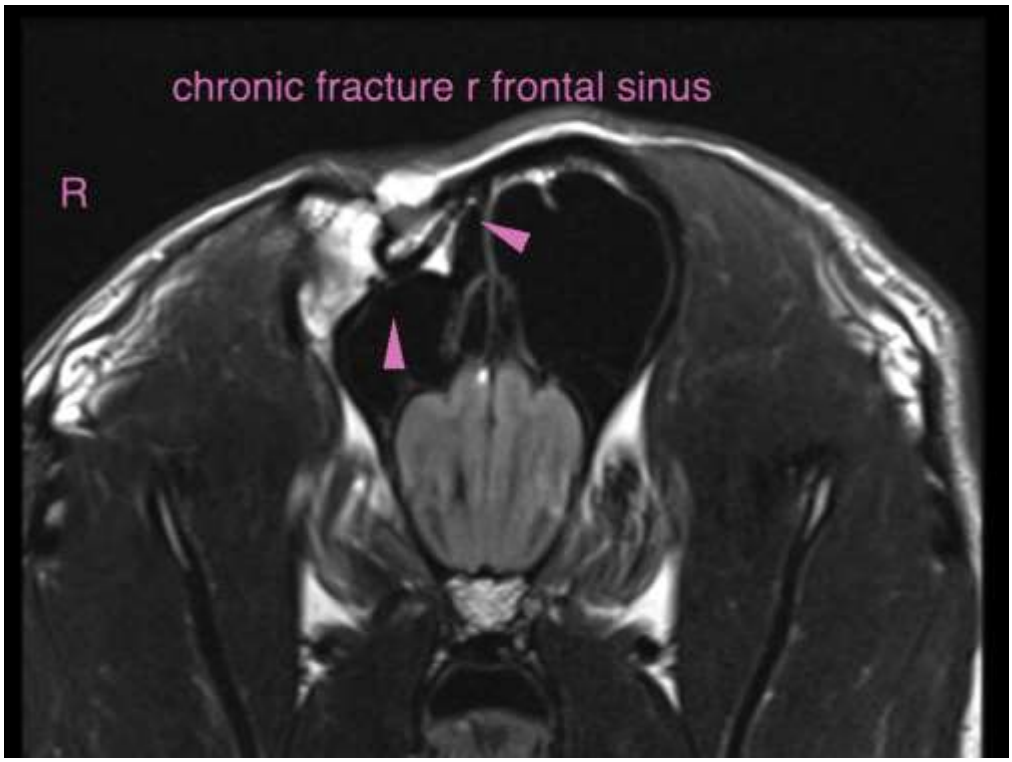
- Segmental syringohydromyelia
- Current state post craniofacial trauma with depression fracture right frontal sinus
- Mild muscle atrophy right temporal muscle
- No evidence of otitis media or interna

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The current MR study of brain an underlying macromorphological cause of the described neurological deficits is not detected. However, according to the history an ischemic insult and/or geriatric vestibular syndrome is a potential differential diagnosis.

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.

The mild atrophy of the right temporal muscle is considered as a sequela to the history of trauma.



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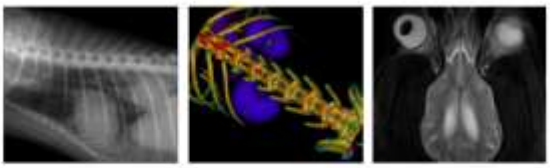

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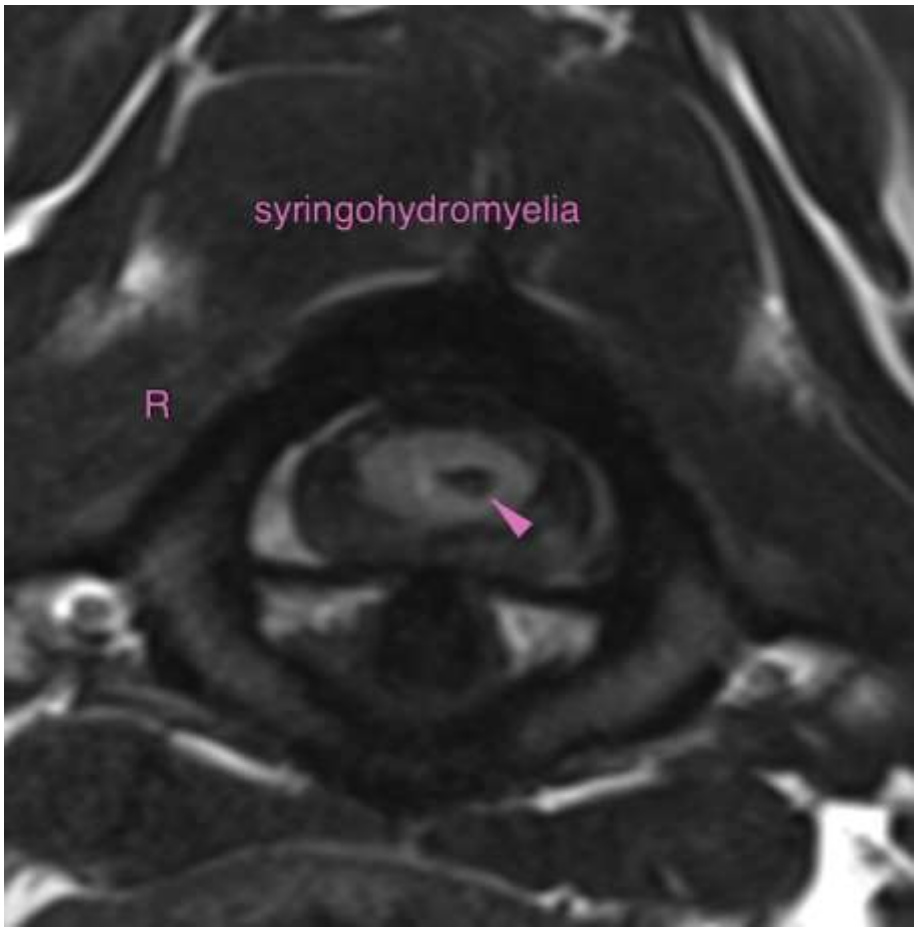

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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