



**PATIENT**

Millie Mickley

**PRESENTING CLINICAL SIGNS**

Starting around May of this year- hind legs giving out, hunched positioning, unable to keep weight on her, can't go up/down stairs

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Addison's dss vs Myasthenia gravis vs others  
Ambulatory on all four limbs. Good range of motion in all limbs - no crepitus, pain, or swelling noted, 4/9 body score

**BREED**

Standard Poodle

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

**SEX**

Female Intact

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

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

**AGE**

2 Years

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals contain a small amount of non-contrast enhancing soft tissue material.

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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**

Catskill Veterinary Services, PLLC

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Bilateral signs for otitis externa
- No evidence of otitis media or interna
- Normal brain

**REFERRING VET**

Dr. Joseph D'Abbraccio

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

In the present study of the skull, there is no evidence of macromorphological disease, explaining the described clinical signs.

**INVOICE**

55743

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. Imaging of the spine might be considered if there are signs for myelopathy. In case of the strong clinical suspicion of structural intraparenchymal changes of the CNS an MRI may be considered.

**DATE**

12-20-22



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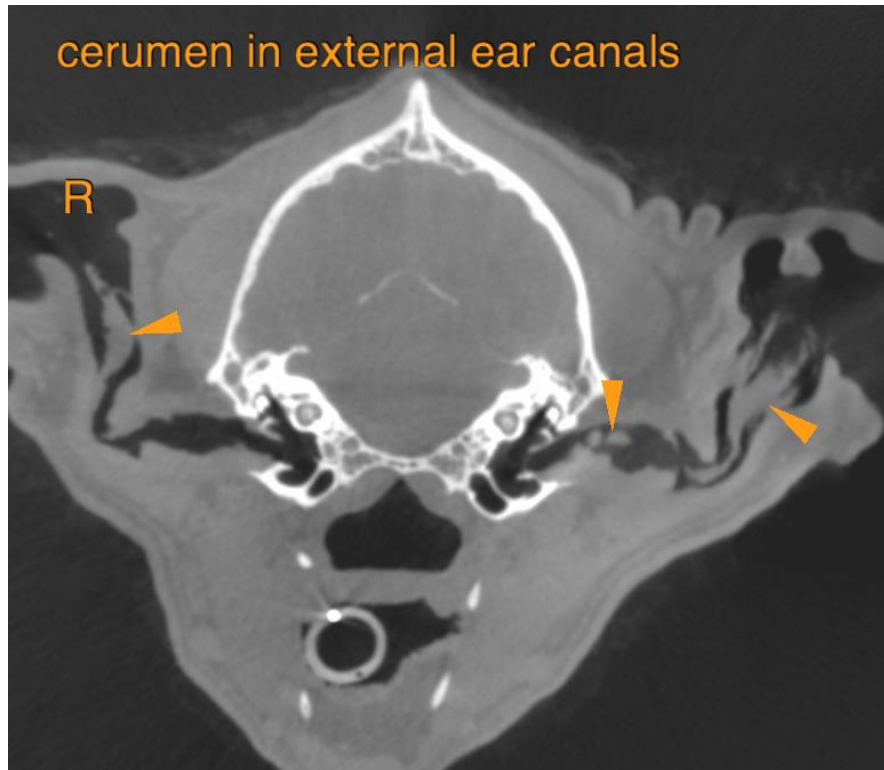
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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