



PATIENT

Chilby Ayoubzadeh

PRESENTING CLINICAL SIGNS

Diagnosed with bilateral facial paralysis. In April 2021, Chilby started to limp (changing lameness). A received a cortisone injection. However, he was diagnosed with auto-immune polyarthritis in August 2021 and was started with high dose of prednisone. Signs are waxing and waning. On October 8th, signs of relapse were noted and prednisone was increased to 15mg. In November, Mr and Mrs Ayoubzadeh noticed that his right cheek was droopy and he had a lot of saliva. A CT-scan revealed a right media/interna otitis and Chilby was prescribed with antibiotics (antibiotics). Schirmer Tear test was done (20mm OD) During recheck on December 17th, assessed bilateral facial paralysis. A in house dermatology consultation was performed. Last night, the left front paw was seen starting limping

Abnormal PE/Chem/CBC/UA Results: WBC 19.2 L (4.9 - 17.6) Neutrophils 17.3 L (2.9 - 12.7) ALP 1,264 (5 - 160) U/L Thor: heart murmur 2/6 MSK: no lameness. Mild joint effusion in the left carpus and both stifles. Cranial nerve exam: Absent palpebral (both medial and lateral) OU but 3rd eyelid able to protrude. Absent menace OU. Corneal sensation absent OU. Sensory/nociception: Mild to moderate hyperesthesia elicited with palpation along the cervical vertebral column.

SPECIES

Canine

BREED

Cocker Spaniel

SEX

MN

MAGNETIC RESONANCE IMAGING OF THE SKULL

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

AGE

7 Years

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 facial nerve bilaterally is generalized moderately contrast enhancing – including the segments in the internal acoustic canal, labyrinth segment/geniculate ganglion, tympanic and mastoid segment.

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.

HOSPITAL NAME

Animal Health
Partners

The right tympanic bulla contains a mild amount of T2 and FLAIR hyperintense material. The endolymph of the inner ear bilaterally is suppressed in the FLAIR and no contrast enhancement is appreciated.

REFERRING VET

Dr. Little

In the left retropharyngeal tissue, medial to the left mandibular salivary gland, a roundish, well-defined, T2 mild hyperintense and mild contrast enhancing mass, measuring 10 x 9 x 11 mm in size is visible. The left medial retropharyngeal lymph node can be appreciated caudally to the mass and presents without abnormalities.

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Multiple intervertebral discs of the cervical spine are mildly protruding into the vertebral canal, distorting the ventral epidural space.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Generalized increased contrast uptake facial nerve bilaterally
- Left sided small retropharyngeal mass
- Mild right sided otitis media
- Multifocal mild intervertebral disc protrusion along the cervical spine, without compressive myelopathy

DATE

12-31-21



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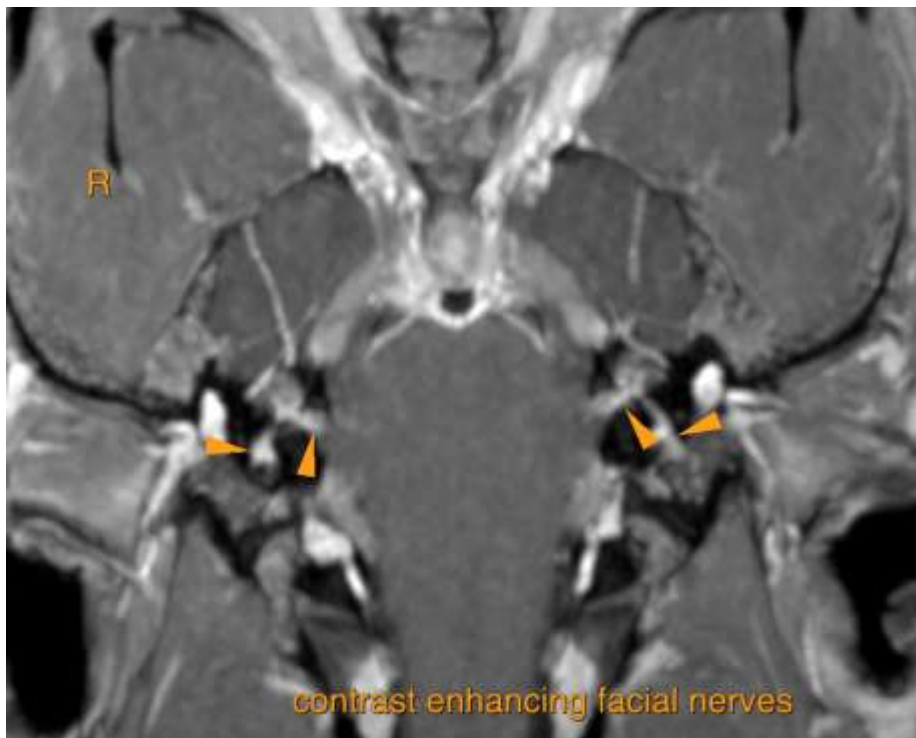
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The contrast enhancement of the facial nerve bilaterally might indicate active inflammation and idiopathic facial nerve neuropathy is considered most likely. Other causes for facial nerve paralysis like hypothyroidism, polyneuropathy, thoracic pathology, neoplastic invasion. The clinical relevance of the right sided mild otitis media is questionable, as clinical signs are bilaterally.

There is a left sided retropharyngeal small mass, rule out neoplastic transformation of ectopic thyroid tissue or paraganglioma. Ultrasound guided FNA sampling can be used as advanced diagnostic test.





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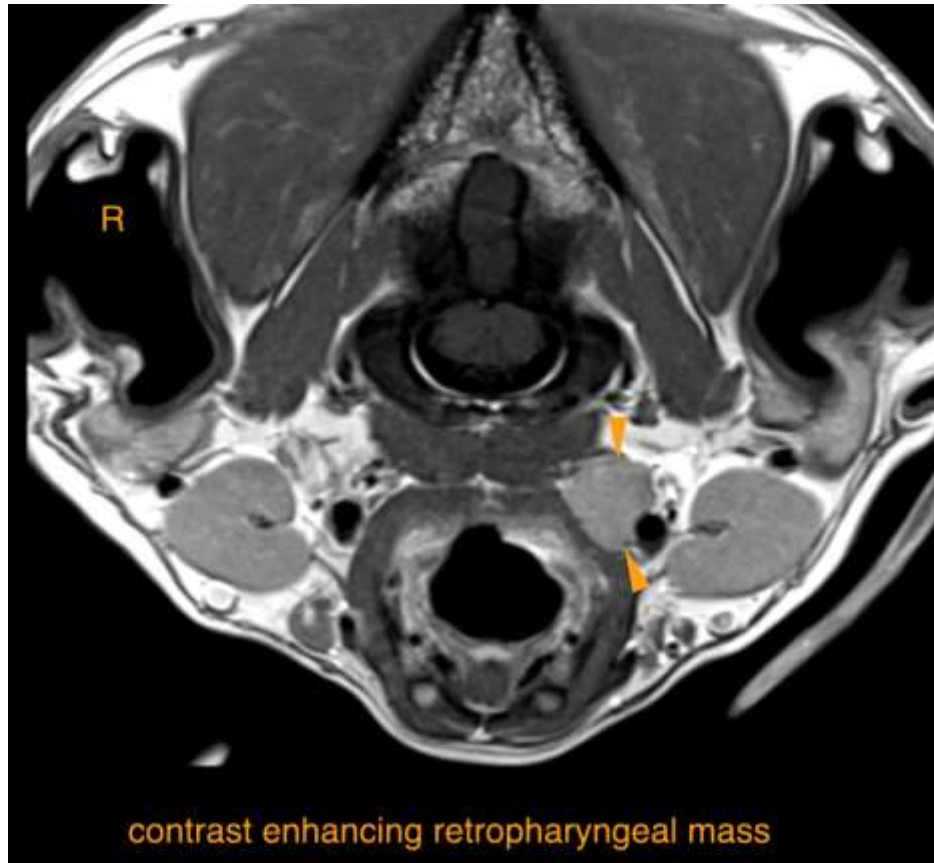
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

INVOICE

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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

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