



**PATIENT PRESENTING CLINICAL SIGNS**

Veto Dog Tales Rescue  
**SPECIES** Canine  
**BREED** Pointer X  
**SEX** MN  
**AGE** 3 Years

Veto a 3 year old, MN Pointer X, presented to the AHP Neurology Service on December 6, 2021 for a scheduled recheck examination and brain MRI +/- CSF analysis. Diagnosis was previously open for suspected focal seizures. During last consultation in July 2021, his neurological examination was normal. Phenobarbital was started at 60mg q12h. Blood level was low so it was increased to 75mg q12h. However his last level was 90umol/L (toxic level) so it was decreased back to 60mg q12h on October 13th. Increase in frequency of facial twitches has been seen. Abnormal PE/Chem/CBC/UA Results: left eyelid twitching is intermittently seen during examination ALT 151 (10 - 125 U/L)

**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 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 most caudal aspect of the left temporal muscle presents a focal wedge shaped depression of the surface and focal T2 & T1 mixed hypo- & hyper-intense striation.

**MAGNETIC RESONANCE IMAGING DIAGNOSIS**

- Focal scarring & fatty degeneration left temporal muscle
- Structural normal brain

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The focal scarring of the left temporal muscle indicates preceding trauma, if the scarring is extending ventrally up to the level of the external ear canal, there is chance of irritation of the left facial nerve triggering the fasciculations. Idiopathic focal epilepsy needs to be considered as source for the clinical signs as well. Workup has already been complemented by a CSF tap, as indicated.

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Health Partners

**REFERRING VET**

Dr. Little

**INVOICE**

48907

**DATE**

12-8-21



**PATIENT**

Veto Dog Tales  
Rescue

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Canine

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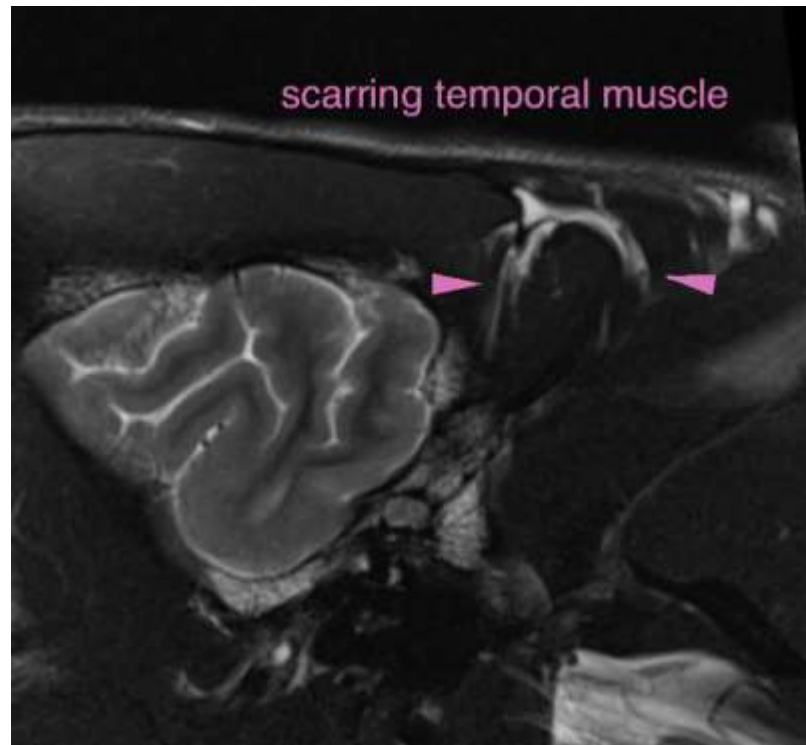
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

**BREED**

Pointer X

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

MN

**AGE**

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