



PATIENT

Evie Hubbell

SPECIES

Canine

BREED

Corgi Mix

SEX

Female Spayed

AGE

15Y

WEIGHT

15.4lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

JM

HOSPITAL NAME

Petroglyph Animal
Hospital

REFERRING VET

Madison Pegouske

INVOICE

73691

DATE

2-10-26

PRESENTING CLINICAL SIGNS

- Vestibular disease: right head tilt, circles to the right, ambulatory ataxia, positional nystagmus with fast phase to the left. Attempt to rule out central lesion.

Abnormal PE/Chem/CBC/UA Results: Patient is also inappetent, lethargic, and has a historic heart murmur (grade 3-4/6 systolic)

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

All teeth but triadan 101, 103, 104, 203, 204, 302-304, 402-405 and 407 are absent.

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.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

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 lateral ventricles of the brain are prominent.

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple absent teeth, see above
- No evidence of otitis media or interna
- Normal brain, but incidental ventriculomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An underlying macromorphological cause of the current neurological deficits is not detected. Likely differentials include an ischemic insult and/or geriatric vestibular syndrome.

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.



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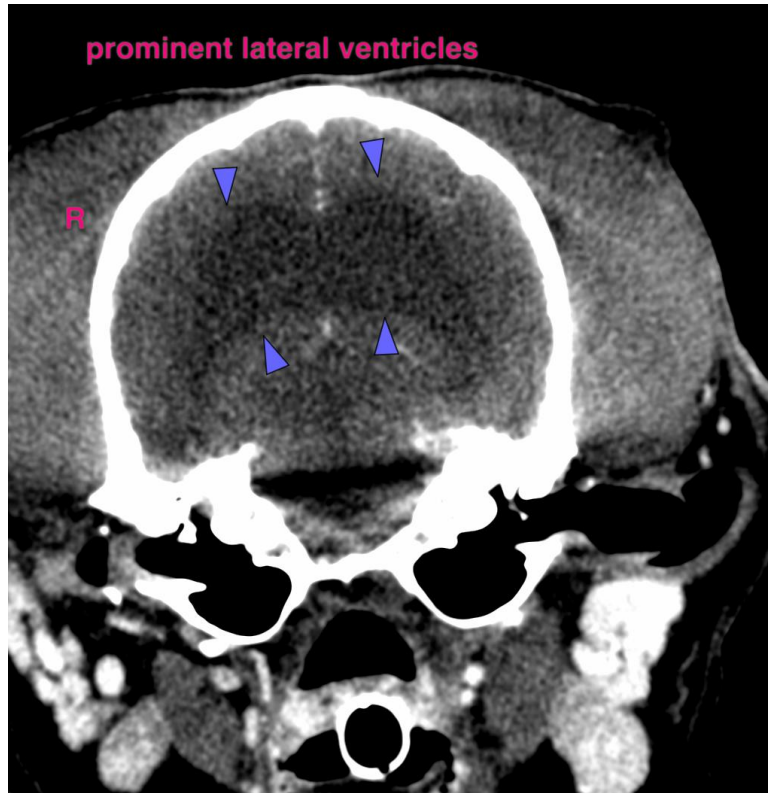
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com