



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Buddy Paulson
SPECIES Canine
BREED Chihuahua
SEX MN
AGE 6

Was kicked by a horse and lost consciousness, and fell over. Post injury patient was taken to bailey Vet, diagnosed with head trauma and a skull fracture and transferred to SOVSC for care Q/Dull, R, H Stands and ambulates slowly. EENT bilateral cataracts, midrange pupils, slow PLRs. No fundic pathology. Tartar and dental calculus. PLNs NSF Auscultation no murmurs, lungs clear, pulses synchronous Abdominal palpation unremarkable. MS unremarkable Integ IVC left fore, bleeding wound dorsal cranium slightly R of midline Slow CP left fore, absent CP L rear, normal CPs both R side Buddy was admitted for assessment / management of TBI / Head Trauma He was initially treated with mannitol to improve rheology and potentially control ICP. A CT contrast CT was completed and revealed a skull fracture with depression and injury to the regional meninges / brain. Owners were contacted and referral to a Neurology service was discussed. Due to difficulty in transportation and concern about achieving a neuro referral at this time, management at SOVSC was authorized. The depressed skull fracture sequestrum was removed and the injury site closed after a saline lavage. Post removal of fragment CT was repeated and all images were submitted to Radiology via Sonopath. Plan to manage with phenobarbital, analgesia and IV clindamycin and reassess neuro status on Sunday.

Abnormal PE/Chem/CBC/UA Results:

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 tooth elements 101, 306 and 311 are absent.

A moderate amount of fluid attenuating material is attached to the nasal mucosal lining. There is a depression fracture of the right frontal bone, at the caudal aspect of the right frontal sinus with an osseous fragment, measuring approximately 14 x 4 x 13 mm in size, is mild to moderately displaced ventrally into the cranial fossa and multiple small osseous fragments depressed into the right frontal sinus. The right frontal lobe is mildly distorted by the displaced fragment of the calvarium. There is a fissure line running from the right frontal bone caudoventrally through the parietal bone up into the occipital bone. The soft tissues overlying the right frontal sinus are irregular with multiple gas inclusions.

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.

Post-surgical intervention, the osseous fragments are removed from the right frontal sinus, but small mineralized bodies. The large osseous fragment of the right frontal bone has be mildly retracted from the cranial fossa and the superficial parts are resected.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME

Southern Oregon
 Veterinary Specialty
 Center

REFERRING VET

Ravi Seshadri

INVOICE

50096

DATE

2-5-22



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Acute traumatic depression fracture right frontal bone with perforation of the cranial fossa and mild to moderate displacement of an osseous fragment into the cranial fossa
- Long fissure line along the right aspect of the calvarium extending up into the occipital bone
- Traumatic fracture of the right frontal sinus
- Suspect secondary intranasal hemorrhage
- Multiple absent teeth

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with the history of traumatic fracture of the calvarium with an osseous fragment of the right frontal bone being displaced into the cranial fossa. The intracranially displaced fragment has been mildly retraced from the cranial fossa.

Consider continuation of empirical management.





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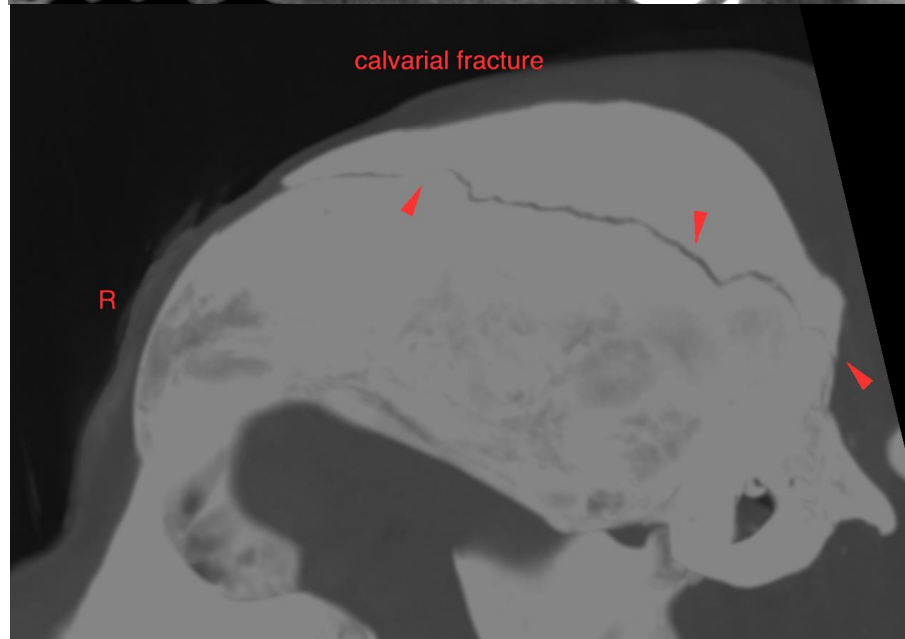
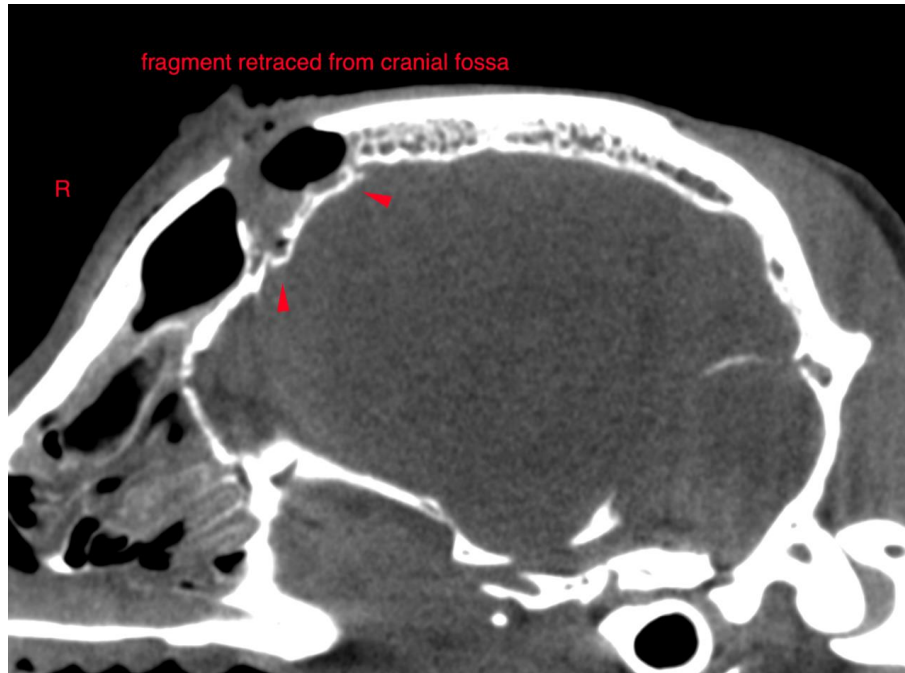
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Buddy Paulson

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.

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.

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