



**PATIENT PRESENTING CLINICAL SIGNS**

Groot Latimer Started 4-5 days ago, progressively getting worse. Initially began with head tilt, change in gait, leaning and rolling to the right. Appetite has been decreasing. Since last night uncontrollable rolling, unable to stand, circles/rolls instead. PO vertical nystagmus noted with pupils dilating and constricting.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Increased WBC  $18.64 \times 10^9/L$ , decreased AMYL 303 U/L

Canine **COMPUTED TOMOGRAPHY OF THE SKULL**

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

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

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

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

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

MN

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.

**AGE**

6 Months

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**

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.

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**HOSPITAL NAME**

- Structural normal brain
- No evidence of otitis media or interna

Bridgwater  
Veterinary Hospital  
and Wellness Centre

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

In the present study of the brain, there is no evidence of macromorphological disease and no underlying cause for the presenting clinical signs can be specified.

**REFERRING VET**

Dr. M. Sra

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. In case of the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.

**INVOICE**

57559

**DATE**

3-30-23



**PATIENT**

Groot Latimer

**SPECIES**

Canine

**BREED**

Husky X

**SEX**

MN

**AGE**

6 Months

**INTERPRETED BY**

Sebastian Schaub, DVM  
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**HOSPITAL NAME**

Bridgwater  
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and Wellness Centre

**REFERRING VET**

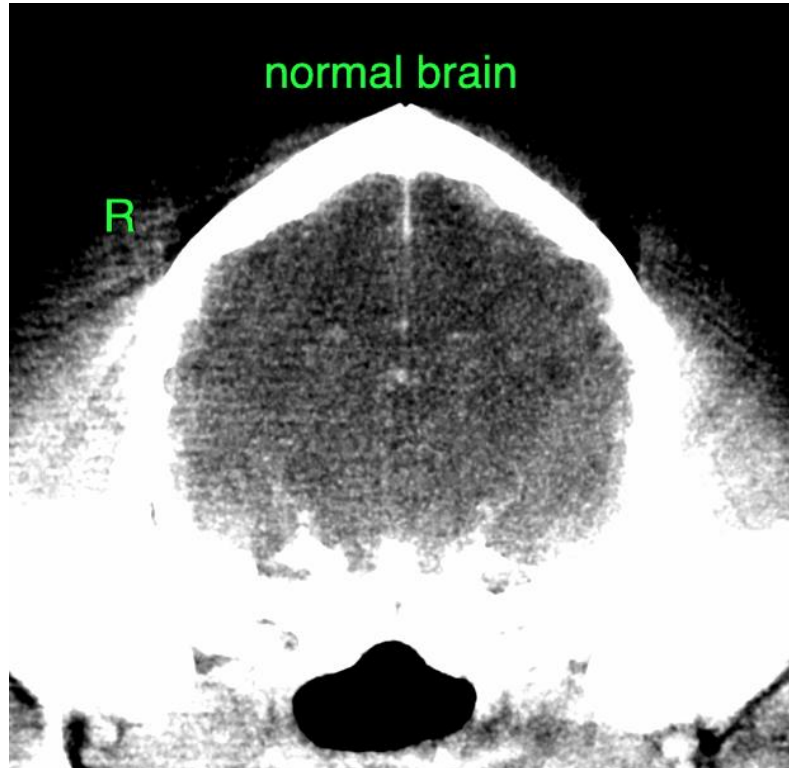
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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