



PATIENT PRESENTING CLINICAL SIGNS

Covi Griffin Catalfomo
SPECIES History: Patient presents to the clinic due to head tilt and lack of coordination. **NEUROLOGIC EXAM:**
 Posture evaluation: Left sided head tilt Proprioception: left front leg delayed, right front leg slight delayed, back legs normal Wheelbarrow postural reaction: normal Hemi stand postural reaction: difficulties standing only with left legs, mild difficulties with right legs Hopping: normal Patellar reflex: normal Cranial tibial reflex: normal Gastonemius reflex: normal Sciatic nerve: normal
Canine Cutaneous trunci: normal Biceps reflex right side absent Menace response, delayed left side, normal right Pupillary light reflex: left side none, right side delayed

BREED Abnormal PE/Chem/CBC/UA Results: CBC --- NEU and LYM borderline low normal CHEM --- unremarkable

Small Mixed Breed

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & CERVICAL SPINE

SEX A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax are provided for review.

Spayed Female

COMPUTED TOMOGRAPHIC FINDINGS

AGE The tooth elements 306, 405 and 406 are absent.

3 Years

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

INTERPRETED BY

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

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.

HOSPITAL NAME

Veterinary Image
 Center

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.

REFERRING VET

Dr. S. Vega, DVM

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.

Post contrast administration, in the left epaxial musculature level with T3 to T5, a contrast enhancing region is appreciated, measuring 11 x 7 x 27 mm.

INVOICE COMPUTED TOMOGRAPHIC DIAGNOSIS

21909

- Contrast enhancing muscular region left epaxial musculature level T3 to T5
- Absent triadan 306, 405 and 406

DATE

3/31/23



PATIENT

- Structural normal brain
- Normal calvarium
- No sign for otitis media or interna

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

The CT study of the skull presents without abnormalities, explaining the described clinical signs.

BREED

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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.

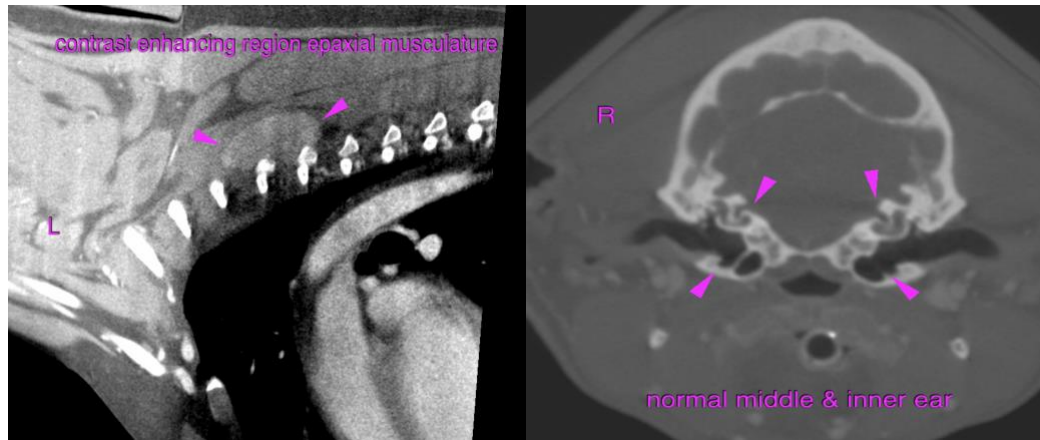
SEX

Spayed Female

The contrast enhancing lesion of the left epaxial musculature level T3 to T5 is suggestive for focal myositis. Theoretically neoplastic infiltration such as round cell tumor is a potential – but is commonly associated with multiple intramuscular contrast enhancing lesions. Ultrasound guided FNA sampling can be tried.

AGE

3 Years



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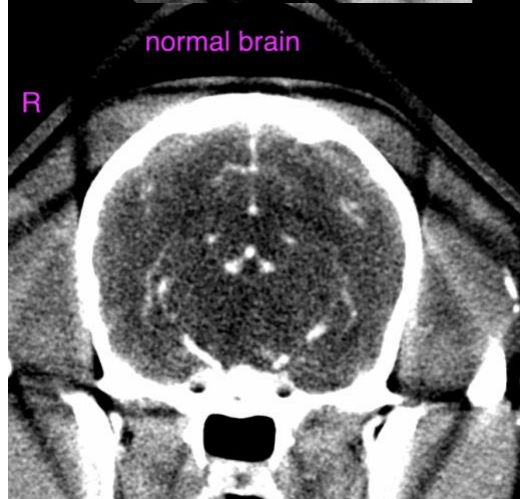
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com

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SEX

Spayed Female

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