



PATIENT

Jesse Cook

PRESENTING CLINICAL SIGNS

Jesse was evaluated on urgent followup from assessment yesterday. His screening labwork from yesterday had shown stable renal disease with no hypertension and scant proteinuria. Today he was evaluated due to acute neurological change with weakness and ataxia. On presentation he was normotensive and bradycardic but at similar HR as per his usual. Recheck of PCV and calcium levels supported continued stability. ECG did not show any atypical complexes. Based on his neurological signs and triage assessment a CT of the head and cervical spine was performed along with CSF tap. While awaiting the pending testing I am starting him on meclizine and cerenia for a vestibular component to his signs. Comfort care with gabapentin is also being started. CSF tap and CT results anticipated in 48h-72h.
Abnormal PE/Chem/CBC/UA Results:

SPECIES

Canine

BREED

Kelpie

COMPUTED TOMOGRAPHY OF THE SKULL & NECK

SEX

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

MN

COMPUTED TOMOGRAPHIC FINDINGS

Ankylosis and tooth root resorption of the distal root of triadan 108 is noted. Triadan 208 presents a moderate widening.

AGE

15

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.

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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.

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.

REFERRING VET

Rory Applegate

The osseous and soft tissue structures of the neck are within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Periodontal diseased 108&109
- Structural normal brain

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

3-5-22

An underlying macromorphological cause of the current neurological deficits is not detected. However, according to the history an ischemic insult and/or geriatric vestibular syndrome is a potential differential diagnosis.



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If not yet done so, the workup should be complemented 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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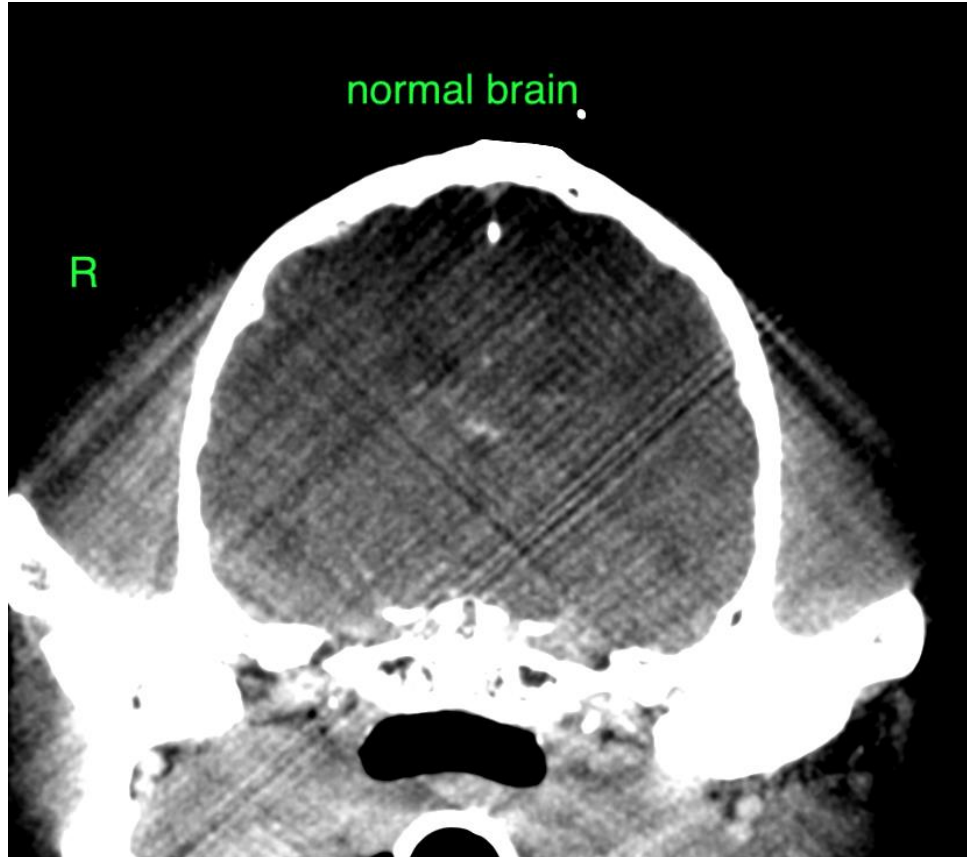
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REFERRING VET

Rory Applegate

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.

INVOICE

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

DATE

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