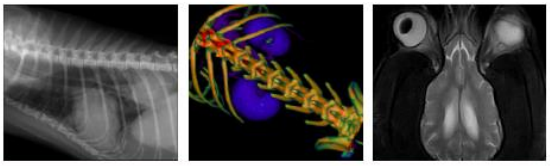
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bruno Diaz

SPECIES

Canine

BREED

Schnauzer

SEX

MN

AGE

2 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Veterinary Image Center

REFERRING VET

Dr. M. Jimenez, DVM

INVOICE

51753

DATE

4-26-22

PRESENTING CLINICAL SIGNS

Head tilt to right side.
Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- unremarkable

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

Gemenification of triadan 201&202 is noted.

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 right external ear canal contains a small amount of fluid attenuating material.

A mild midline shift of the falx cerebri to the left is appreciated. 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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild right sided otitis externa
- Mild midline shift of the brain parenchyma to the left
- Gemenification triadan 201/202

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Rule out underlying otitis externa as source for the clinical signs. Consider otoscopic evaluation of the right external ear canal.

The mild midline shift of the brain parenchyma might be caused by intraparenchymal swelling (e.g. meningoencephalitis of unknown origin, non-contrast enhancing neoplasia) or can still present a normal anatomical variant. No abnormalities are appreciated in the region of the cerebellum, mesencephalon, brainstem that could be associated with head tilt central vestibular clinical signs – if present. If not done so yet, recommend complementing workup by a CSF tap. In case of strong clinical suspicion for intraparenchymal changes of the CNS, recommend MRI study of the brain.

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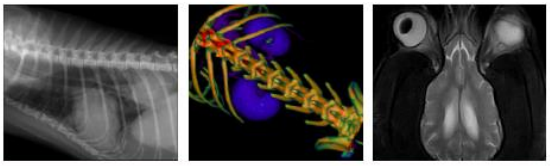

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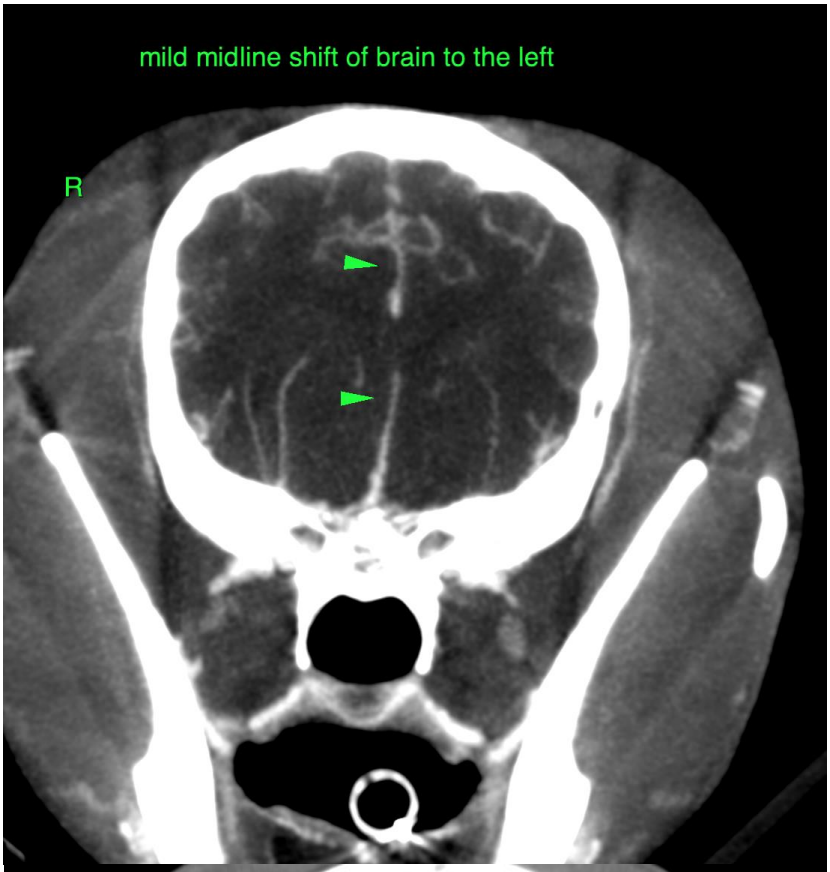

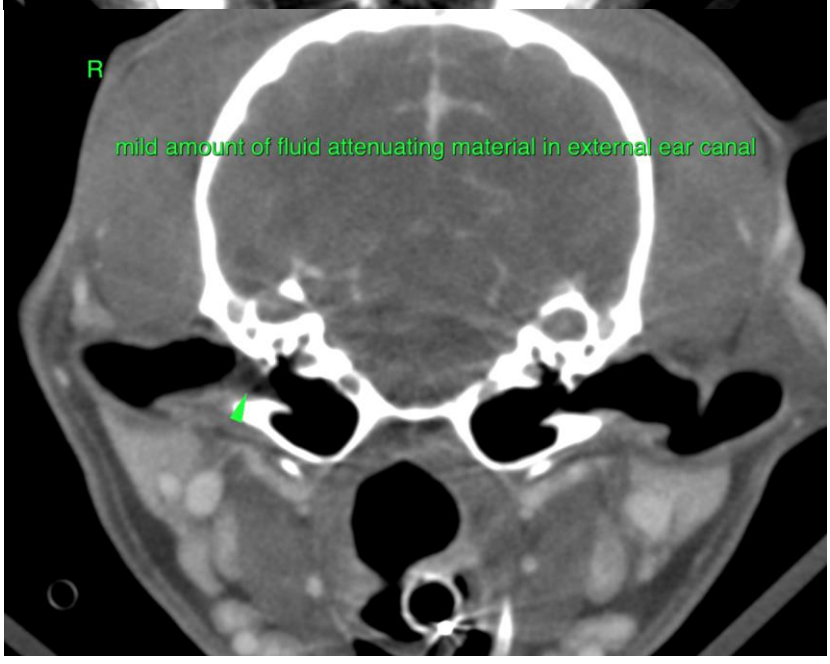

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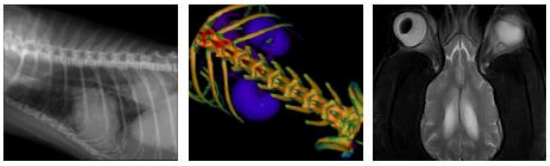

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com