



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Jack Hanley
SPECIES Canine
BREED Golden Retriever
SEX Neutered Male

History: Jack's first seizure occurred a month ago at age 11 yrs started put with bad ear infection in January. Was treated with claro. Owner notes that since his hearing has decreased. A month ago he would have tremors triggered usually by loud sounds and sudden movement. Owner noticed that it is increasing in frequency. He would twitch and tremor and then fall to the ground and wake up like normal. He is starting to knuckle on hind legs and seem more ataxic. Head is now hanging off the bed edge which is unusual. referring veterinarian notes that R ear drum is not present. Between episodes, Jack has been showing some clinical signs such as depression, hearing difficulty. Not wanting to move much to avoid falling. Mentation: Bright, alert and responsive. Cranial nerve exam: Positional ventromedial strabismus OS. Pupils do not constrict fully with pupillary light reflex OU, suspect secondary to iris atrophy. Remainder of cranial nerves within normal limits. Gait/posture: Ambulatory with a very mild paraparesis and occasional foot placement abnormality on the right. Postural reactions: Proprioceptive positioning and hopping were mildly delayed in the pelvic limbs bilaterally, right worse than left. Spinal reflexes: Normal. Sensory/nociception: No hyperesthesia elicited with palpation along the vertebral column. Sensation is intact. Localization - seizures localize to the thalamocortex. possible vestibular episodes - inner ear v brainstem WBC = 11.2/uL (normal 0-4/uL); mild mixed pleocytosis (50% neutrophils, remainder mixed mononuclear; no atypical cells or infectious organisms identified. are the tympanic membranes intact?

AGE MAGNETIC RESONANCE IMAGING OF THE SKULL

12 Years
 T2 weighted, FLAIR, SWI, diffusion weighted, T1 pre- and post-gadolinium sequence in multiple imaging planes are provided for review.

INTERPRETED BY MAGNETIC RESONANCE IMAGING FINDINGS

Sebastian Schaub, DVM Dr. med. vet. DipECVDI
 In the FLAIR sequence, a hyperintense focus is seen in capsula interna, adjacent to the basal nuclei – no altered signal is appreciated in the respective region in T2 weighted images and no pathological contrast enhancement pattern is noted.

HOSPITAL NAME Animal Health Partners
 The ventricular system presents the expected dimensions, morphology and the CSF signal is within normal limits in all sequences.

The tympanic bullae are aerated and the bony lining is thin. Surrounding soft tissue structures in the head region are within normal limits.

REFERRING VET MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Dr. Alison Little
- FLAIR hyperintense intraaxial focus in FLAIR left capsula interna
 - No evidence of otitis media

INVOICE INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

21889
 The intraaxial hyperintense lesion might present lacunar white matter infarct. No additional macromorphological abnormalities are appreciated, explaining the seizure activity.

DATE

4/5/23



PATIENT

Jack Hanley

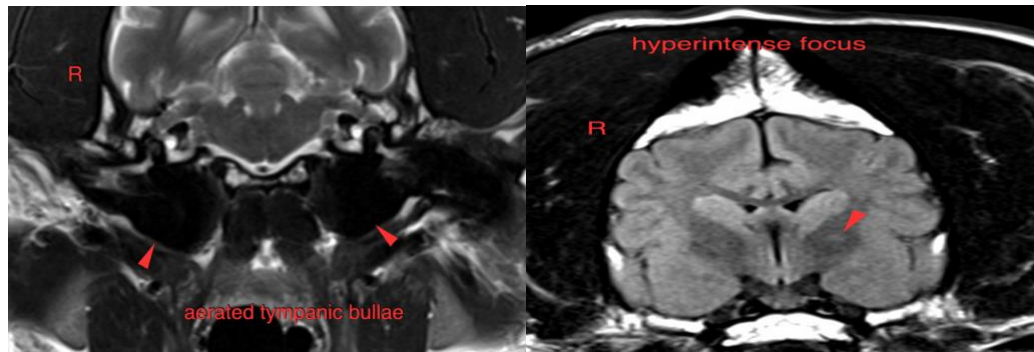
As there are no signs for otitis media/effusion within the bullae, I would consider the tympanic membrane to be intact.

SPECIES

Canine

BREED

Golden Retriever



SEX

Neutered Male

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.

AGE

12 Years

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

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

HOSPITAL NAME

Animal Health
Partners

REFERRING VET

Dr. Alison Little

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