



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Micah Parisy  
**SPECIES** Canine  
**BREED** Collie  
**SEX** Neutered Male  
**AGE** 4 Years 3 Months

History: 4/5/23-Reason for today's visit: Pet presents for acting unbalanced, dribbling urine and walking in circles to the right, head tilt to right. Wobbly when standing up. E/d fine. Vomited an hour ago , consisted of food. no diarrhea. How long has problem been going on: started this morning at 5:00am sentinel spectrum for f/t & htw glucosamine condoisant for joints Feeding: Kirkland costco brand , unsure if grain free No new treats recently, no people food not up to date on vaccines  
 Abnormal PE/Chem/CBC/UA Results: Low- thyroid, EOS, Lymphs High- Sodium, Retics

**COMPUTED TOMOGRAPHIC STUDY OF THE SKULL**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

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.

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.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Normal brain
- No evidence of otitis media or interna

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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 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 other systemic illness. MR imaging may be indicated in case of the strong suspicion of structural parenchymal changes of the brain.

**DATE**

4/5/23

**INTERPRETED BY**  
 Sebastian Schaub,  
 DVM Dr. med. vet.  
 DipECVDI

**HOSPITAL NAME**  
 Neel VH

**REFERRING VET**  
 Alyson Fryer, DVM



**PATIENT**

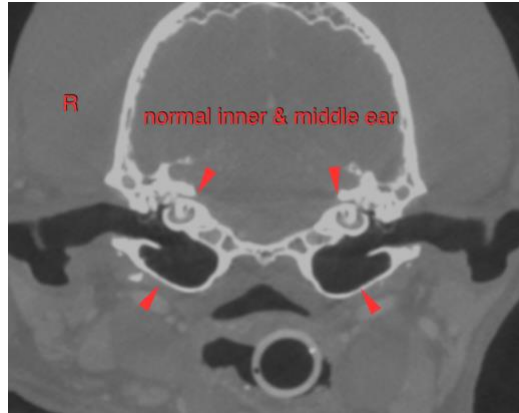
Micah Parisy

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Collie



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Neutered Male

**AGE**

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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  
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DVM Dr. med. vet.  
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