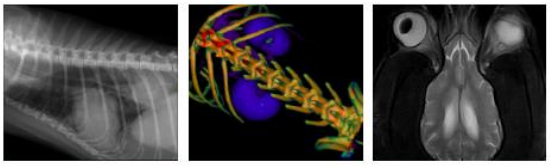

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Tucker DeGroot

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

MN

AGE

15 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Toronto Animal Health Partners

REFERRING VET

Dr. Alison Little

INVOICE

57687

DATE

4-6-23

PRESENTING CLINICAL SIGNS

2.5 weeks ago he was found acutely vestibular, rolling on the floor. He had a nystagmus and head tilt. He was unable to stand. Seen by Dr. Cochrane last Wendsday. Severe right sided vestibular disease. He has shown mild improvements but is still non-ambulatory. His appetite better. He is eating intermittently. He is drinking well. Previous medical history: Syncopal episodes last year – lasted seconds. Had a holter – heart would just stop for seconds. He has not had any episodes in 6 months. Was previously on medications but that has since been discontinued. He's been anesthetized for a dental and sedated for a CT since that time He had a lung lobectomy in January 2022 - grade 1 adenocarcinoma that was completely excised. Proteinuria - Telmisartan and clopidogrel Abnormal PE/Chem/CBC/UA Results: Mentation: disoriented and responsive. Cranial nerve exam:Positional vertical nystagums fast phase down, positional right ventrolateral strabismus, marked right head tilt, anisocoria left > right, intermittent menace response OU. Gait/posture: Non-ambulatory with a marked vestibular ataxia. Falls to the right. Wide, bilateral head excursions, leans to the right. Voluntary motor present in all four limbs. Postural reactions: Proprioceptive positioning and hopping were normal in all limbs. Spinal reflexes: Normal. Sensory/nociception: Cervical hyperesthesia elicited with palpation along the vertebral column. Sensation is intact. lesion localization - right vestibular (central > peripheral)

MAGNETIC RESONANCE IMAGING OF THE SKULL

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

MAGNETIC RESONANCE IMAGING FINDINGS

The brain presents the expected anatomy. Multifocal throughout the cerebral hemispheres and diencephalon, T2 hypointense, variable sized lesions are seen – presenting with susceptibility artefacts in SWI. Post contrast administration, some of the hypoattenuating lesions present mild peripheral contrast enhancement in the FLAIR post contrast images. The ADC map does not present a zone with restricted diffusion.

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.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Multifocal randomly distributed intraaxial hemorrhage throughout the tel- and diencephalon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with multifocal intraparenchymal microbleeds/hemorrhagic infarcts. Rule out systemic hypertension (e.g. cardiac disease, pheochromocytoma) ± cerebral amyloid angiopathy, coagulopathy, angiotropic lymphoma, Angiostrongylus infection. As metastasis such as hemangiosarcoma is a consideration as well, rule out primary neoplastic disease.

According to the history of acute onset of clinical signs and in combination with the appreciated changes a transient ischemic insult/geriatric vestibular syndrome is considered as the top diagnosis here.

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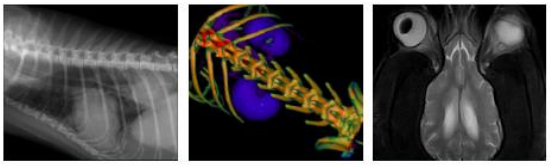

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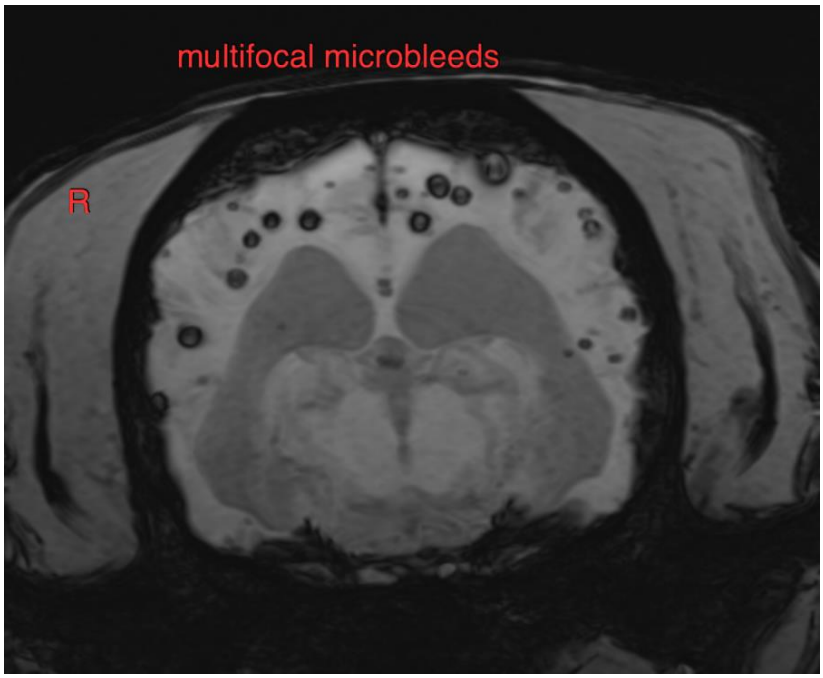

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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