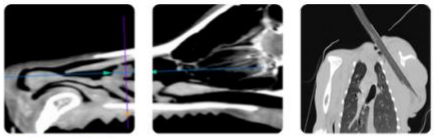

PATIENT

Koda Holleday

SPECIES

Canine

BREED

Australian Shepherd Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

58 lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Morgyn Young

HOSPITAL NAME

Queen Creek Veterinary Clinic

REFERRING VET

Dr. Marissa Gibbs

INVOICE

16252

DATE

05/14/26

PRESENTING CLINICAL SIGNS

Presented to GQ ER on 5/7/26 for first-time seizure activity that only lasted a couple minutes. O reported snarling and brief aggression following event. Pet also has an anxious mentation, reportedly more than usual. No current medications.

Moderate ALP elevation on 5/7/26, otherwise clinically unremarkable. CBC unremarkable. No Valley Fever antibody detected.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

The tooth elements 108, 110, 209, 210 are absent. Triadan 109 presents a significant widening of the periodontal space.

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 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

- Advanced periodontal disease 109
- Multiple absent teeth
- Normal brain

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In the present study of the brain there is no evidence of macromorphological disease, which supports the presumptive diagnosis of idiopathic/cryptogenic epilepsy

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 hepatoencephalopathy and other systemic illness. In case of the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.

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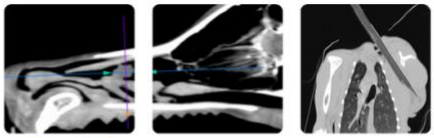

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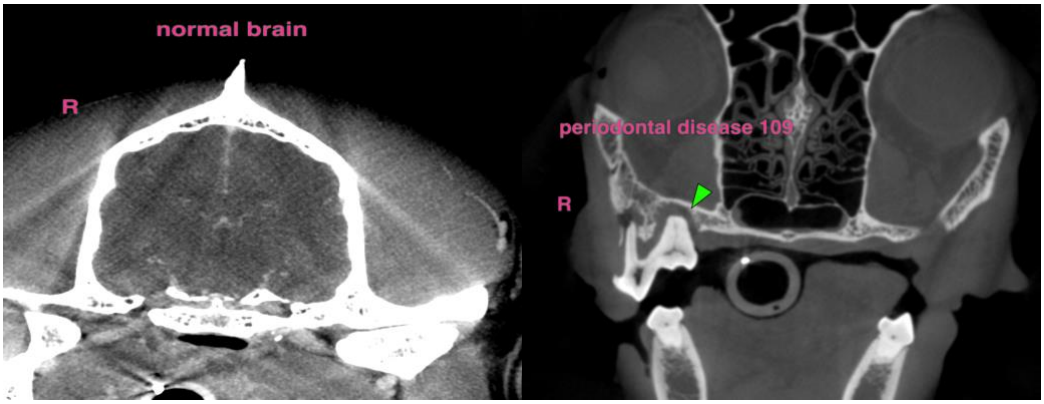

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com