



PATIENT

Krypto Rivera

PRESENTING CLINICAL SIGNS

History of seizures. Was on keppra and it did not help. Was seen here may 23 by Dr Carver. Switched to Phenobarbitol at that time and no seizures since then until gone. Tonight had 3 seizures within the hour not as long or as severe as previously. Patient is a none cryptorchid. Owner was meaning to go to the neurologist but things came up and has not made it yet. on phenobarb 64.8mg 1.5T BID bcs 4/9 elevated BUN (48.1)

SPECIES

K9

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

BREED

GSD

A high resolution pre- and post-contrast CT study of the skull, thorax and abdomen are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

M

Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

AGE

4 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

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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.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

REFERRING VET

Dr. Van Nieuwal

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

INVOICE

52539

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

DATE

6-22-22

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Abdomen



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Parts of the ventral abdomen are cropped by the field of view.

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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

SPECIES

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

K9

The adrenal glands are within normal limits for size, shape and organ architecture.

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

GSD

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

SEX

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

M

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

AGE

The left testicle is located in the subcutaneous tissue lateral to the penis.

4 Years

The bony and surrounding soft tissue structures reveal no abnormalities.

INTERPRETED BY

Sebastian Schaub, DVM
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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Possible left sided inguinal cryptorchism
- Normal skull, including the brain
- Normal thorax

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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 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. The CT study of the abdomen presents no signs for portosystemic shunting; the contrast enhancement of the intrahepatic portal vasculature is limited but the right lateral intrahepatic branch of the portal vein appears well developed and there is no evidence of microhepatica, renomegaly that might indicate portosystemic shunting.

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In case of the strong clinical suspicion of structural intraparenchymal changes of the brain a MRI may be considered.

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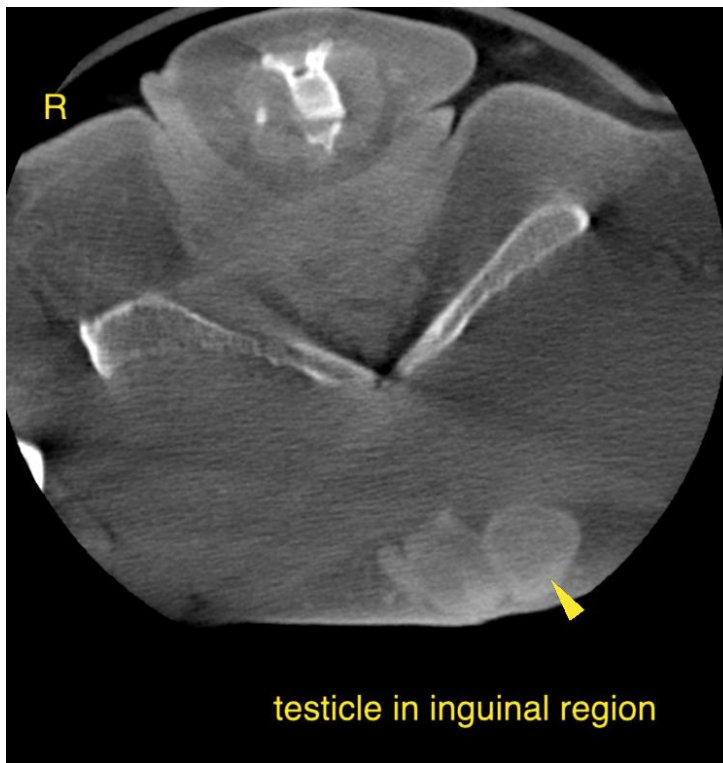
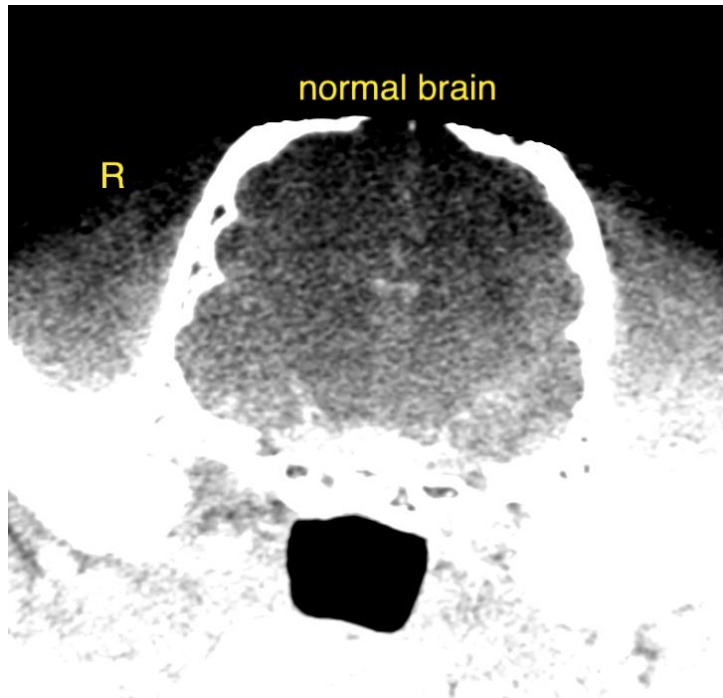
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

K9

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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