



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Brisa Martinez

**SPECIES**  
Canine

**BREED**  
Border Collie

Started having seizures on 2020. seizures last less than 1 minute. post ictal phase lasts around 2 hours. keppra 250 mg TID KBrovet 500 mg BID Gabapentin 300 mg TID 2 seizures in Jan, 1 episode by month from February until May; 2 episodes in June PE Eyes: lenticular sclerosis OU Oral-Teeth: mild calculus accumulation with fractured right and left maxillary I3; fractured tip of left maxillary canine Cardiovascular: grade II/VI heart murmur CT Scan recommended DWO seizures don't stop with medications - goal is to control frequency and avoid seizures > 5 minutes owner considers gabapentin sedated her too much changed doses to gabapentin 100 mg TID, keppra 500 mg TID - gave px for extended release 500 mg BID, kbrevet 500 mg 1/2 tab BID wouldn't add phenobarbital at this moment Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- CREA moderate mild increased, ALKP mild decreased

**COMPUTED TOMOGRAPHY OF THE SKULL**

**SEX**  
SF

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**AGE**  
11 Years

Triadan 301 is absent and the respective root is retained within the alveolar crest. Parts of the crown of triadan 103 and 203 are absent, exposing the pulp cavity to the surface.

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.

The osseous and soft tissue structures of the neck are within normal limits.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Complicated dental fracture 103&203
- Fractured 301 with retained root - no signs of infection
- Structural 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 epilepsy.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Veterinary Image Center

**REFERRING VET**

Dr. M. Martes, DVM

**INVOICE**

52649

**DATE**

6-29-22



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Brisa Martinez

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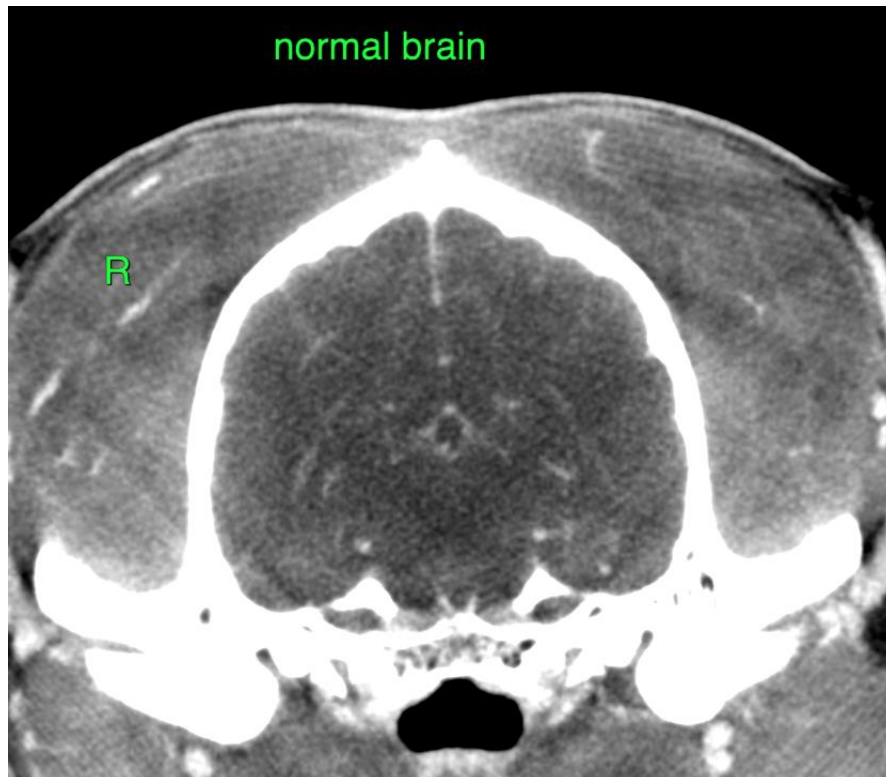
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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