



PATIENT

Lady Mardini

SPECIES

Canine

BREED

Doberman

SEX

Spayed Female

AGE

12 Years

WEIGHT

60 lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDF

IMAGING PERFORMED BY

East Hill Animal
Hospital

HOSPITAL NAME

East Hill Animal
Hospital

REFERRING VET

Dr. Gunn

INVOICE

16364

DATE

06/04/26

PRESENTING CLINICAL SIGNS

Starting 5/30 horizontal nystagmus OU, left head tilt and falling to left side. Treated with Cerenia and Meclizine. Not e/d unless hand syringed water. Unsteady. Currently hospitalized. Treated with dexamethasone, Enrofloxacin and IV fluids

Abnormal PE/Chem/CBC/UA Results: nystagmus unsteady gait vestibular ataxia dehydration hypothyroid(historic)

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 viscerocranium presents moderate motion artefacts.

Multiple teeth are absent.

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, but a small amount of soft tissue material in the left external ear canal.

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

- Multiple absent teeth
- Suspect small amount of cerumen in left external ear canal
- Normal brain
- No evidence of otitis media nor interna

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An underlying macromorphological cause for the presenting vestibular clinical signs cannot be specified. According to the history a (transient) ischemic insult and/or geriatric vestibular syndrome is a potential differential diagnosis.

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.



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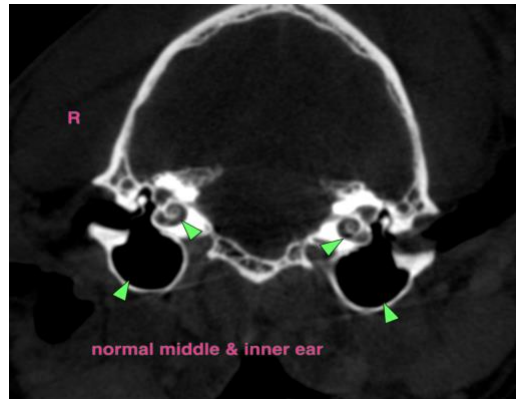
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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