



PATIENT PRESENTING CLINICAL SIGNS

Millie Koeplin
SPECIES Canine
BREED Lab Cross
SEX Female Spayed
AGE 5 Years, 9 Months

Subjective kind of like p's left side, walks with her head down, can not see, one day was trying to go to the bathroom and fell over would always jump on the bed, was almost like she didnt have clearance, wouldnt be able to jump off of the bed, would just do circles on the bed, almost as if she doesnt have depth perception this started about a week and a half ago progressively got worse has never had anything like this before continuous throughout the day o is not sure of any triggers, maybe becuae they moved, more anxious, they have moved in the past however ears are dirty, no drainage or odor e/d- good rachel ray v/d- none c/s- about a month ago had a really bad cough, has since subsided l/b- none medications- premeds are on board had everything travels- none distemper rabies o declined bordetella and heartworm concerns- o would like some meds for p's anxiety from the move to this new house jk Objective Premed with Ace, Gabapentin, Trazadone. Head tilt to the L side. Laying down so unable to visualize mobility. No overt nystagmus. Able to track movement in the exam room. T 102.1 Quiet but still reactive to approach near face. Lunge, offer to bite with approach near the face. Disoriented, disinhibited. Took muzzle off during exam and unable to remuzzle safely so did long leash hold and gave sedation IM Sedated exam. Eyes appear clear. Anterior chambers clear. Oral exam- teeth G1 tarter. mm pink, moist. CRT <2s. H/L WNL. Appropriate heart rate for dexmed. L ear mild dark debris. Unable to easily visualize TM. Past HX of otitis Chem Glob 1.9 Assessment Head tilt/ataxia/disorientation- RO vestibular disease, inner ear otitis interna, other vs primary brain/cerebellar lesion No reported or noted nystagmus- exam needing to be completed while under premeds given fear aggression Plan Sedated for CT. Contrast shortage so unable to complete contrast study. Disc with O the need for sedated exam given lunging/reactivity. Pending full review. Vaccinated today given temperament of the pet and sedated jme

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

COMPUTED TOMOGRAPHY OF THE SKULL

A high resolution plain CT study of the skull is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

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.

A punctuate mineralization in the region of the right tonsil is seen.

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.

HOSPITAL NAME

State Avenue Vet
 Clinic

REFERRING VET

Dr. Jessica Evoniuk

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The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits.

The submandibular lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

DATE

6-6-22

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal skull
- No evidence of otitis media



PATIENT

Millie Koeplin

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study of the skull presents without abnormalities. In case of strong clinical suspicion for pathology of the CNS, recommend complementing workup by a post contrast CT study or MRI study of the brain.

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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.

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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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DATE

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