



**PATIENT**

Niko Louk

**SPECIES**

Canine

**BREED**

Bulldog Mix

**SEX**

MN

**AGE**

1 Year, 1 Month

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Wilson Veterinary  
Hospital

**REFERRING VET**

Dr. Laura Baumert

**INVOICE**

52350

**DATE**

6-7-22

**PRESENTING CLINICAL SIGNS**

Pet was born with a cleft palate. Surgical repair was done at 6 months of age, but 2 small openings remain. Elongated soft palate correction was done 2 months later. Pet developed gran mal seizures soon thereafter. They are currently controlled with phenobarbital. About 2 months ago, owner started noted intermittent episodes of aggression that are not related to any specific trigger. He has charged and tried to bite the owner several times. Generally pet "snaps out of them" on his own and is immediately back to himself. Pet looks hydrocephalic on physical exam. Abnormal PE/Chem/CBC/UA Results: WNL

**COMPUTED TOMOGRAPHY 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 107, 207, 305, 308, 405 and 408 are absent.

Starting level with the palatine fissure and extending caudally up to the caudal rim of the hard palate, a defect in the hard palate is seen, presenting rounded dorsally oriented osseous margins of the horizontal plate of the palatine bone bilaterally. The defect is measuring up to 1.8 cm in width and is incompletely covered by gingiva.

Moderate destruction of the nasal conchal and turbinate structures 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.

The ventricular system is moderately dilated. A supracollicular fluid accumulation is depressing the rostral contour of the cerebellum.

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**

- History of cleft palate with persistent small oronasal fistula formation and secondary destructive rhinitis
- Ventriculomegaly
- Multiple absent teeth

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The clinical relevance of the ventriculomegaly is unclear and evaluation of the brain for signs for hypertension by CT is limited. If there is suspicion for clinically relevant hypertensive hydrocephalus, recommend complementing workup by an MRI study of the brain.



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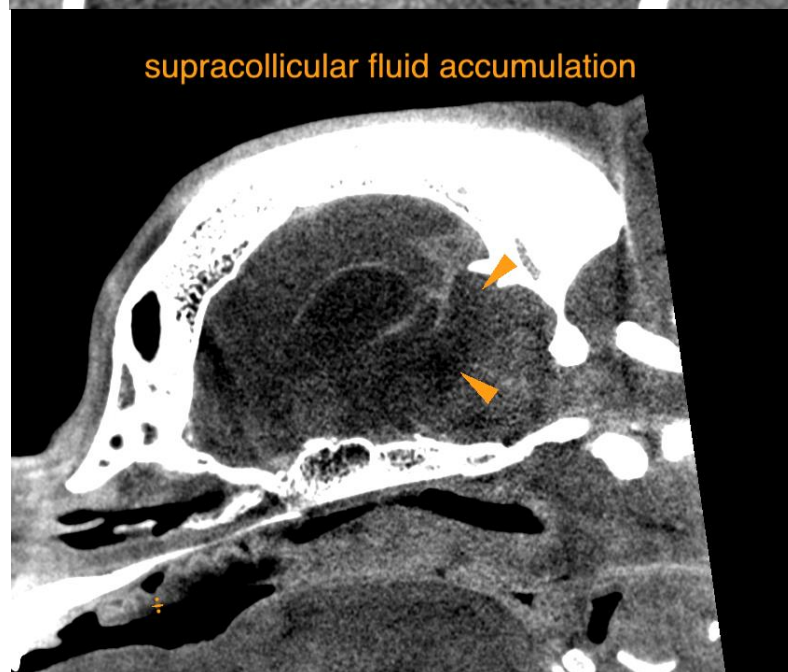
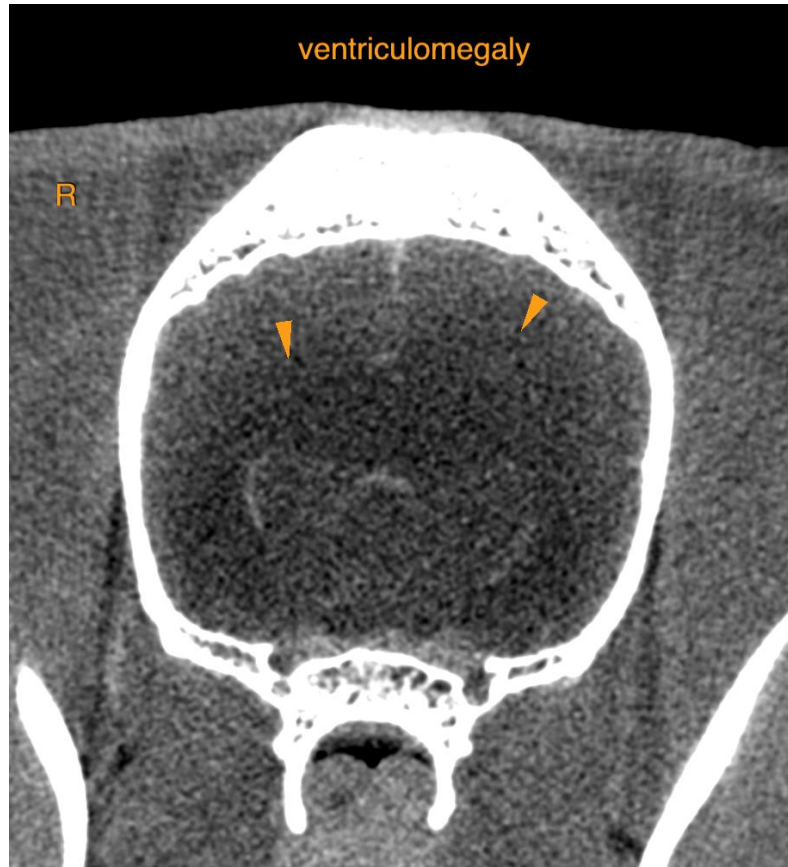
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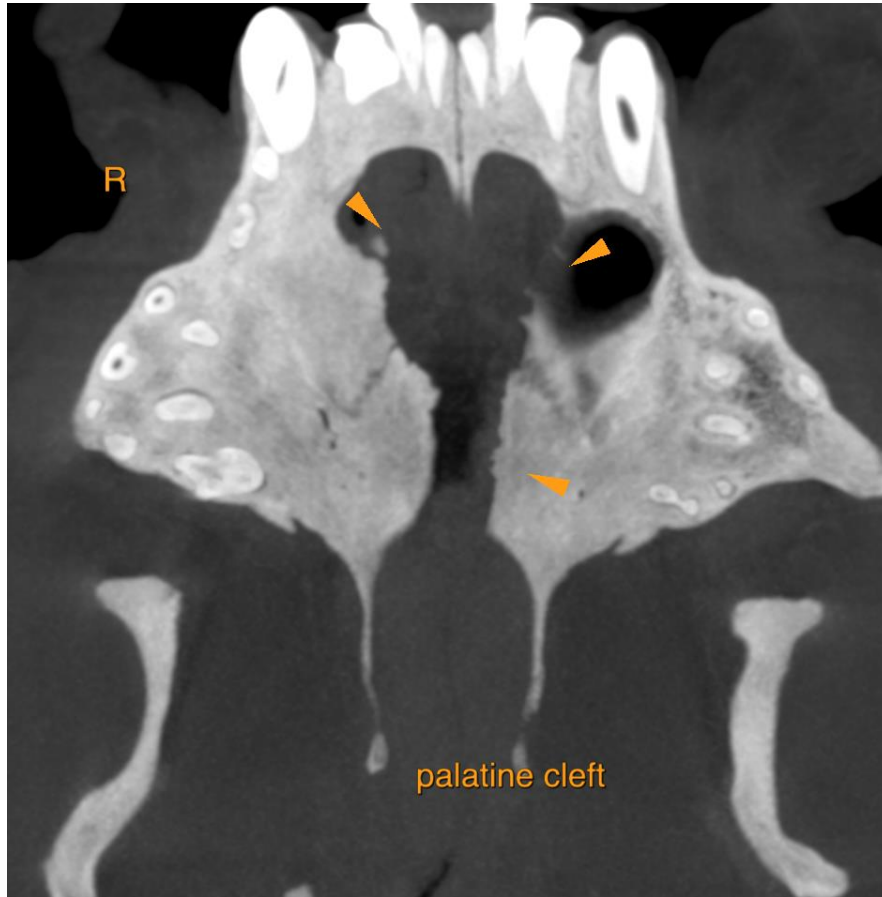
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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