



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Oreo Sloan
SPECIES Canine
BREED Shih Tzu
SEX Neutered Male
AGE 3 Years

History: Oreo presented with a 1 month history of pacing, disorientation, acting confused/lost, accidents in the house and irritable episodes. Cannot get comfortable unless he is being held. About 1 week ago he stopped eating (but seems interested). He has lost 2.5 lbs. Oreo also has a 4 month history of progressive skin issues (red skin, flaky pinnae, hair loss) and itching/chewing. Initially treated for allergies (apoquel, cytopoint, zyrtec, prednisone) but no improvement. Finally started on weekly ivermectin injections for sarcoptic mange and significantly improved. The owner reports about 90% resolution so far. They are still giving the ivermectin orally, 2.6 mg weekly. He has had 3 weekly doses of 8. The change in behavior/neurological signs did not start until after the ivermectin was initially given. No vomiting or diarrhea. Previous diagnosis: Sarcoptic mange suspected Purpose of CT scan: Diagnostic Location of CT scan: Head/abdomen Appetite: Anorexia for the past week Current medication: Ivermectin (2.6 mg weekly injections for mites), gabapentin, trazodone, cefpodoxime, hydrocodone (yesterday morning) Appetite and activity level: Both decreased Abnormal PE/Chem/CBC/UA Results: PE: Nothing significant is found Lab: Blood work is dated 6/3/22. CBC - PCV = 37.0%, WBC = 9120, neutrophils = 6260, lymphocytes = 1320, monocytes = 890. Platelets = 224,000. Chemistry - ALP = 514, all else normal. Urinalysis - USG > 1.050, pH = 7.0, no protein, UBG = 4, WBC = 2/hpf, RBC = 2/hpf, no bacteria seen.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL AND ABDOMEN

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

INTERPRETED BY COMPUTED TOMOGRAPHIC FINDINGS

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

Skull

Crowding and rotation of the maxillary premolar teeth is appreciated. Triadan 311 and 411 are absent. The right & left mandible, level with the alveolar crest of triadan 304/305&404/405 presents with a mild expansile geographic osteolytic lesions is appreciated. The geographic osteolytic lesion is in contact with the tooth roots of triadan 304-307 and 404-406.

HOSPITAL NAME

VetMed Consultants

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

REFERRING VET

Dr. Keith Lund

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

INVOICE

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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.

DATE

6/9/22



PATIENT	The ventricular system is non-dilated and symmetric. A small supracollicular fluid accumulation is appreciated.
Oreo Sloan	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.
SPECIES	The vertebral bodies of C2 and C3 are fused.
	Abdomen
Canine	The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.
BREED	
Shih Tzu	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.
	The adrenal glands are within normal limits for size, shape and organ architecture.
SEX	
Neutered Male	Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.
AGE	
3 Years	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.
	The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.
INTERPRETED BY	
Sebastian Schaub, DVM Dr. med. vet. DipECVDI	The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.
	The bony and surrounding soft tissue structures reveal no abnormalities.
HOSPITAL NAME	COMPUTED TOMOGRAPHIC DIAGNOSIS
VetMed Consultants	<ul style="list-style-type: none"> • Retention cyst triadan 305&405 versus lateral periodontal cyst rostral mandible bilaterally • Incidental supracollicular fluid accumulation • No evidence of portosystemic shunting, neither intra- nor extrahepatic
REFERRING VET	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Keith Lund	The CT study of the skull and abdomen presents without abnormalities, explaining the neurological clinical signs. As onset to clinical signs coincides with Ivermectin application, intoxication might be a potential here. If not yet done so the workup can be complemented by examination of CSF. In case of the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.
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16023	Recommend discussing treatment options of the cystic lesions in the rostral aspect of the mandible bilaterally with dentist – extraction of at least the involved premolars P1 to P3 bilaterally and curettage of the mandibular defects appears indicated.
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DVM Dr. med. vet.
DipECVDI

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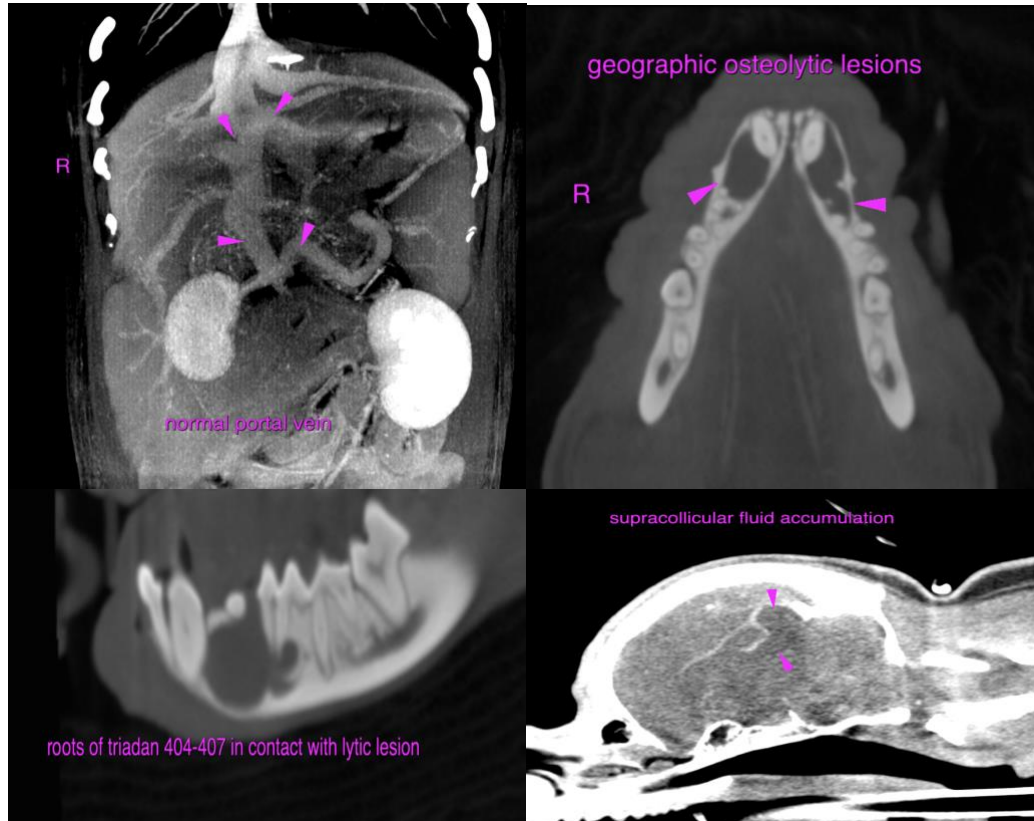
Dr. Keith Lund

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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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