



PATIENT

Akiles Perez

PRESENTING CLINICAL SIGNS

Right side facial paralysis. Palpebral reflex hyper. Abnormal barking+swallowing. Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- unremarkable

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL

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

BREED

German Shepherd

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.

SEX

NM

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 present an irregular epithelial lining.

AGE

10 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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 intervertebral disc C5/C6 is mildly protruding into the vertebral canal, occupying approximately 10-15% of the cross-sectional area of the vertebral canal at the same level. Mild dorsal tipping of the cranial endplate of C6 is appreciated. The dural tube level C5/C6 is deviated dorsally and mildly distorted.

HOSPITAL NAME

Veterinary Image Center

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intervertebral disc protrusion C5/C6 with potential dynamic myelocompression
- Otitis externa
- No evidence of otitis media

REFERRING VET

Dr. C. Soto, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

52919

The current CT study fails to present an underlying macromorphological abnormality that can explain the history of left sided facial nerve palsy. Rule out other causes for facial nerve paralysis like hypothyroidism, polyneuropathy, thoracic pathology or idiopathic facial nerve paralysis. The latter is the most common cause for facial nerve paralysis with 75% of the cases in dogs.

DATE

7-18-22

In case of strong clinical suspicion for intraparenchymal lesions of the brain, an MRI study may be beneficial for further workup.



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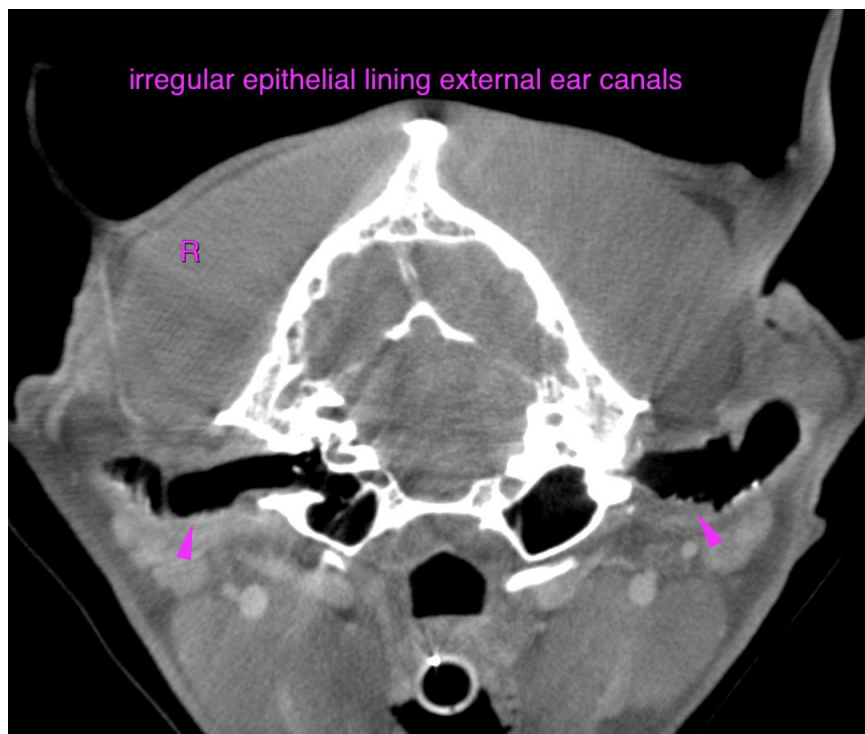
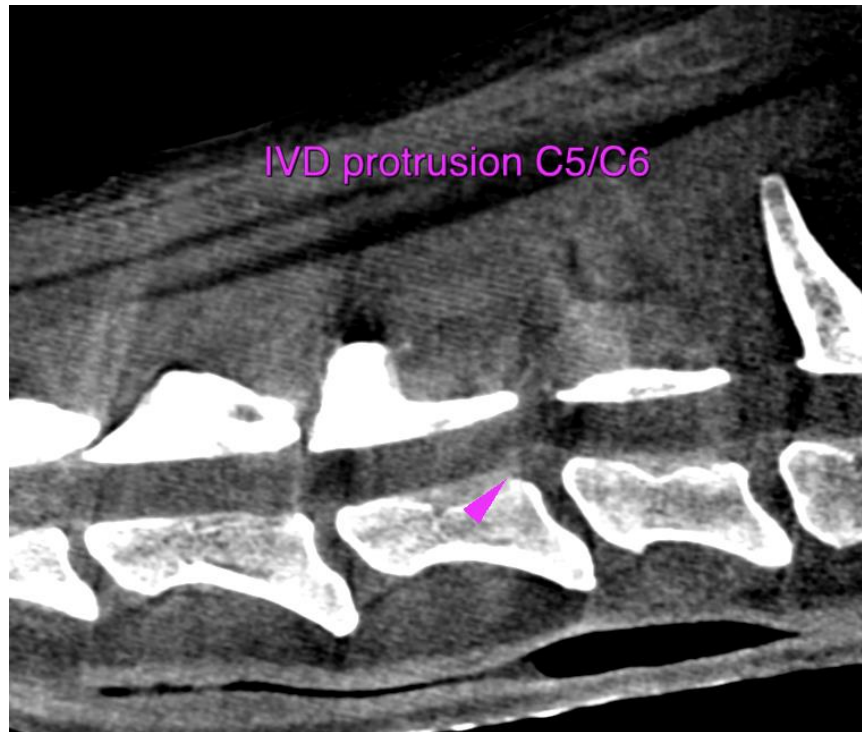
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com