



PATIENT

Chico Budolowski

PRESENTING CLINICAL SIGNS

Epilepsy vs Hydrocephalus vs Liver Shunt vs other. 4 weeks ago had first neurological episode. Not classic seizure? 2 days ago- same kind of episode of falling over, wobbliness, inappetence and a head tilt. Hospitalized -started on Kepra. Still inappetent, but no head tilt and no more episodes observed since in hospital. Is there any indication of abnormal anatomy which would be causing seizure like activity?

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Mildly low Phosphorus and Amylase, otherwise WNL. Also has Cystitis and started on Clavamox drops yesterday.

BREED

Chihuahua

COMPUTED TOMOGRAPHY OF THE SKULL AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX

MI

Skull

No overt contrast enhancement in the post contrast series of the skull

AGE

1 Year

The tooth elements 205, 305, 306, 311, 406 and 411 are absent. A persistent triadan 603 is appreciated. A persistent crown of triadan 706 is present.

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

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The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation. A small supracollicular fluid accumulation is noted – appearing as caudal elongation of the third ventricle.

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

REFERRING VET

Dr. J Shapera

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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.

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The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

DATE

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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.



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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

SPECIES

Canine

The bony and surrounding soft tissue structures reveal no abnormalities.

BREED

Chihuahua

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Supracollicular fluid accumulation
- Persistent deciduous teeth 603 and crown of 706
- No evidence of portosystemic shunting, neither intra- nor extrahepatic

SEX

MI

In the present study of the brain there is no evidence of macromorphological disease, unfortunately there is no contrast enhancement and intraparenchymal lesions might be missed in the plain CT study. The supracollicular fluid accumulation is an incidental finding and commonly not associated with clinical signs. There is no evidence of hydrocephalus.

AGE

1 Year

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 other systemic illness. In case of the strong clinical suspicion of structural intraparenchymal changes of the brain, recommend repeating the post contrast CT scan or consider an MRI study of the brain.

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No macroscopic vascular bypass of the liver was noted in the pre- and post- contrast studies of the abdomen. However, if the clinical signs are consistent with insufficiency of the liver primary non-cirrhotic portal hypertension (microvascular dysplasia) or other diffuse parenchymal liver disease would still be a potential and should be ruled out by means of ultrasound guided or surgical liver biopsy.

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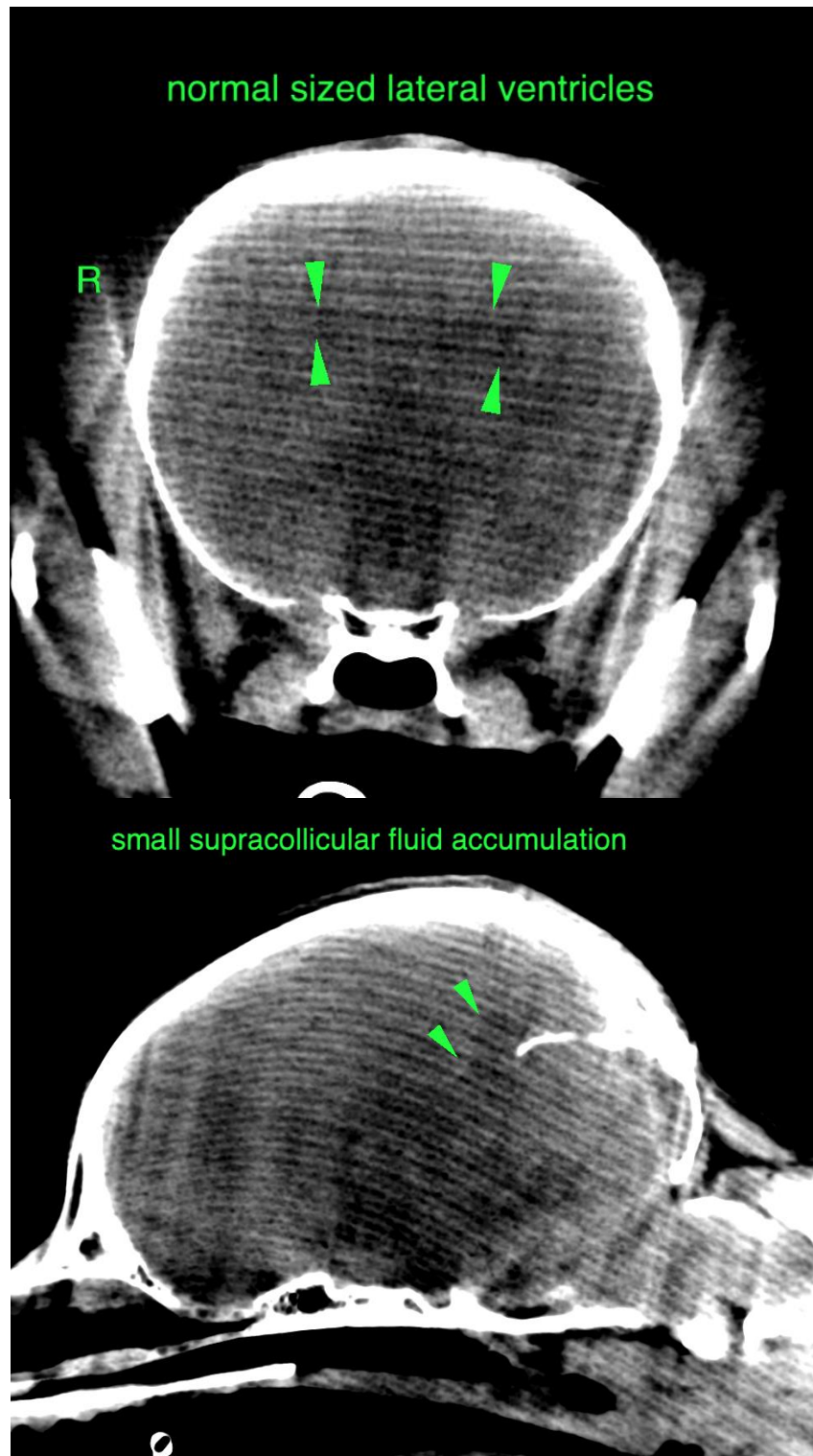
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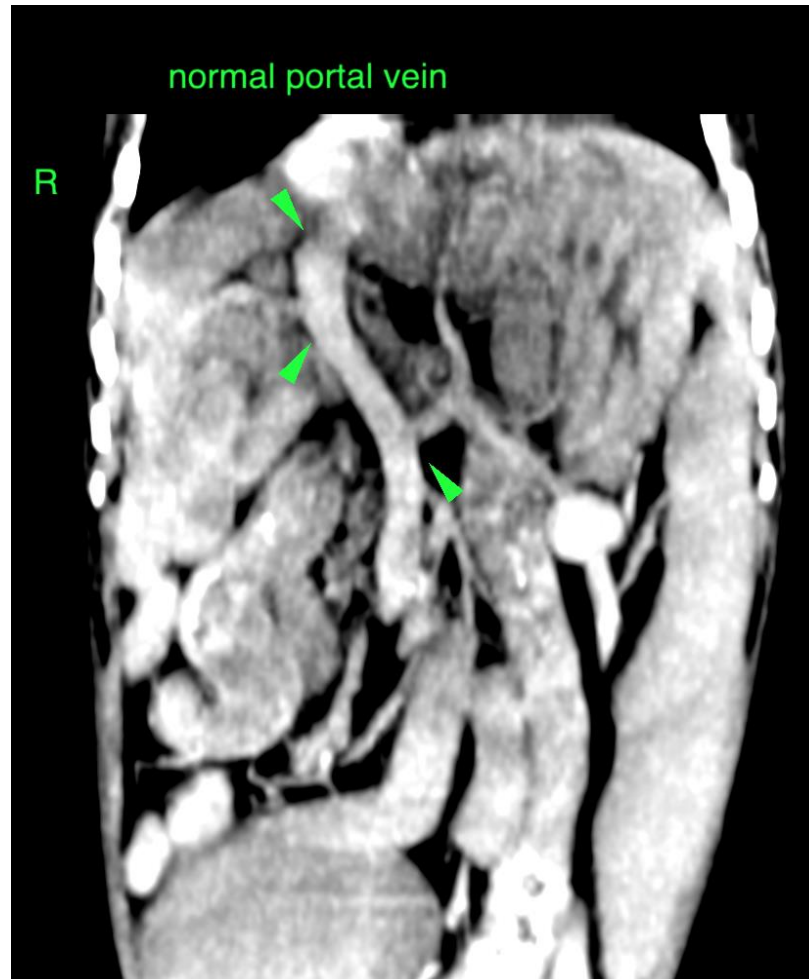
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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