
**PATIENT PRESENTING CLINICAL SIGNS**

Yumi Liu One week ago she had a seizure for the first time The first seizure occurred when she was awake. She fell over onto her side and paddled and she peed and pooped. The paddling lasted for about 2-3 minutes Went to RDVM Started on phenobarb 15 mg PO SID. Yumi continued to have seizures 2-4 per day since starting the medication. July 24 had 8 seizures and presented to TVEH concerns for possible portosystemic shunt though bile acids only mildly elevated Neurological Examination:

**SPECIES**

Canine

**BREED**

Maltese

Mentation: Bright, alert and responsive. Cranial nerve exam: No deficits noted. Gait/posture: Ambulatory with no ataxia or paresis. Postural reactions: Proprioceptive positioning and hopping were normal in all limbs. Spinal reflexes: Normal. Sensory/nociception: No hyperesthesia elicited with palpation along the vertebral column. Sensation is intact. localization thalamocortex Cerebrospinal fluid analysis: Protein level = #INPUT# mg/dL (normal 30 mg/dL) WBC = 3.2/uL (normal 0-4/uL); mild mononuclear pleocytosis; no atypical cells or infectious organisms identified. I do not appreciate a metabolic encephalopathy, do you? I think there is mild meningeal enhancement?

**SEX**

Female

**MAGNETIC RESONANCE IMAGING OF THE SKULL**

T2 weighted, FLAIR, diffusion weighted, SWI, T1 pre- and post-gadolinium sequence in multiple imaging planes are provided for review.

**AGE**

1 Year

**MAGNETIC RESONANCE IMAGING FINDINGS**

The brain presents the expected anatomy and bilateral symmetry with normal signal intensity and contrast enhancement. The caudal contour of the cerebellum is mildly depressed by the occipital bone and the cerebellum is very mildly extending into the foramen magnum. There is no evidence of abnormal meningeal enhancement.

**INTERPRETED BY**

Sebastian Schaub,  
 DVM Dr. med. vet.  
 DipECVDI

The ventricular system presents the expected dimensions, morphology and the CSF signal is within normal limits in all sequences.

The tympanic bullae are aerated, and the bony lining is thin.

**HOSPITAL NAME**

Animal Health  
 Partners

Level with C2/C3, dilation of the central canal is seen, measuring up to 1.8 mm in height.

Surrounding soft tissue structures in the head region are within normal limits.

**MAGNETIC RESONANCE IMAGING DIAGNOSIS**
**REFERRING VET**

Dr. Alison Little

- Caudal occipital malformation syndrome with mild cerebellar crowding and secondary syringomyelia
- Normal brain

**INVOICE**

44390

**DATE**

7/26/23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

An underlying cause for the recent seizure activity is not appreciated. I would consider the meninges normal, and the appreciated enhancement is caused by meningeal vessels accentuated in the T1 FLAIR sequence – no overt thickening or contrast enhancement is appreciated in the T1w 3D sequence, but the meningeal vessels.



**PATIENT**

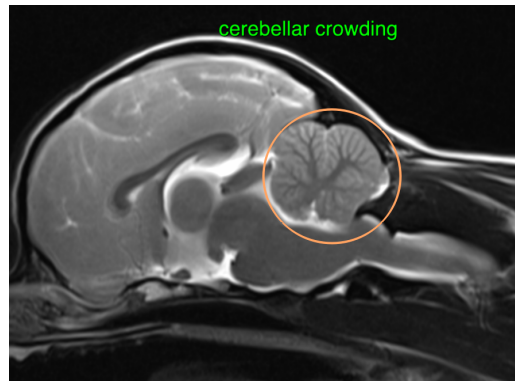
Yumi Liu

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

**AGE**

1 Year

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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