



PATIENT PRESENTING CLINICAL SIGNS

King Liboy History: Facial drooping on the right side. OD enophthalmos, but pupils same size OU. Menace OD causes retrobulbar muscle to retract the globe temporarily but noticeably. Right ear held back on head. CN otherwise intact. CP present x4 but right side appears weak and P is intermittently ataxic/uncoordinated presented for ataxia, trouble eating, and right face droop.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: facial asymmetry, Hypophosphatemia 1.2mg/dL, ALP <10, Amylase low. 4DX negative

BREED COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

Pit Bull Mix A high resolution pre- and post-contrast CT study of the neurocranium is provided for review.

SEX COMPUTED TOMOGRAPHIC FINDINGS

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

AGE

8 Years 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. 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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

HOSPITAL NAME

- St. Charles VH
- Normal brain
 - No evidence of otitis media

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Kara Knight The CT study of the neurocranium presents no macromorphological abnormalities, explaining the described neurological clinical signs – possible facial nerve palsy?

INVOICE

23971 Differentials for facial nerve paralysis include 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.

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

DATE

8/17/23



PATIENT

King Liboy

SPECIES

Canine

BREED

Pit Bull Mix



SEX

Male

AGE

8 Years

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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