

**PATIENT**

Bocce Garzon

PRESENTING CLINICAL SIGNS

History: Patient was playing at home. Ran into an umbrella stand. Head smacked into the ceramic stand. Patient had one seizure that day after incident on July 30 2022. Then seized two additional episodes on August 16 2022.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4 all WNL

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

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

BREED

Mini Goldendoodle

COMPUTED TOMOGRAPHIC FINDINGS

Triadan 106 & 406 are absent.

SEX

Neutered Male

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

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

AGE

3 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.

HOSPITAL NAME

Animal Clinic of
Queens

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Absent triadan 106 & 206

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**REFERRING VET**

Dr. Robert W. Thomas

The CT study of the skull presents without abnormalities, explaining the seizure activity. However, the post contrast phase presents without/very limited contrast enhancement and lesions might be missed. Anyway, I consider the odds for idiopathic epilepsy high.

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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 rule out hepatoencephalopathy and other systemic illness. In case of the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.

DATE

8/19/22



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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.

SPECIES

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Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com

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