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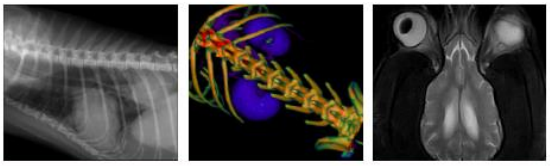

PATIENT

Ozzy Schimidt Da Silva

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

12 Years

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Bridgwater VH & WC

REFERRING VET

Dr. K. Choptain

INVOICE

23766

DATE

8/3/23

PRESENTING CLINICAL SIGNS

History: Sudden onset nastagmus, ataxia, head tilt
Abnormal PE/Chem/CBC/UA Results: Increased urea 13.3 mmol/L, Alt 135 U/L, glu 3.3 mmol/L, K 6.1 mmol/L

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

The tooth elements 101-103, 105,106, 110, 201-203, 206, 209, 210, 301-303, 306, 311, 401-403, 405, 406, 410 and 411 are absent. The remaining teeth present signs of advanced periodontal disease, most accentuated triadan the remaining maxillary teeth – including the canine teeth, with triadan 204 perforating the left nasal cavity and localized mild intranasal soft tissue swelling.

The lens of both eyes presents mild mineralization along the capsule.

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.

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.

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

- Generalized advanced periodontal disease with oronasal fistula formation 204
- Multiple absent teeth, see above
- Lens capsule mineralization ocular bulb bilaterally
- Normal brain

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An underlying macromorphological cause of the current neurological deficits is not detected. However, according to the history an ischemic insult and/or geriatric vestibular syndrome is a potential differential diagnosis.

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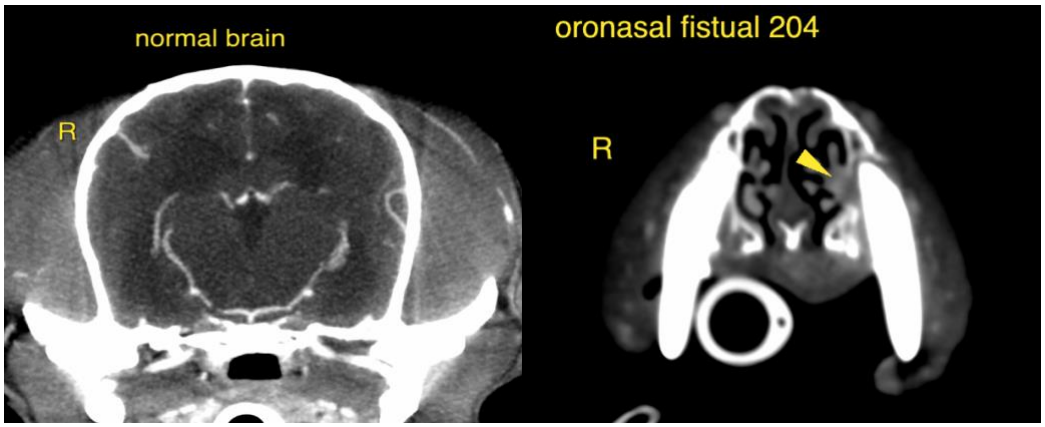
If not yet done so the workup should be complemented by examination of CSF and complete bloodwork to screen for brain disease that is not necessarily associated with structural changes of the brain parenchyma and rule out other systemic illness. MR imaging may be indicated in case of the strong suspicion of structural parenchymal changes of the brain.



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
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