



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Baxter Hayes

SPECIES Canine

BREED Labrador X

SEX Neutered Male

AGE 8 Years

History: Baxter, an 8 year old, male neutered Labrador cross, presented to Animal Health Partners for an MRI scan. He was initially on Keppra, and then added prednisone He has been weaned off the prednisone and Keppra. In the last month After starting to foster him he started having seizures. He initially was having focal seizures that then progressed to generalized seizures. He was having seizures every 3 days or so. He was prescribed Keppra and prednisone He has only had one seizure in the last month - August 29th, generalized His behaviour has been normal for him. Every once in a while his vision seems a little bit off. cannot close jaw, tongue hangs out. BCS: 5/9 MM: pink and moist, CRT: < 2 s, euhydrated EENT: clear OU, clean AU, nares clear, marked dental disease. Tongue constantly sticking out. Does not close jaw. Thor: no murmur or arrhythmia noted, normal RR/RE, normal bronchovesicular sounds Abd: soft, non-painful; no masses, fluid wave, or organomegaly UG: unremarkable PLN: within normal limits PP: strong, synchronous MSK: no lameness or joint effusion Integ: haircoat and skin in good condition Rectal: not evaluated 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. Abnormal PE/Chem/CBC/UA Results:

MAGNETIC RESONANCE IMAGING OF THE SKULL

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

INTERPRETED BY MAGNETIC RESONANCE IMAGING FINDINGS

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

The brain presents the expected anatomy and bilateral symmetry with normal signal intensity and contrast enhancement. A bilateral symmetric T2 hyperintense region is seen level with the putamen – this is considered as a normal anatomical variant as in this region vessels perforate the brain in this region (Virchow space). There is no evidence of abnormal meningeal enhancement.

HOSPITAL NAME

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The lateral ventricles are mildly prominent. The CSF signal is within normal limits in all sequences. The tympanic bullae are aerated and the bony lining is thin.

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

REFERRING VET MAGNETIC RESONANCE IMAGING DIAGNOSIS

Dr. Alison Little

- Mild ventriculomegaly

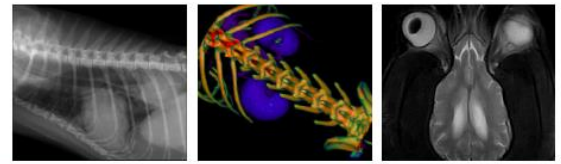
INVOICE INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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In the present study of the brain there is no evidence of macromorphological disease, which supports the presumptive diagnosis of idiopathic epilepsy. The mild ventriculomegaly is an incidental finding and not related with clinical signs.

DATE

9/14/21



PATIENT

Baxter Hayes

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.

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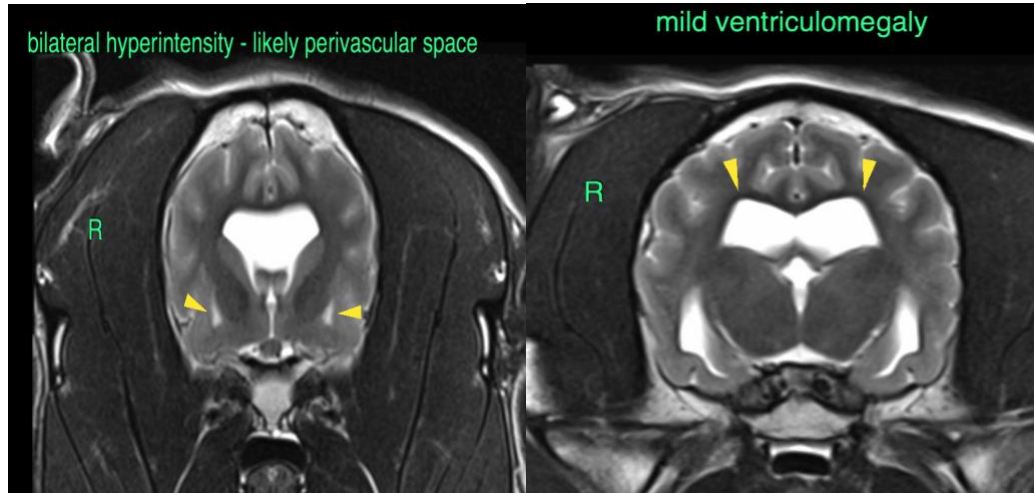
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Neutered Male

AGE

8 Years



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.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

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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HOSPITAL NAME

Animal Health
Partners

REFERRING VET

Dr. Alison Little

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