



**PATIENT PRESENTING CLINICAL SIGNS**

Piper Johnson Subjective Acute onset of tetraplegia, L sided head tilt and nystagmus Objective BAR; p/m mm; CRT 1-2s; no mur/arrh; no abn lung sounds; no abd dist; no pain or abns on abd palp; eyes, ears, LNs WNL; L sided head tilt; no nystagmus present; no ataxia noticed; sedated; obtained survey CT; placed IVC; adm 95cc Iohexol IV; obtained post contrast CT Assessment Head tilt Plan Will fwd CT report to rDVM once we receive it

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

**BREED**

Poodle, Standard

**COMPUTED TOMOGRAPHIC FINDINGS**

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

**SEX**

FS

The included parts of the nasal cavity present 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**

4 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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

**HOSPITAL NAME**

State Avenue Vet  
Clinic

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Structural normal skull
- No evidence of otitis media or interna

**REFERRING VET**

Dr. Raul Casas-Dolz

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

An underlying macromorphological cause of the current neurological deficits is not detected. Due to acute onset of clinical signs an ischemic insult might be a consideration. Rule out cervical myelopathy as cause for the presenting clinical signs as well.

**INVOICE**

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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.

**DATE**

9-19-22



**PATIENT**

Piper Johnson

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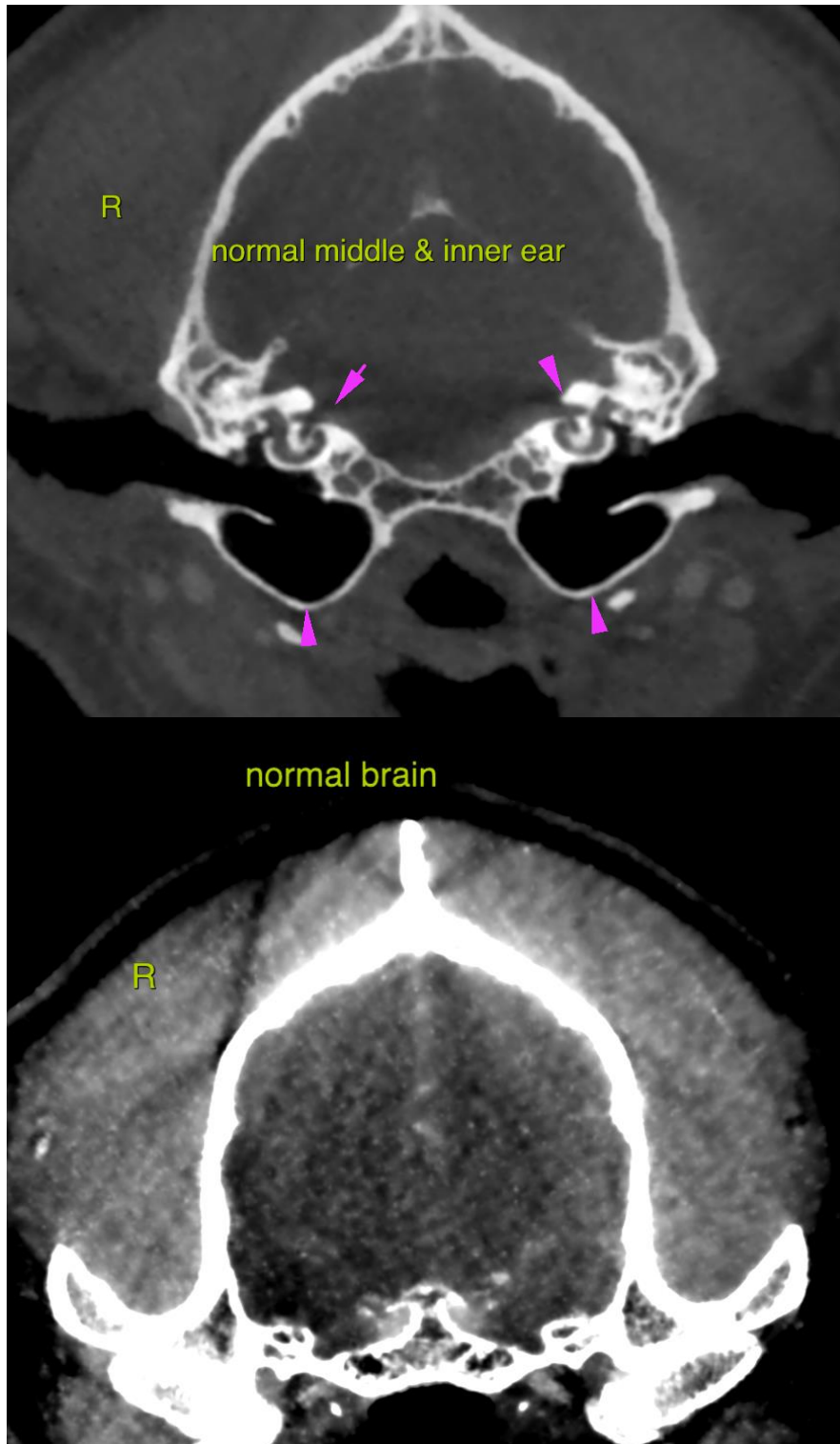
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**BREED**

Poodle, Standard

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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**SEX**

FS

**AGE**

4 Years

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