



**PATIENT**

Violet Otto

**PRESENTING CLINICAL SIGNS**

Recent Hx of seizures. Previous Hx of otitis, dental with extractions a couple of months ago. Abnormal PE/Chem/CBC/UA Results: Obese, gingivitis

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

**BREED**

Cavalier King Charles

**COMPUTED TOMOGRAPHIC FINDINGS**

The tooth elements 105, 106, 206, 207 and 401 are absent. There is evidence of generalized mild to moderate periodontal disease. Moderate periapical widening of the periodontal space of triadan 101 is seen.

**SEX**

Female Spayed

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

**AGE**

6.6 Years

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

Both tympanic bulla are filled with non-contrast enhancing soft tissue material. The osseous lignin of the tympanic bullae 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.

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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.

Both shoulder joints present mild osteophyte new bone formation.

**REFERRING VET**

Meaux

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Bilateral otitis media – suspect primary secretory otitis media (PSOM)
- Periapical abscess formation triadan 101
- Generalized periodontal disease
- Multiple absent teeth
- Structural normal brain

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

9-7-21

In the present study of the brain there is no evidence of macromorphological disease, which supports the presumptive diagnosis of idiopathic epilepsy.

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



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the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.

Due to the lack of current clinical signs, the relevance of the PSOM is unclear.

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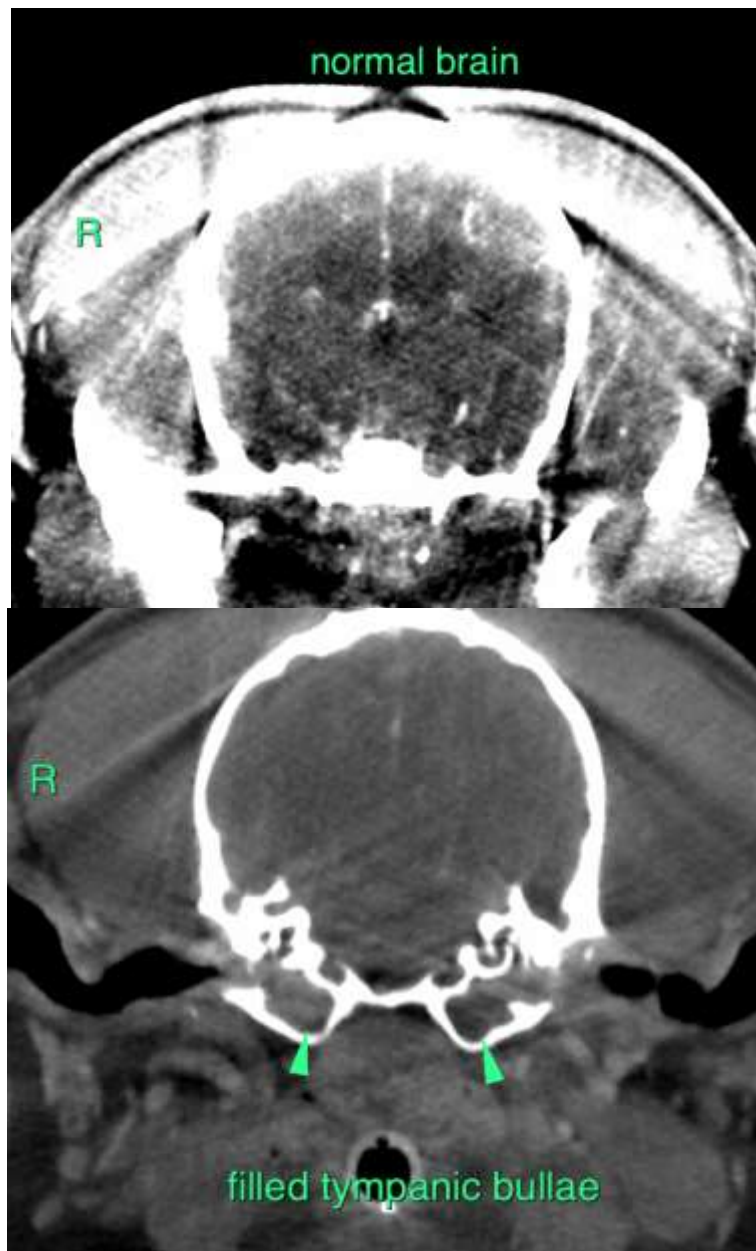
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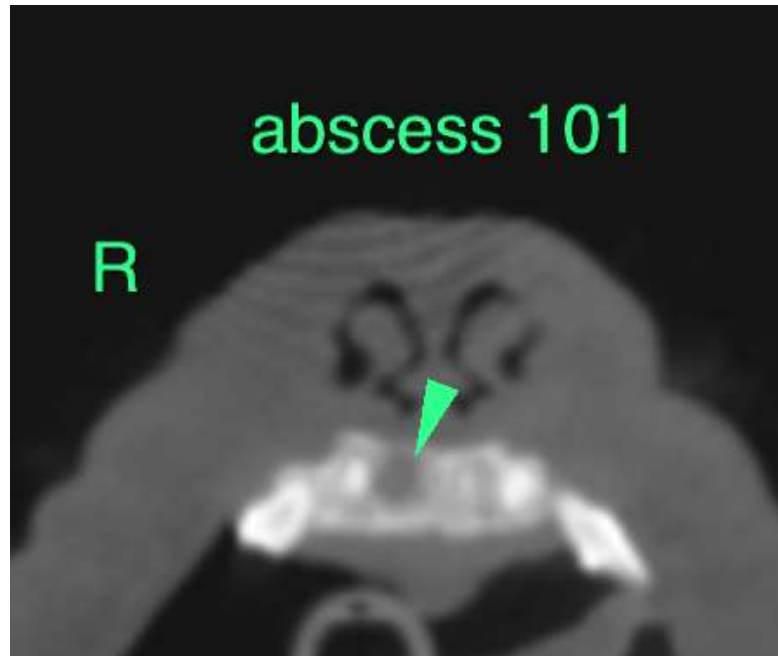
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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