



## PATIENT

Harley Thomas

## SPECIES

Canine

## BREED

Wirehaired Pointing  
Griffon

## SEX

MN

## AGE

4Y

## WEIGHT

68lbs

## INTERPRETED BY

Nele Eley (Ondreka),  
DVM Dr. med. vet.,  
DipECVDI

## IMAGING PERFORMED BY

Dr. Raul Casas

## HOSPITAL NAME

State Avenue Vet Clinic

## REFERRING VET

Dr. Raul Casas

## INVOICE

73304

## DATE

1-13-26

## PRESENTING CLINICAL SIGNS

Harley Thomas presents for evaluation of increased seizure frequency and recent cluster seizures. Patient History: - Seizures for several years; increasing in frequency - Seizures typically nocturnal or early morning - Most recent episode: 2026-01-12, 07:11–07:30; second seizure 10 min later, shorter duration - Previous seizure intervals  $\geq 1$  month; most recent interval 3 weeks - No change in seizure frequency or severity with increased zonisamide dose - No reported abnormalities in appetite, water intake, urination, defecation, coughing, sneezing, vomiting, or diarrhea Current medications: - Zonisamide 300 mg PO BID - Rimadyl 75 mg, 2 tablets PO at bedtime (initiated for suspected prodromal signs)

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry. The pituitary gland presents within normal limits.

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

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 auditory meatuses present within normal limits.

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.

The salivary glands present within normal limits.

The visible dentition is within normal limits.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Unremarkable CT study of the brain.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

No structural abnormalities of the neuroparenchyma are identified to account for the increased seizure activity. The CT study does not reveal a structural cause of new onset cluster seizures. The normal appearance on CT does not exclude idiopathic or functional seizure disorders. However, given the cluster seizure pattern and lack of structural abnormalities on CT, idiopathic epilepsy remains the most likely diagnosis. Consider neurology follow up, monitoring seizure frequency, and severity; maintain seizure diary if appropriate. Continue anti-epileptic therapy with necessary adjustments and consider MRI of the brain for higher sensitivity if seizure frequency continues to increase or if new neurologic deficits develop.



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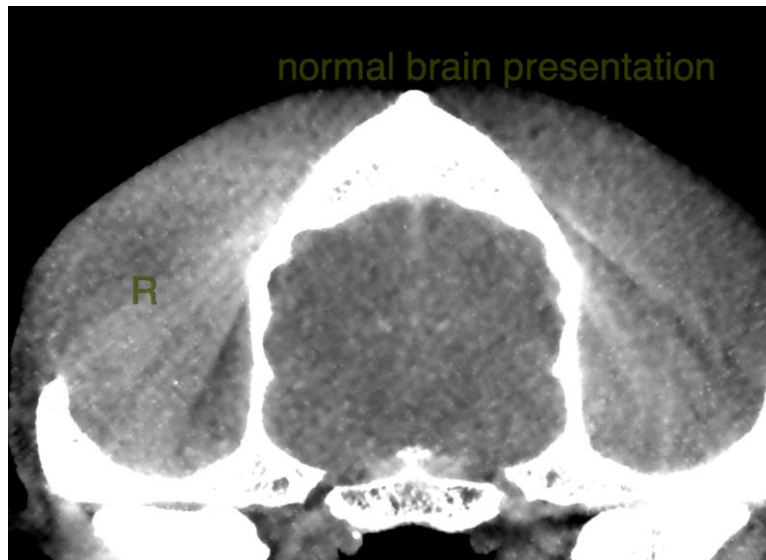
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Nele Eley (Ondreka)**, DVM, Dr. med. vet., DipECVDI  
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