



PATIENT

Zander Al-Marayati

SPECIES

Canine

BREED

American Bull Dog

SEX

Male

AGE

4Y, 2M

WEIGHT

103lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kristan Swinford

HOSPITAL NAME

Queen Creek
Veterinary Clinic

REFERRING VET

Kelsey Sampayan

INVOICE

73450

DATE

1-22-26

PRESENTING CLINICAL SIGNS

History:

- Left sided facial swelling/lip drooping since 01/11/26 after walk
- was on cyclosporine and fluconazole - stopped 01/11/26 per rec.
- p was showing a decrease in activity level two weeks prior to onset, left food in the bowl after meds the day of and vomited once with some loose stool
- exam showed normal CP's, no ataxia and p was BAR
- p was started on prednisone and rechecked 01/16 - per owners the drooping seemed more prominent when he was worked up and better when resting.
- owners don't feel like the medications have helped any (prednisone and clindamycin)

Abnormal PE/Chem/CBC/UA Results: Left side facial upper lip drooping since 1/11/26, no ataxia, CP's intact x4 1/21/26 Mild ALT (238) elevation - R/O previous medication (prednisone vs fluconazole vs other) vs infectious vs inflammatory

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.

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.

Mild to moderate generalized thickening of the epithelial lining of the bilateral external auditory meatuses can be seen in their medial segments. Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin.

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

- Mild chronic bilateral otitis externa.
- No visible cause for left sided upper lip drooping on CT.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The drooping of the left upper lip is not explained by structural lesions on CT including the cranial



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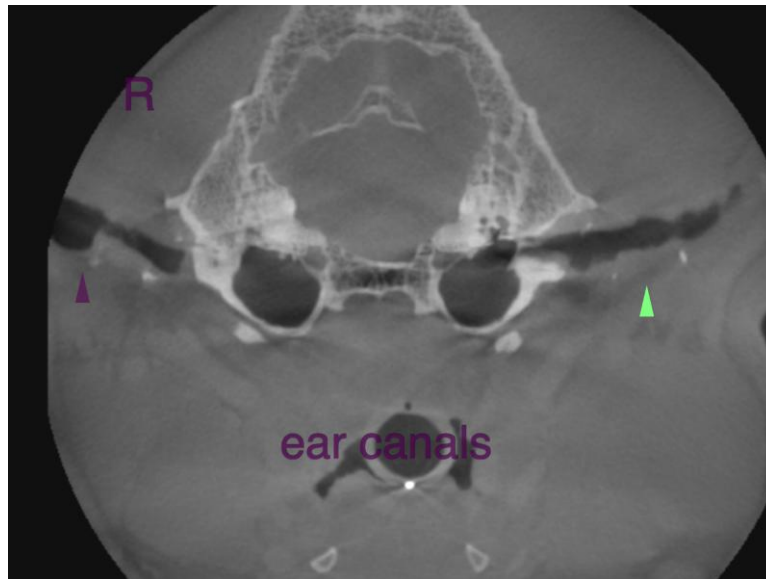
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nerves or facial muscles. Differential considerations include peripheral facial nerve dysfunction, idiopathic such as idiopathic or post-inflammatory early or mild Horner's syndrome, trauma or localized nerve injury, as well as inflammatory or infectious neuropathy.

Otitis externa contributing to subtle facial nerve irritation would be uncommon but cannot be excluded completely. Neurologic assessment, ophthalmic evaluation for ptosis, miosis, or enophthalmos, and continued treatment of otitis externa are recommended. Consider MRI for detailed soft tissue and nerve imaging if the droop persists or worsens.



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.

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