



## PATIENT

Lily McDonald Ball

## SPECIES

Canine

## BREED

Terrier Mix

## SEX

Female Spayed

## AGE

14Y, 9M, 13D

## WEIGHT

18.00lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Megan Presutti, DVM

## HOSPITAL NAME

Catskill Veterinary  
Services, PLLC

## REFERRING VET

Megan Presutti, DVM

## INVOICE

73196

## DATE

1-6-26

## PRESENTING CLINICAL SIGNS

Lily presents today for Head CT and Dental Cleaning. The owner is concerned about a swelling/cyst under the tongue. History of dental abscess approximately one to two years ago requiring multiple extractions and cauterization; abscess extended to nasal cavity. Owners express concern about possible recurrence of dental or nasal issues and potential connection to current eye symptoms. History of vertigo-like episode one year ago; emergency visit performed, no abnormalities found, no seizures observed. Previous medications include gabapentin, antibiotics for urinary tract infection and eye drops for glaucoma. The owner added that the antibiotic and gabapentin seemed to make her feel off- she was acting not herself and not eating as well but back to normal now that they are over Meds: Latanoprost Sterile Ophthalmic Solution 0.005% in the right eye BID; finished amoxi/clav and gaba Appetite: normal now that she is off of medications; last meal: last night 8pm CT scan was recommended to evaluate for possible intracranial lesions due to prior history of vertigo and risk of seizures.

Abnormal PE/Chem/CBC/UA Results: PE(12/9/25): Eyes: OD: Small globe, no response, pupil size increased. OS: Clear, no discharge. Oral Cavity: Multiple teeth missing. CV: Heart Murmur, Loudness Grade II Out Of VI Nervous System: decreased PLR OS CBC (12/4/25): Platelets 426 K/ $\mu$ L Chemistry (12/4/25): IDEXX SDMA 15  $\mu$ g/dL Urinalysis (12/29/25): WNL IOP(12/9/25): Left Eye 17mmHg Right Eye 18mmHg

## 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. Cerebellum not fully included. Limited evaluation of caudal fossa.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external auditory meatuses and inner ears present within normal limits.

Teeth 108, 109, 110, 208, 209, and 210 are absent. The remaining tooth roots show alveolar bone resorption and resorptive changes of the root particularly around 107 and 207. Resorptive lesion affecting tooth 103 is seen with no significant periodontal space widening. There is no evidence of oronasal fistula.

Localized turbinate destruction is noted in the mid third of the right nasal cavity with no active mucosal swelling or fluid accumulation. The left nasal cavity and paranasal sinuses present within normal limits.

The temporomandibular joints present within normal limits.

No discrete mass, swelling, or cystic lesion is detected in the sublingual region at this time.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple missing teeth.
- Generalized alveolar bone resorption.
- Root resorption accentuating 107, 207, and resorptive lesion 103.



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- No sublingual lesion visualized.
- Right nasal turbinate destruction.
- Brain and ears within age related normal limits for included portions.

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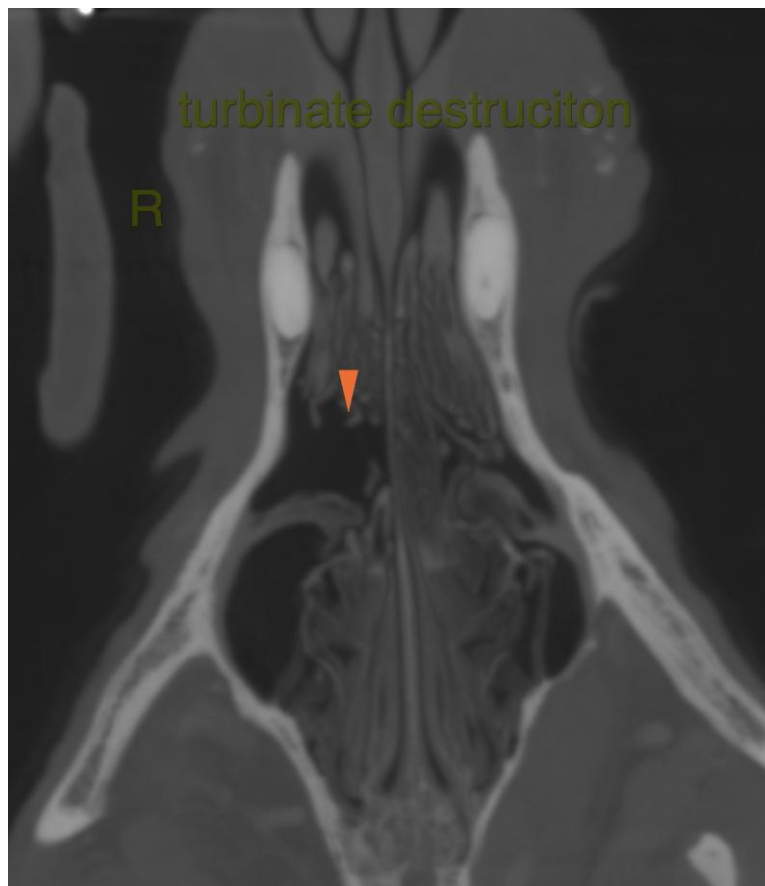
## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Chronic dental disease and tooth resorption are seen accentuating 107 and 207. There is no evidence of oronasal fistula.

The concern for a sublingual cyst or mass is not confirmed at this time.

The right nasal turbinate destruction may reflect previous infection. No signs of active inflammation are seen currently on the CT study.

Consider routine dental care, monitor for nasal cavity signs, and consider MRI of the brain if neurological signs occur/reoccur. Evidence of structural brain pathology, middle, or inner ear disease was not evident on the CT study.





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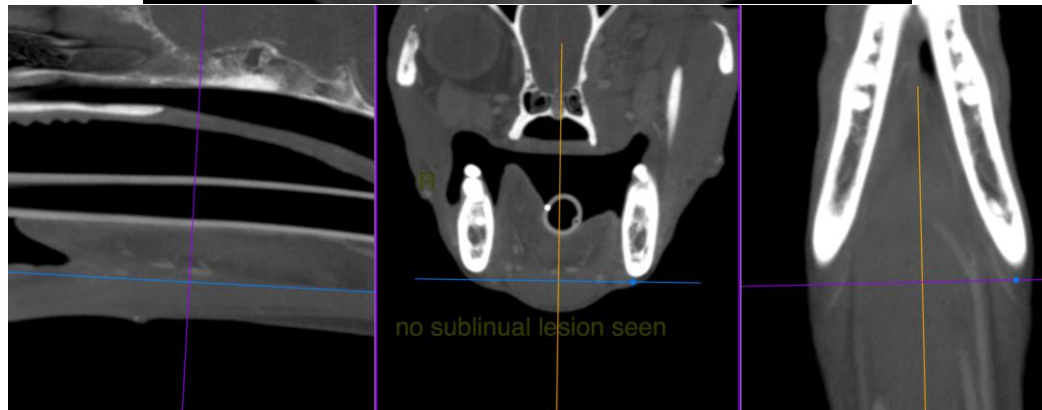
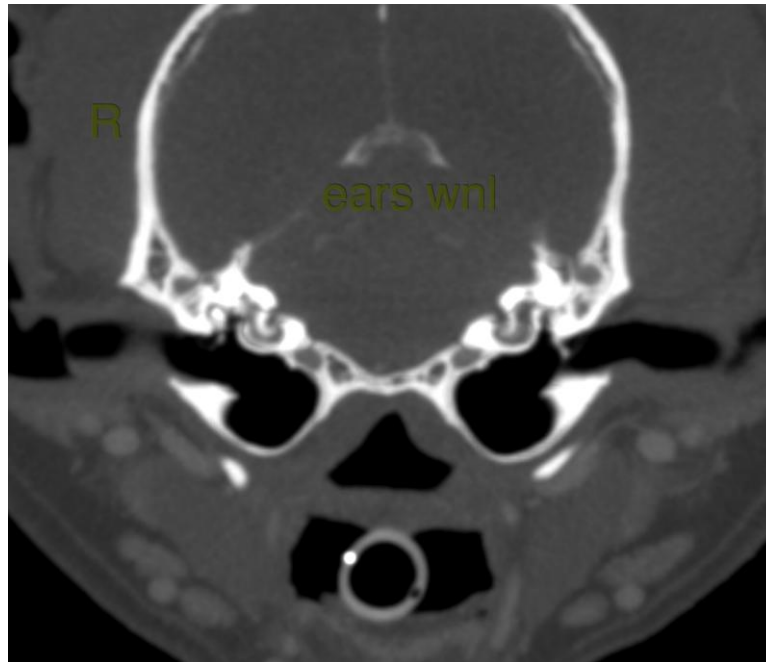
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.  
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