



PATIENT

Brisket Plumly

SPECIES

Feline

BREED

American Shorthair

SEX

Neutered Male

AGE

1Y, 3M

WEIGHT

11

INTERPRETED BY

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

IMAGING PERFORMED BY

Sidney

HOSPITAL NAME

East Hill Animal
Hospital

REFERRING VET

Laura Hall

INVOICE

73238

DATE

1-8-26

PRESENTING CLINICAL SIGNS

Past 4 days has been having seizures. Pt is fly biting and hypersalivating.
Abnormal PE/Chem/CBC/UA Results: Bw- elevated GGT and Chol.

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.

Mild focal turbinate loss and polypoid mucosal thickening are noted within the mid third of the right nasal cavity. The remaining nasal cavities and paranasal sinuses are unremarkable.

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 inner ears present no structural abnormality.

Mild bilateral retropharyngeal lymphadenomegaly is noted.

The salivary glands present within normal limits.

The visible dentition is within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- No CT evidence of structural intracranial disease to explain the reported seizure activity.
- Mild right sided rhinitis with focal turbinate loss and polypoid mucosal thickening.
- Mild bilateral retropharyngeal lymphadenopathy consistent with reactive change.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

In a young cat with acute onset seizures and normal brain CT, the leading differential diagnoses include primary/idiopathic epilepsy, functional or metabolic causes including hepatic, electrolyte, toxic etiologies, inflammatory or infectious encephalopathies, and FEPSO involvement. The observed fly biting behavior and hypersalivation may represent focal seizure activity, orofacial automatisms associated with FEPSO or other, and less likely behavioral causes. CSF analysis could be considered to assess for inflammatory or infectious disease.



PATIENT

Brisket Plumly

SPECIES

Feline

BREED

American Shorthair

SEX

Neutered Male

AGE

1Y, 3M

WEIGHT

11

INTERPRETED BY

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

IMAGING PERFORMED BY

Sidney

HOSPITAL NAME

East Hill Animal
Hospital

REFERRING VET

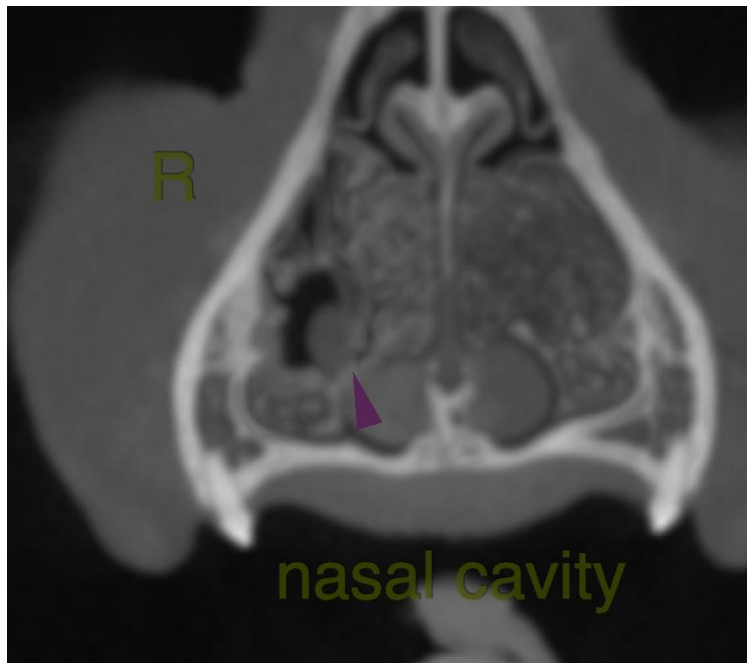
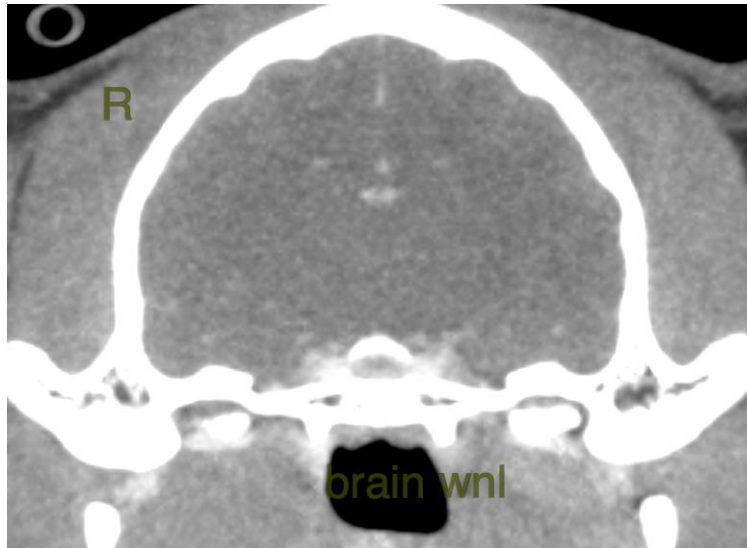
Laura Hall

INVOICE

73238

DATE

1-8-26



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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
info@sonopath.com