



PATIENT PRESENTING CLINICAL SIGNS

Fiona Andino Patient presented to medical evaluation for multiple episodes of seizures and ataxia.

Meds: Levetiracetam 750mg - 1 tab PO TID

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC --- EOS severe increased (2.34) CHEM --- unremarkable 4Dx --- negative

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

BREED

Rottweiler

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

FS

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchyma 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.

AGE

3yr

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.

INTERPRETED BY

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

Evidence of structural changes of the middle or inner ear is not seen. Both external auditory meatuses present moderate thickening of their epithelial lining. Mild luminal material is seen bilaterally.

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.

HOSPITAL NAME

Veterinary Image
Center

The salivary glands present within normal limits.

The visible dentition is within normal limits.

REFERRING VET

Dr. J. Garcia Puebla

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal CT presentation of the brain
- No evidence of structural brain pathology
- Bilateral otitis externa

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INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

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The CT study does not reveal evidence of structural brain pathology. There is no evidence of abnormal enhancement, anatomic changes or mass effects. The negative CT findings support the possibility of idiopathic/ primary epilepsy. Nonetheless, inflammatory, infectious,



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neurodegenerative, cerebrovascular, metabolic, toxic disease cannot be ruled out and remains a possibility.

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Complementary CSF analysis should be considered if not performed already. An MRI could be considered in this patient at some point later in case the CSF results remain inconclusive and the patient remains refractory to anti-convulsive medication.

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

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