



PATIENT

Sunny Castillo

SPECIES

Canine

BREED

St. Bernard

SEX

Intact Male

AGE

2Y

WEIGHT

138lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

HVSFA

HOSPITAL NAME

Hospital Veterinario
San Francisco de Asis

REFERRING VET

Meaux

INVOICE

72816

DATE

12-2-25

PRESENTING CLINICAL SIGNS

Presented for acute onset of seizures on Oct. 29. Has been on Gabapentin since. Owner reports a couple of episodes.

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.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. There is stenosis of the bilateral external auditory meatuses medially.

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.

Split dental crown of 201 is seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- No structural brain pathology identified.
- Split dental crown 201.
- Bilateral ear canal stenosis – likely congenital.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The absence of intracranial abnormalities is compatible with primary/idiopathic epilepsy, especially given the patient's young age and normal imaging. Seizures may also be triggered by metabolic or toxic causes. However, no structural lesions are evident. Continue medical management for seizures and consider complimentary CSF analysis to confirm tentative diagnosis of primary epilepsy. MRI could be considered if seizures increase in frequency or severity or new neurologic deficits develop.



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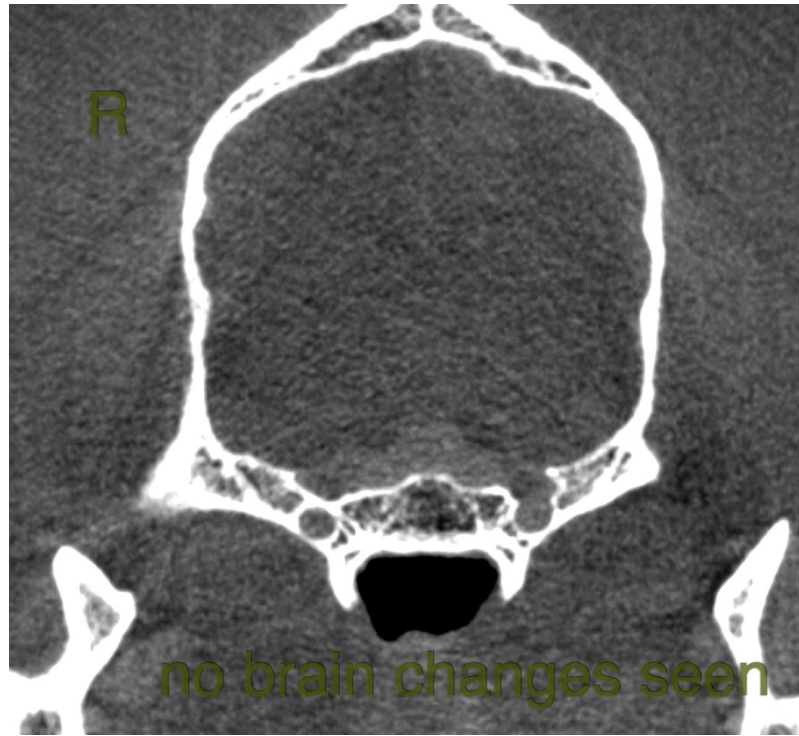
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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