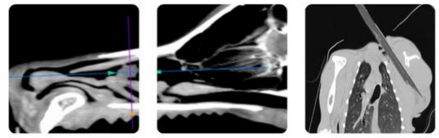


PATIENT

Truman Spiekemeier

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

5Y, 5M

WEIGHT

38.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lisa and Lacey

HOSPITAL NAME

Casselton Vet Service

REFERRING VET

Brad Bartholomay, DVM

INVOICE

72815

DATE

12-2-25

PRESENTING CLINICAL SIGNS

Right eye red & droopy appearance starting in October 2025. Had been hit by a trailer in the head 10-14 days prior. Was examined at emergency vet at that time and checked out OK. PE in October= heavy amount of dry crumbly material in right ear canal and pinna, left ear canal/pinna was normal, anisocoria with right pupil constricted, pupil was able to partially dilate in a dark room, eye pressures were normal. Patient was treated for an ear infection with mometamax. Droopiness did not improve. Exam in November 2025 continued to have concave right side of head, droopy eye and a head tilt. Patient does not seem bothered. Patient was started on Prednisone at that time, has not improved. Abnormal PE/Chem/CBC/UA Results: Droopy right side of face, concave appearance to skull/top of head right side. Chemistry was within normal limits; CBC=increased Basophils, HGB, MCHC, and MCH. All other parameters within normal limits.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Severe atrophy of the right masticatory muscles accentuating the temporalis and masseter muscles is seen with no evidence of hematoma or a soft tissue mass.

The skull and cranial vault present within normal limits with no evidence of fractures, lytic, or sclerotic lesions.

The temporomandibular joints are unremarkable.

The brain parenchyma is normal in attenuation. There is no evidence of mass lesions, hemorrhage, or edema. The trigeminal nerve and associated foramina appear normal. No gross intracranial injury is detected.

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

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 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

- Severe unilateral right masticatory muscle atrophy.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The marked atrophy of the right masticatory muscles with concave appearance of the skull strongly supports chronic denervation likely secondary to trauma to the peripheral branches of the trigeminal nerve. No intracranial abnormalities were identified making central nerve injury less likely. Peripheral nerve trauma may be partial, explaining preserved masticatory function which, however, may also be

PATIENT
Truman Spiekemeier

SPECIES
Canine

BREED
Labrador Retriever

SEX
MN

AGE
5Y, 5M

WEIGHT
38.3kg

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

IMAGING PERFORMED BY
Lisa and Lacey

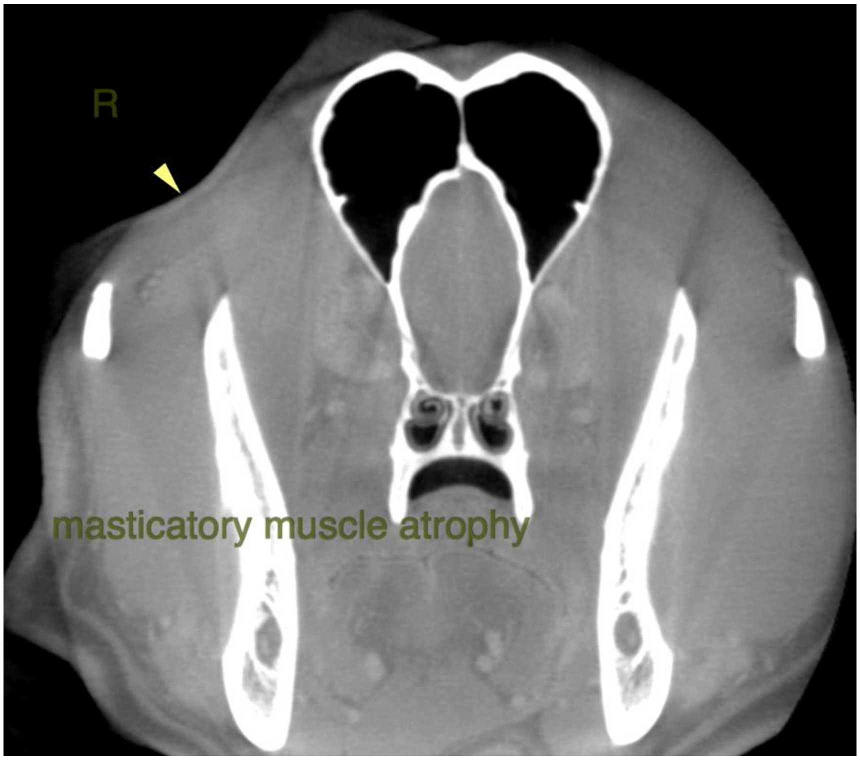
HOSPITAL NAME
Casselton Vet Service

REFERRING VET
Brad Bartholomay, DVM

INVOICE
72815

DATE
12-2-25

in part compensated by the intact left side. Clinical correlation with persistent facial droop, anisocoria, and head tilt is consistent with chronic neuropathic changes. Consider neurologic follow up to monitor progression of neurologic deficits. Consider EMG or nerve conduction studies if further characterization of trigeminal nerve function is desired. Reevaluation with MRI could be considered if new neurologic deficits develop.



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