**PATIENT**

Bentley Hulse

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

F

**AGE**

2 Years

**INTERPRETED BY**Nele Eley, DVM  
Dr. med. Vet. DipECVDI**HOSPITAL NAME**Mountain West  
Veterinary Hospital**REFERRING VET**

Jeff Simmons

**INVOICE**

55851

**DATE**

12-27-22

**PRESENTING CLINICAL SIGNS**

O said late last night he noticed that p was leaning to the left - she was still able to walk and get around. This morning, p's body was shaking/shivering -- more like a "cold" shake, not "wet dog" shaking and wouldn't get up or on the hardwood floor. O took her outside, she was able to stand on the grass but not walk and is still heavily leaning towards the left. No V&D or any other abnormal symptoms reported by O.

**MAGNETIC RESONANCE IMAGING STUDY OF THE BRAIN**

T2, FLAIR, T1, plain and post contrast studies in various image planes available for review.

**MAGNETIC RESONANCE IMAGING FINDINGS**

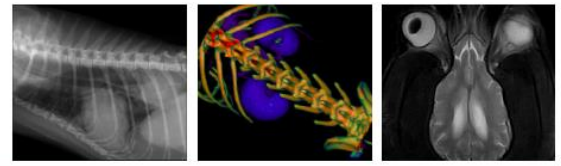
Intracranial thickening of the left vestibular and facial nerves with T2 hyperintensity, T1 hypointensity, and peripheral rim enhancement are seen. The left facial and vestibulocochlear nerves are thickened with increase enhancement with in the left palpebral fissure and inner ear cochlea. No evidence of concurrent otitis interna or media is seen.

**MAGNETIC RESONANCE IMAGING DIAGNOSIS**

- Intracranial left vestibulocochlear and facial nerve neuropathy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The MRI study reveals significant enlargement and increased enhancement with peripheral rim pattern of the left central vestibulocochlear and facial nerves which correlates with the clinical history of the patient. Vestibulocochlear and facial nerve neuritis is a primary differential diagnosis which is idiopathic in most cases. Other neuropathy including peripheral nerve sheath tumor and round cell neoplasia cannot be ruled out entirely but appears by far less likely. Incomplete recovery from peripheral vestibular disease is common especially in dogs presenting with cranial nerve enhancement on MRI but less so if there is previous history of vestibular episodes. Complementary csf analysis could be considered in order to rule out infectious disease if not performed already.



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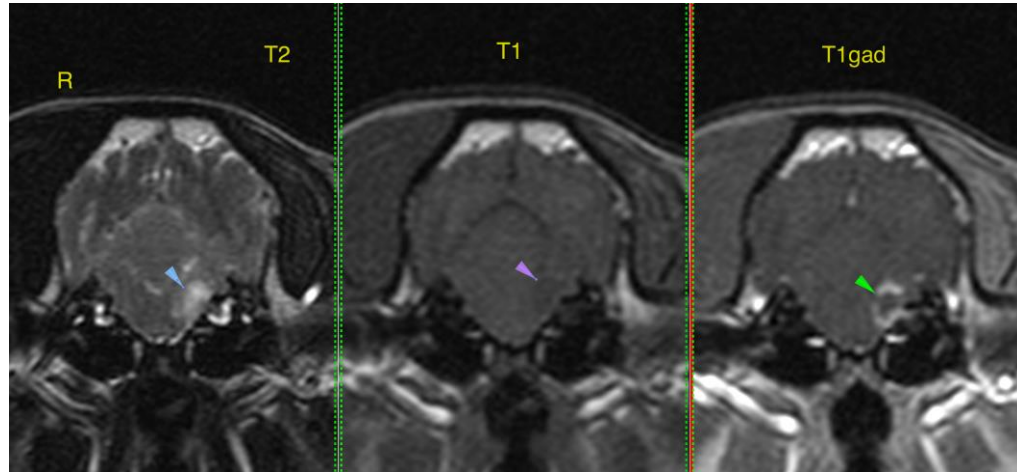
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**, DVM, Dr. med. vet., DipECVDI  
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