
PATIENT PRESENTING CLINICAL SIGNS

Charlotte Ordillo

On 11/27 evening, Charlotte had her first generalized seizure that lasted approximately 45 seconds and she was post ictal for 4-5 minutes. She was hospitalized where she continued to have multiple seizures until 11/28 afternoon. Charlotte was mentally appropriate prior to her first seizure. No c/s/v/d. Previous Medical History: Hepatic Mass - recently identified, not biopsied (on aFAST during seizure admit). Splenic Mass - recently identified, not biopsied (on aFAST during seizure admit). Bilateral TPLO. Thoracic Radiographs at previous ER show no evidence of metastasis. AUS from prior ER Oncology Service: 1. Hepatic mass may be benign or malignant. Too deep to aspirate. May not be related to splenic change. 2. Mottled, partially cavitated splenic mass is suspicious for malignancy, but hematoma cannot be ruled out. Current medications: Levetiracetam ER 750mg q12h Zonisamide - 150mg given in hospital Dasaquin q24h Neurologic Examination prior to MRI on 11/29: Mental status: Obtunded Posture/tone: Normal Gait: Ambulatory with slight paresis of the pelvic limbs Cranial Nerves: Decreased menace and nasal sensation bilaterally, worse on the right side Postural Reactions: Normal Segmental Reflexes: Normal Cutaneous trunci: Present, Intact Hyperesthesia: None Deep nociception: not tested Modified Frankel Score: N/A Neuroanatomical Localization: Cerebrum L>R

Abnormal PE/Chem/CBC/UA Results: Recent Diagnostics: CBC - WNL Chem/lytes - WNL BP - WNL

SPECIES

Canine

BREED

Catahoula Leopard Dog

SEX

Spayed Female

MRI STUDY OF THE BRAIN
AGE

T2 FLAIR, T2*, diffusion weighted T1 plain and post-contrast studies provided for review.

9 Years 11 Months

MRI FINDINGS
INTERPRETED BY

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

There is an ovoid cystic mass level with the left olfactory bulb and frontal lobe. The mass measures 2.5 cm in length, 1.6 cm in width, and 1.5 cm in height. The lesion center is fluid intense in all available sequences. A predominance of peripheral enhancement is noted with long dural tails along the cerebral falx and skull base.

On the post-contrast study, moderate perilesional edema and perilesional enhancement are seen as well. The mass effect causes caudal deviation of the olfactory bulb and frontal lobe, and rightward shift of the rostral cerebral falx.

HOSPITAL NAME

South Bay AH

MRI DIAGNOSIS

- Extraaxial cystic neoplasia level with the left olfactory bulb and frontal lobe with moderate mass effect and perilesional edema

REFERRING VET

Dr. Filippo Adamo

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The MRI findings are highly suggestive for cystic meningioma. Differential diagnosis includes round cell neoplasia. Intracranial abscess is thought highly unlikely, but cannot be ruled out entirely.

INVOICE

33379

DATE

12/9/21



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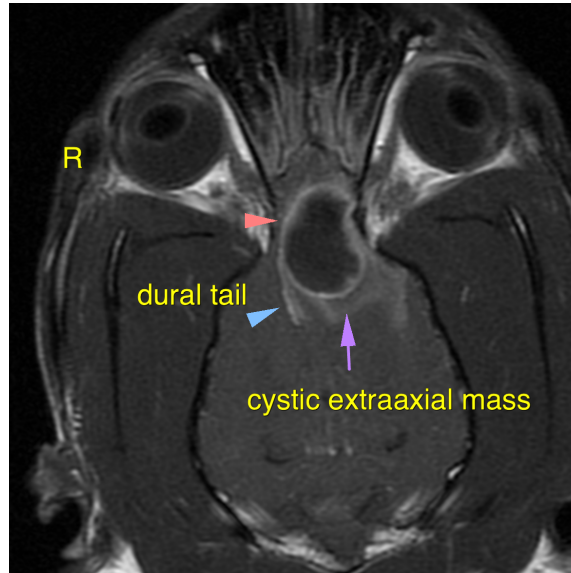
Dr. Filippo Adamo

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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.

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