



**PATIENT**

Susie Maire

**PRESENTING CLINICAL SIGNS**

Recent episodes of trembling, paraparesis, difficulty walking and agitated behavior, no loss of consciousness. Episodes diagnosed elsewhere as seizures, started on Phenobarbital. No prior history of seizures or other neurologic abnormalities.

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: No significant exam or laboratory findings,

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE BRAIN**

Plain and post contrast studies available for review.

**BREED**

Ihasa Ahpso

**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.

**SEX**

FS

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.

**AGE**

12 Years

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.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The salivary glands present within normal limits.

Visible premolar and molar teeth present multifocal severe resorptive lesions. Moderate horizontal atrophy of the alveolar crest is noted in all quadrants.

**HOSPITAL NAME**

Healing Spirit Animal  
Wellness

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Structurally normal CT study of the brain.
- Multifocal periodontal disease with CORL.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Sarah Green

The CT study reveals no morphological abnormality of the brain or ventricular system. Inflammatory/infectious, metabolic/toxic, and neurodegenerative pathology as well as cerebrovascular disease cannot be ruled out entirely. However, extracranial pathology appears to be a potential in this case based on the patient history as well. Complementary csf analysis and full neurologic workup could be considered if not performed already.

**INVOICE**

50237

**DATE**

2-10-22



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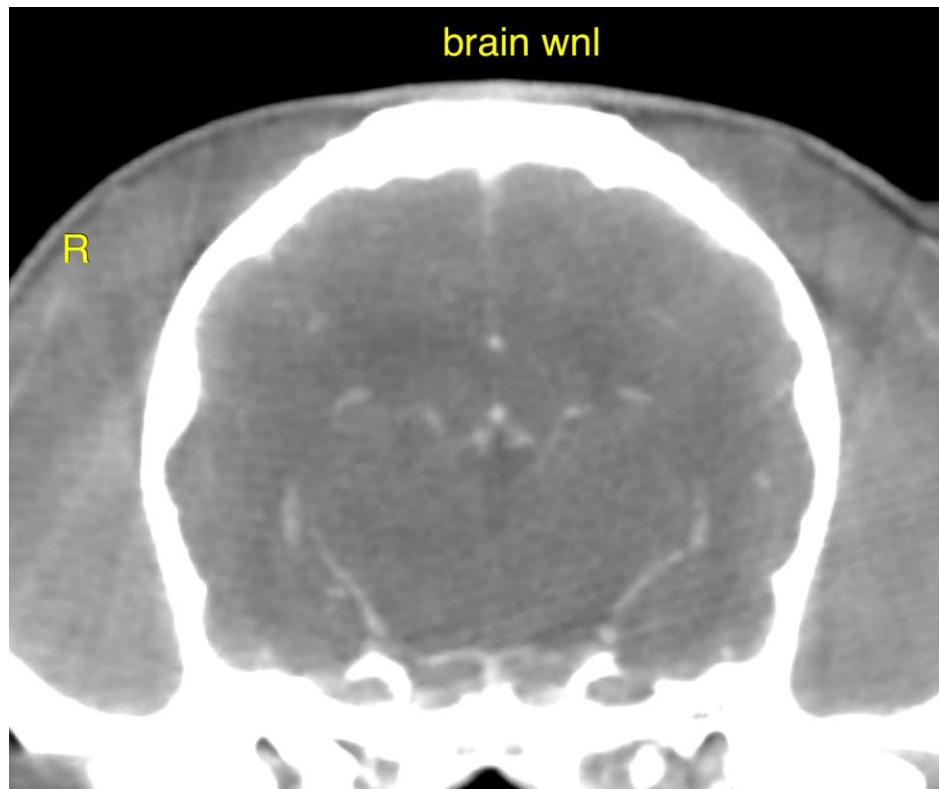
Sarah Green

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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.

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