



## PATIENT PRESENTING CLINICAL SIGNS

Tig Williams presented with a 2 day history of inappetence, head tilt to the right and unstable gait

## SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Wide based pelvic limb stance, head tilt to the right, mild temporal muscle atrophy and enophthalmos on the right, absent menace on the right and absent palpebral reflex at the right lateral canthus. Medial canthal palpebral reflex intact, PLR intact, present, OU, palpebral reflexes and menace present on the left. Horizontal nystagmus noticed only following anesthesia with fast phase to the left CBC, chemistry showed mild lymphopenia, NSF otherwise

## BREED

Anatolian Shepherd

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

## SEX

FS

## COMPUTED TOMOGRAPHIC FINDINGS

The brain parenchyma is normal in attenuation and architecture. There is no evidence of intracranial mass. The region of the brain stem and cerebellum appears structurally unremarkable. No definable enlargement of the cranial nerves, compression or osseous changes are seen along the expected courses of the trigeminal or other cranial nerves.

## AGE

6yr

Middle and inner ear present within normal limits. Tympanoliths are seen in both middle ears, which is a normal incidental finding.

## INTERPRETED BY

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

The orbits and retrobulbar spaces present within normal limits.

Mild bilaterally symmetric temporal muscle atrophy is seen without focal lesion, mineralization or contrast enhancement of the masticatory muscles.

Moderate periodontal space widening is present at tooth 104. The remaining dentition is unremarkable.

## HOSPITAL NAME

Healing Spirit Animal  
Wellness

The nasal cavities and paranasal sinuses present within normal limits.

The temporal mandibular joints present mild bilateral degenerative changes considered incidental and unlikely to account for neurologic signs.

## REFERRING VET

Sarah Green

No regional lymphadenopathy is identified.

## INVOICE

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## COMPUTED TOMOGRAPHIC DIAGNOSIS

- No structural intracranial or otic cause identified for the acute vestibular syndrome.
- Mild bilateral temporal muscle atrophy: non-specific but can be due to neurogenic atrophy such as with trigeminal neuropathy or immune mediated masticatory myopathy.
- Incidental mild bilateral temporal mandibular joint osteoarthritis.
- Chronic periodontitis at tooth 104.

## DATE

02/15/2026

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS



## PATIENT

Tig Williams

The patient demonstrates clinical signs of a right sided peripheral vestibular disorder with potential concurrent cranial nerve deficits yet no structural abnormalities visible on CT. This may reflect non-structural or early disease process including idiopathic vestibular syndrome, inflammatory or infectious neuritis, immune mediated neuropathy or polyneuritis, masticatory muscle myositis or other.

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MRI of the brain and cranial nerves could be considered if clinical signs persist or worsen since MRI offers greater sensitivity for neuritis, encephalitis and other intracranial including brain stem and cranial nerve disease. Serologic testing for masticatory muscle myositis could be considered. Dental follow-up for tooth 104 is recommended as well.

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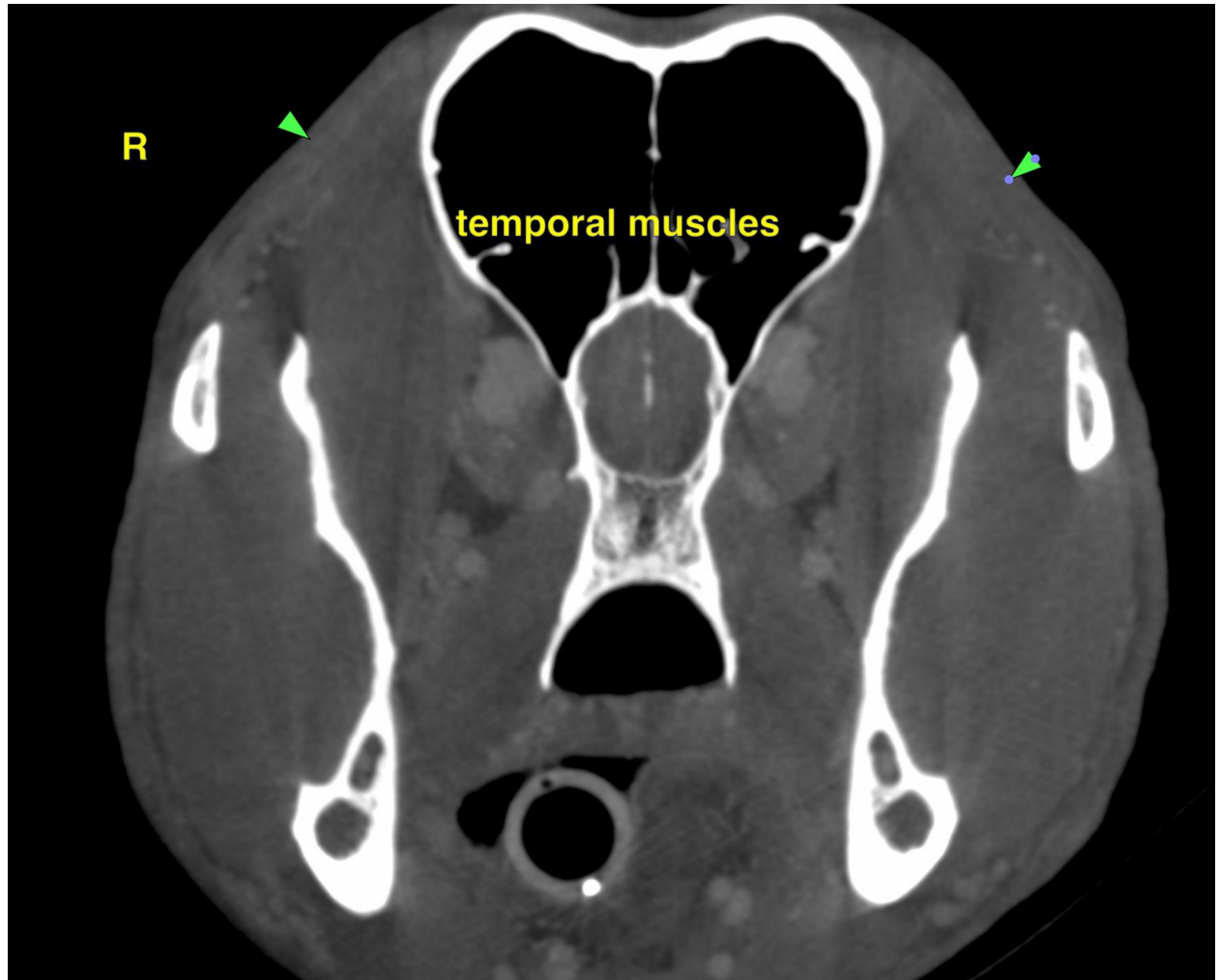
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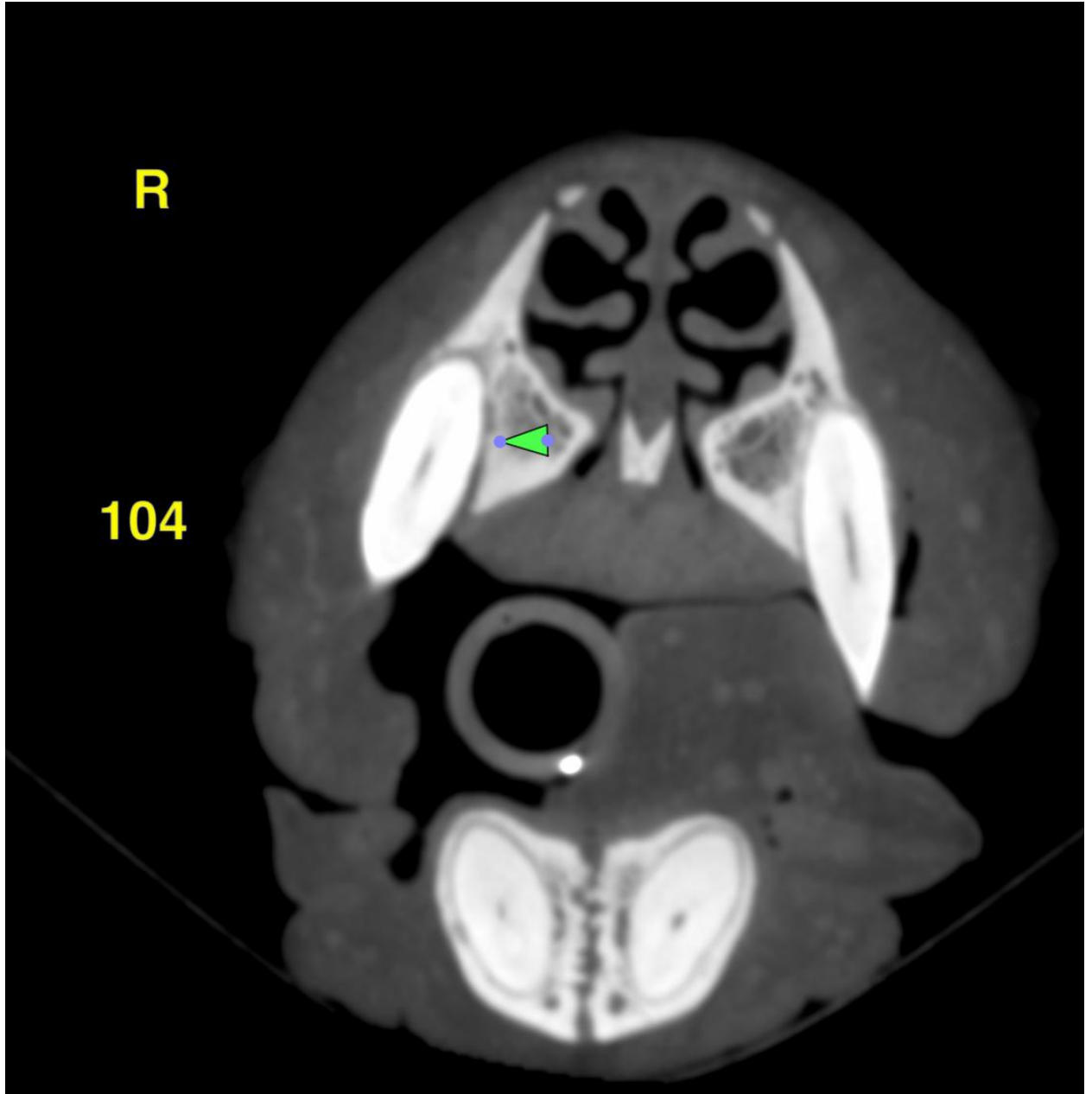
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## PATIENT

Tig Williams

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.

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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.

## BREED

Anatolian Shepherd

**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](mailto:info@sonopath.com)

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