



PATIENT

Christopher Lavea

PRESENTING CLINICAL SIGNS

Possible vertigo, ear issues.
Abnormal PE/Chem/CBC/UA Results: Mild left-sided head tilt.

SPECIES

Feline

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies available for review.

BREED

DSH

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

Male Neutered

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

AGE

9 Years

A minimal amount of hypoattenuating material is seen within the medial aspect of both external auditory meatuses. Both external auditory meatuses present mildly increased contrast enhancement of their epithelial lining. Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

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.

HOSPITAL NAME

Mobile Pet Imaging

The salivary glands present within normal limits.

The visible dentition is within normal limits.

REFERRING VET

Meaux

- Structurally normal CT study of the brain.
- No evidence of otitis media.
- Mild bilateral otitis externa.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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At this time, no evidence of otitis media or other middle ear pathology is seen. There is no evidence of intracranial pathology that would correlate with the patient's clinical signs. Mild bilateral otitis externa appears to be present which does not explain the presence of vertigo or vestibular signs. Consider idiopathic vestibular syndrome a potential. Csf analysis and MRI would be options for further definition should the patient's clinical signs persist.

DATE

2-22-22



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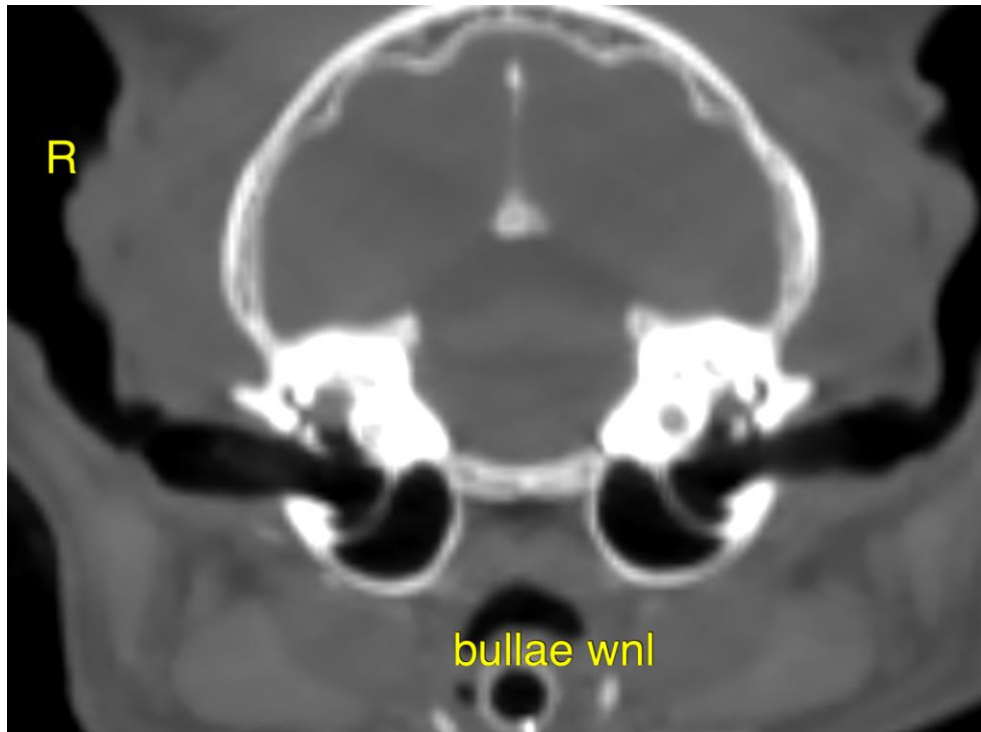
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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