



**PATIENT**

Gypsy Rivera

**PRESENTING CLINICAL SIGNS**

Owners report that the patient may show symptoms of blindness, shows a lot of salivation, coordination problems, imbalance, lethargy, circling and ataxia.  
 Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- LIPA and Na mild increased PE: no pupillary reflex, ataxia, neuro sign

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD**

Plain and post contrast studies available for review.

**BREED**

Siberian Husky

**COMPUTED TOMOGRAPHIC FINDINGS**

An intracranial intraaxial mass of approximately 4 x 2.2 x 2.3 cm is seen in the left cerebral hemisphere. Multilobar involvement is noted. Lesion margins are ill-defined. The mass extends from the left temporal into the left parietal and occipital lobes. Moderate to severe nonuniform enhancement with predominance of thick ring enhancement is noted. Cerebral midline shift to the right is present. There is asymmetry of the skull base with thickening of the left petrous temporal bone and left osseous lining of the tympanic bulla with no evidence of current otitis media.

**SEX**

SF

**AGE**

10 Years

Complicated crown fractures of the triadans 101 and 201 are noted.

Multiple dermal and subdermal soft tissue nodules are present in the dorsal neck.

**INTERPRETED BY**

Nele Eley, DVM  
 Dr. med. Vet. DipECVDI

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Large ill-defined intracranial intraaxial mass within the left cerebral hemisphere.
- Congenital versus acquired/post-traumatic skull asymmetry.
- Complicated crown fractures triadans 101, 201.
- Multiple dermal atheromas versus small soft tissue neoplasia.

**HOSPITAL NAME**

Veterinary Image Center

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals a large ill-defined intracranial intraaxial mass within the left cerebral hemisphere. Intraaxial neoplasia such as glial cell derived tumor is considered most likely with the differential diagnoses of astrocytoma or oligodendroglioma. However, with the multilobar involvement, gliomatosis cerebri and round cell neoplasia are potential considerations as well. A benign mass is thought highly unlikely based on the CT presentation even though this can never be ruled out entirely.

**REFERRING VET**

Dr. L. Brito, DVM

**INVOICE**

57212

**DATE**

3-13-23



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**REFERRING VET**

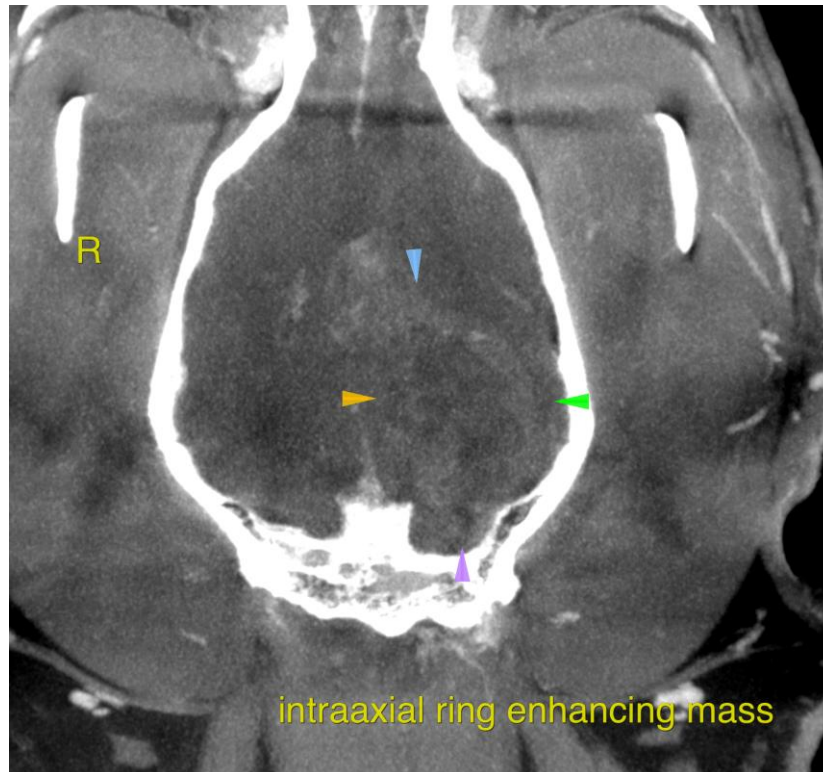
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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