



PATIENT

Whistle Hoffman

SPECIES

Canine

BREED

Siberian Husky

SEX

MN

AGE

11Y

WEIGHT

26.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Armstrong

INVOICE

74000

DATE

3-2-26

PRESENTING CLINICAL SIGNS

Whistle presented to VEG for a right head-tilt and stumbling beginning the same day. Owner had noted that for the last few months he had been coughing intermittently. Owner was concerned for acute onset of symptoms.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

No overt mass lesions, hemorrhage, or hydrocephalus are identified. There is no evidence of hemorrhagic events.

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

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

The middle and inner ear structures appear normal bilaterally. The external auditory meatuses present within normal limits.

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.

The salivary glands present within normal limits.

The visible dentition is within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal CT presentation of the brain, middle, and inner ears.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

No gross structural lesions are identified on CT to explain the acute vestibular signs. CT cannot exclude small infarcts, microvascular events, inflammatory or infectious disease. The most likely diagnosis is idiopathic vestibular syndrome. MRI of the brain could be considered should the patient remain refractory to supportive care and symptomatic treatment as MRI is more sensitive for small infarcts/ischemic events and other lesions including early inflammatory, infectious, or neoplastic as well as brain stem or cerebellar pathology.



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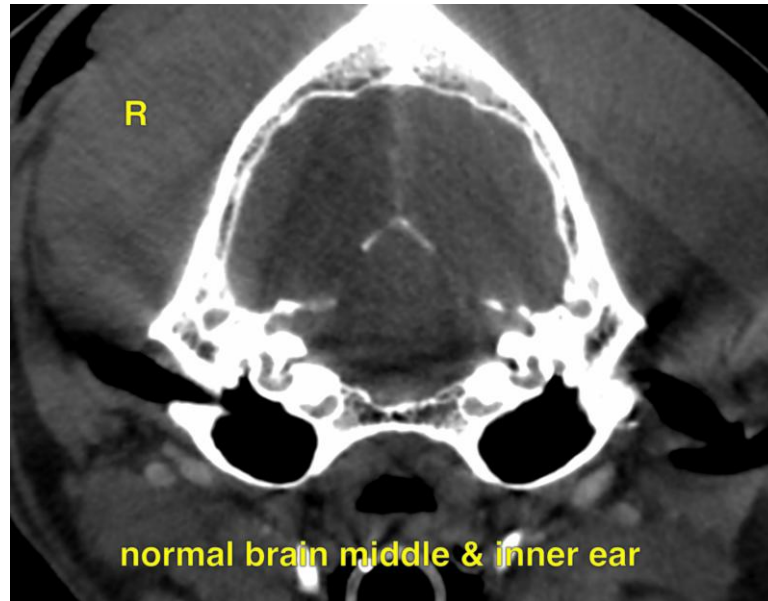
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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