



PATIENT PRESENTING CLINICAL SIGNS

River Shell

- February 25th O was letting River inside she ran into the garage door, he didn't see it happen but heard a loud bang. They noticed that she was tilting her head to the left and was very unsteady on her feet. They went to the RDVM on March 2nd and was started on Antibiotics, Meclazine and prednisone. Then on the 5th they noticed that the head tilt had shifted to the right, went back to the RDVM and was given an Dex SP injection. Then on the 7th she seemed normal and went for a walk with dad. Has been fine up until the 24th and was seen again by RDVM and given another Dex SP injection and then today she was lateral unable to walk and not wanting to eat.

Canine

BREED

Husky

- Anisocoria is present. The left pupil is mydriatic and non-responsive to light. There is episcleral injection in the left eye. The right pupil is smaller than the left, and the third eyelid is elevated on the right side.
- The patient is in right lateral recumbency with an altered mentation. She is making attempts to lift her head and rise. Cranial nerve deficits are present, including anisocoria with an absent pupillary light reflex in the left eye and an elevated third eyelid on the right. A shifting head tilt and ataxia were reported in the history.

SEX

FS

Abnormal PE/Chem/CBC/UA Results: ALT - 198 ALP - 1424

AGE COMPUTED TOMOGRAPHIC STUDY OF THE HEAD AND CERVICAL SPINE

8yr Plain and post contrast studies in soft tissue and bone windows are available for review.

INTERPRETED BY COMPUTED TOMOGRAPHIC FINDINGS

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

HEAD

A well-defined ovoid extra axial mass is located in the right cerebellopontine angle, measuring ~ 12 mm x 11 mm. The mass demonstrates strong predominantly homogeneous contrast enhancement.

Moderate diffuse dilation of the ventricular system, including both laterals, the third and fourth ventricles is seen consistent with obstructive hydrocephalus internus. The findings are associated with increased intraventricular and intracranial pressure.

Mild mass effect is present in the caudal fossa region.

REFERRING VET No significant middle and inner ear abnormalities are identified.

Jessica Rutledge

CERVICAL SPINE

The cervical vertebrae are normal in number, alignment, shape and attenuation.

INVOICE No evidence of fracture, luxation, intervertebral disc disease or compressive lesion is identified.

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The surrounding soft tissues are unremarkable.

DATE COMPUTED TOMOGRAPHIC DIAGNOSIS

03/30/2026



PATIENT

River Shell

- Strongly contrast enhancing extra axial intracranial mass in the right cerebellopontine angle
- Secondary obstructive hydrocephalus internus with increased intracranial pressure

SPECIES

Canine

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals an intracranial extra axial mass in the right cerebellopontine angle causing obstructive hydrocephalus internus with increased intracranial pressure. Most likely differential diagnoses include choroid plexus tumor, less likely differential diagnoses include meningioma, peripheral nerve sheath tumor, ependymoma, lymphoma and complex dermoid cyst. The cervical spine is unremarkable.

BREED

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The ventricular dilation indicates clinically significant obstruction of CSF flow explaining the patient's rapid neurological deterioration, altered mentation and cranial nerve deficits. The cerebellopontine angle location correlates well with the vestibular signs and cranial nerve involvement described clinically.

SEX

FS

Urgent neurology / neurosurgery referral could be considered, including MRI of the brain for improved tissue characterization and surgical or radiation planning. Medical management of intracranial pressure including the use of corticosteroids and osmotic therapy as indicated is strongly recommended. Prognosis is guarded to poor without short term intervention.

AGE

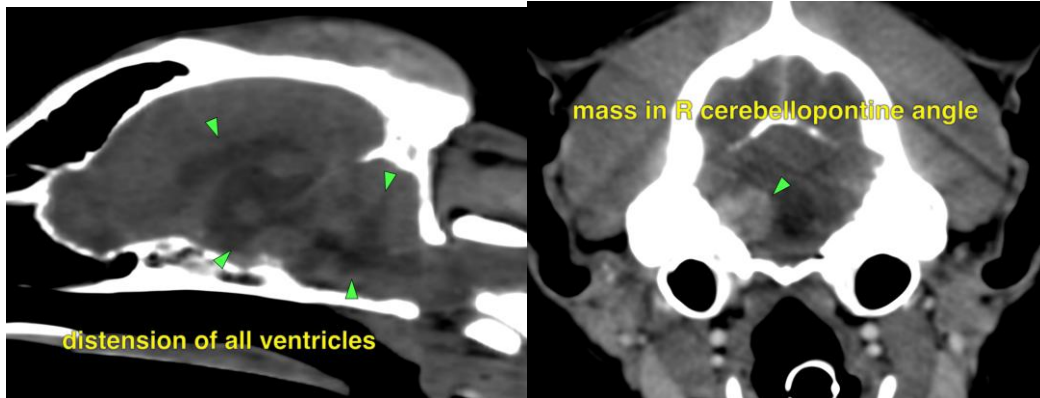
8yr

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HOSPITAL NAME

Bluegrass Veterinary
Specialists



REFERRING VET

Jessica Rutledge

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.

INVOICE

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DATE

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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.

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