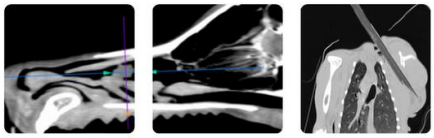

PATIENT

Fizzy Drink Pickering

SPECIES

Canine

BREED

Italian Greyhound

SEX

FN

AGE

1

WEIGHT

4.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary Centre

REFERRING VET

Eamon

INVOICE

74842

DATE

4-29-26

PRESENTING CLINICAL SIGNS

Specifics:
Reason: Not herself.
Concerns: Not been herself since Friday. Smellier breath than normal. Trouble jumping up onto things as she normally does. Seems hard to rise. No overt ataxia but seems to struggle to walk normally.
EDDU normally: No, slightly reduced. Seems painful to put her head down.
PU/PD: No.
Vomiting or diarrhoea: No.
Coughing or sneezing: No.
Behavioral changes: Yes, extremely quiet.
Parasite control: Unsure when she last had parasite prevention.
Examination:
Behaviour: QAR.
BCS: 4/9
Eyes: NAD
Ears: NAD
Oral: Grade 0/4, MM pink moist
Peripheral LNs: NAD
Cardiovascular: HR 144, no murmur or arrhythmia
Respiratory: NAD, normal lung sounds.
Abdominal palpation: NAD, soft and comfortable.
Musculoskeletal: Pain on thoracolumbar palpation, ventral and L/R neck flexion.
No ataxia, normal reflexes all four limbs. Normal PLRs/menace.
Skin: NAD.
Temp: 40.2C.
DDx/Problem List:
Neck pain + fever -> highly suspicious Infectious meningitis vs MUO.
Admit for bloods, urine, CRP, CSF tap and CT scan (MUO diagnosis of exclusion).

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & NECK

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

COMPUTED TOMOGRAPHIC FINDINGS

Brain

There is a subtle poorly defined region of mildly reduced attenuation within the frontal lobe of the left cerebral hemisphere. See image below. This finding is equivocal and not associated with a clear mass effect, midline shift, or abnormal enhancement. The remaining brain parenchyma presents unremarkable. Ventricular system is normal in size and symmetry. No evidence of intracranial hemorrhage or space occupying lesions is seen.

Cervical Spine & Neck

The cervical vertebrae are normal in alignment and morphology. Intervertebral disc spaces and neuroforamina are preserved. No evidence of disc herniation, congenital malformation, or vertebral canal stenosis is seen.

The surrounding soft tissues of the neck are unremarkable with no significant lymphadenomegaly

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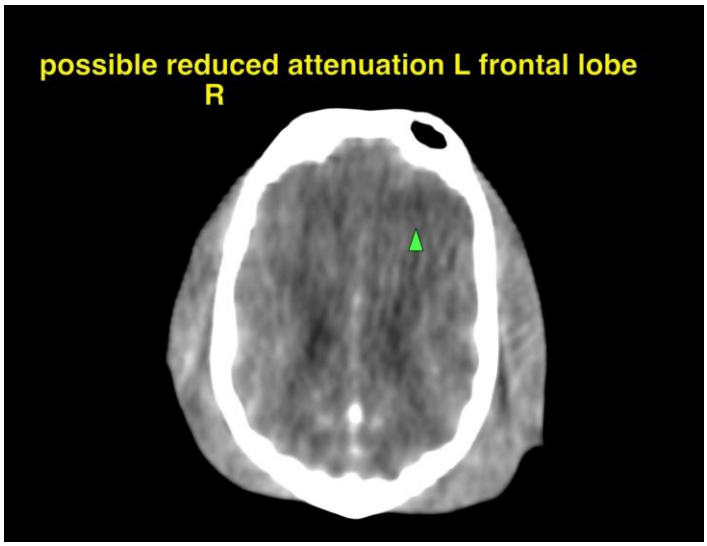
being identified other than mild symmetric enlargement of all imaged lymph nodes compatible with juvenile/adolescent hyperplasia.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Subtle ill-defined hypoattenuation within the left frontal lobe of the brain.
- No CT evidence of cervical spinal pathology.
- Mild symmetric generalized lymphadenomegaly – likely juvenile/adolescent.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

No definitive structural cause of the clinical signs is identified on the CT. The subtle left frontal lobe change may represent an early or mild intracranial process. However, CT is limited in sensitivity for detecting inflammatory or nonstructural brain disease. Given the combination of fever and cervical pain, the main primary differentials remain meningitis/meningoencephalitis including infectious immune mediated/MUO and less likely early vascular or other inflammatory process. The absence of CT abnormalities does not exclude clinically relevant intracranial or meningeal disease, particularly inflammatory conditions. CSF analysis is strongly recommended if not performed already. MRI of the brain and/or cervical spine could be considered if CSF results are inconclusive as MRI is more sensitive for meningeal pathology and parenchyma lesions such as with MUO and other.



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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
info@sonopath.com