



PATIENT

Vicente Rodriguez

SPECIES

Canine

BREED

Labrador

SEX

NM

AGE

13Y

WEIGHT

56.0lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

José L. Alvarado Bruno,
CVT - CT Scan Technician

HOSPITAL NAME

Veterinary Image Center

REFERRING VET

Nohema García, DVM

INVOICE

74841

DATE

4-30-26

PRESENTING CLINICAL SIGNS

Patient was first seen on April 1st. At that time he was diagnosed with suspected old dog vestibular disease due to left sided head tilt and ataxia. Today he presented with horizontal and vertical nystagmus, worsened ataxia leading to inability to stand on his own and at times crossing his legs when helped to walk.

Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- unremarkable

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

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.

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 tympanic bullae are bilaterally well aerated with normal thin walls. No fluid accumulation, soft tissue attenuation, or osseous proliferation is identified. The inner structures such as the cochlea and vestibular apparatus are unremarkable on CT. Mild thickening of the epithelial lining of the bilateral external auditory meatuses with no significant luminal content is seen.

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

- No CT evidence of intracranial disease.
- No CT evidence of otitis media, otitis interna, or other structural cause for vestibular dysfunction.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The absence of abnormalities within the brain and middle and inner ear structures suggests that a structural lesion is unlikely to explain the clinical signs. Given the acute vestibular presentation, peripheral vestibular disease such as idiopathic vestibular syndrome is considered most likely. Central vestibular disease below CT resolution such as inflammatory/infectious, early neoplasia, and vascular cannot be ruled out entirely especially if the clinical presentation raises concern for central vestibular process. MRI of the brain is recommended for further evaluation should the clinical symptom complex (both horizontal and vertical nystagmus) and progressive worsening continue to suggest central vestibular disease. CSF analysis may be considered should inflammatory infectious disease be



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suspected.

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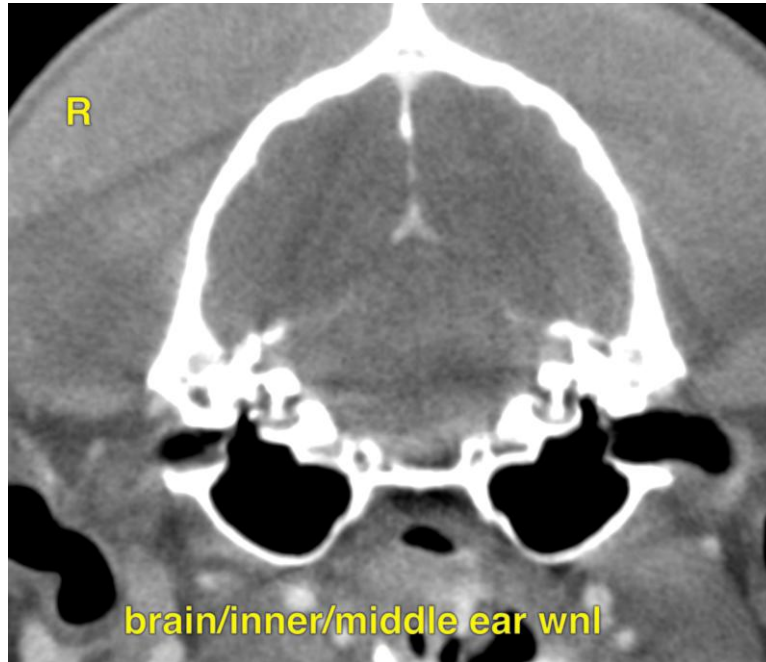
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

José L. Alvarado Bruno,
CVT - CT Scan Technician

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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