



PATIENT

Chloe Awender

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

6Y

WEIGHT

38.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Janice

HOSPITAL NAME

Bridgwater Veterinary
Hospital and Wellness
Centre

REFERRING VET

Dr. K. Choptain

INVOICE

74478

DATE

4-6-26

PRESENTING CLINICAL SIGNS

- Presented Mar 24 for acute onset facial nerve paralysis on the L side
- Developed mild head tilt and ataxia a few days later

Abnormal PE/Chem/CBC/UA Results: Mild increase in ALP, T4 low but thyroid profile was normal

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.

Both ears appear normal. Cochlea and vestibular structures are unremarkable. No abnormal enhancement or bony canal changes are identified along the course of the facial nerves. Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. 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

- No structural abnormalities detected.
- Normal CT presentation of the brain, inner and middle ears, and facial nerve pathways.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging is normal, so the acute facial nerve paralysis is most likely idiopathic or inflammatory in origin. Functional or neuropathic causes such as immune mediated facial neuritis, viral or bacterial inflammation, or minor trauma cannot be excluded based on CT. Clinical monitoring and supportive care are recommended. MRI of the brain and facial nerve pathways could be considered if clinical signs persist beyond 1-2 weeks or worsen.



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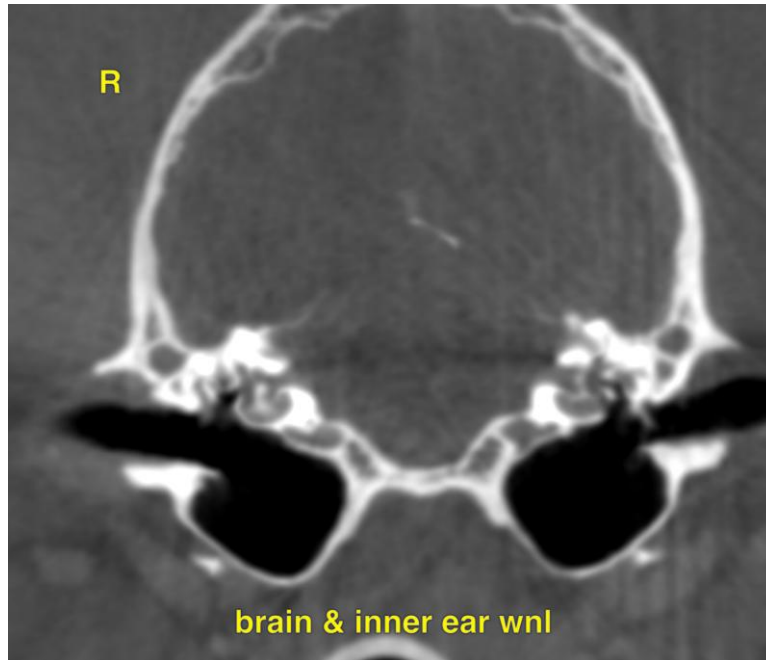
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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