



## PATIENT

Elizabeth Taylor Rivera

## SPECIES

Canine

## BREED

Poodle Mixed

## SEX

SF

## AGE

12Y

## WEIGHT

19.6lbs

## 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

Yazielis Martínez, DVM

## INVOICE

75055

## DATE

5-19-26

## PRESENTING CLINICAL SIGNS

Patient presented due to presumptive seizure episode earlier this morning. This is the first time it has happened. P has history with diabetes mellitus (uncontrolled) being treated with 10U of vetsulin. Glaucoma was diagnosed 2 days ago at CEVet and being treated with ophthalmic drugs (4 different drops, O is unsure of the names). The diabetes mellitus diagnosis came after P being treated with steroids due to collapsing trachea. Last glucose curve was around a year ago and pDVM decided not to increase insulin anymore and maintain at 10U for the time being. There was urination during the episode but no defecation because P defecated before the care ride. P had 3 episodes in a row and woke up right away appearing mildly disoriented.

P is not on any prevention because P doesn't go out, and vaccines are over-due. O found a tick couple of days ago.

Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- GLU mild decreased (69), CREA mild increased (2.1), BUN moderate increased (51), GLOB mild increased (4.6), ALT mild increased (149) and AMYL decreased (435)

## 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 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.

Mild periodontal disease and dental plaque accumulation is noted.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- No CT evidence of intracranial abnormality identified.
- No CT evidence of otitis media/interna.
- Mild periodontal disease and dental plaque accumulation.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

No structural intracranial lesion is identified to explain the reported seizure like episodes. It should be noted that CT has limited sensitivity for certain intracranial diseases including early ischemic change,



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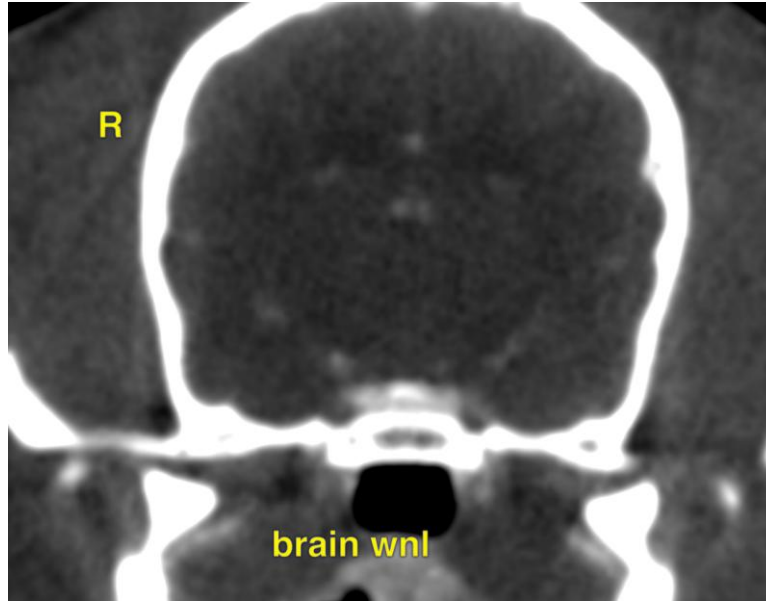
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inflammatory disease, toxic/metabolic encephalopathy, and some epileptogenic lesions. Given the patient's history of diabetes and hypoglycemia, a metabolic etiology for the episodes should be considered. Additional differentials include idiopathic epilepsy, even though less likely given the age of onset, hypertensive encephalopathy, toxic/metabolic encephalopathy, or less likely occult intracranial disease below CT resolution. MRI would provide slightly greater sensitivity for subtle intracranial pathology if clinically indicated.



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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