



PATIENT

Piper Nehring

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

12Y, 9M

WEIGHT

90lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Raul Casas

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr Raul Casas

INVOICE

75237

DATE

6-1-26

PRESENTING CLINICAL SIGNS

Presents for CT scan, evaluation of cervical mass, ataxia, dizziness, and right-sided falling.

- Cervical mass noted; increased dizziness and tendency to fall toward right reported by client
- Previous cerenia medication from referring veterinarian (Watford) improved equilibrium; last dose administered yesterday morning

- Eating well; drinking less than normal but still drinking

- Coughing noted; no food or water since last night in preparation for procedure

- No history of tick prophylaxis

- Recent outdoor exposure (farm) for 3 days; typically indoor/in-town dog

Note from rDVM: She previously had a mass removed that was benign. Has a mass on side of head under ear on left side that was diagnosed as a lipoma by Western Vet and was reported to be growing. She has vertigo started

about 4 days ago. Horizontal nystagmus, fast phase to the right, circling to the left when walking. P prefers to stay laying down and reluctant to get up and walk. Previously FNAd lipoma directly ventral to AS, originally seen at

Western Vet. Acutely progressive ataxia, O reports hx of arthritis and is worried about weakness to hindlimbs as well, difficult to assess difference between strictly weakness and true ataxia on exam in clinic. Aural exam largely unremarkable. Temp WNL. CBC NSF

Abnormal PE/Chem/CBC/UA Results: BCS 6-7/9, Mild dental disease, Wide base stance hind limbs; slight, crossing front limbs, Ataxia, right-sided falling, dizziness ALT 618

COMPUTED TOMOGRAPHIC STUDY OF THE CRANIOCERVICAL JUNCTION

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Cerebral hemispheres, cerebellum, and brain stem appear to be symmetrical and unremarkable on CT. No evidence of intracranial mass effect, hemorrhage, or abnormal enhancement is identified.

The external auditory meatuses, tympanic bullae, and visible inner structures are unremarkable bilaterally. There is no evidence of otitis externa, media, or changes of the osseous structures of the inner ear.

A large, well circumscribed, uniformly fat attenuating mass is present ventral to the left external auditory meatus and caudal to the left mandibular ramus. Mass measurements are approximately 8 x 7 x 5 cm. No significant internal soft tissue nodularity, abnormal contrast enhancement, mineralization, and no invasive features are identified. There is no evidence of involvement of the adjacent osseous structures.

The regional retropharyngeal lymph nodes present within normal limits.

The thyroid gland is unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large well defined left periauricular lipoma – no CT evidence of local invasion or aggressive behavior.
- Normal CT presentation of the brain, middle, and inner ears.



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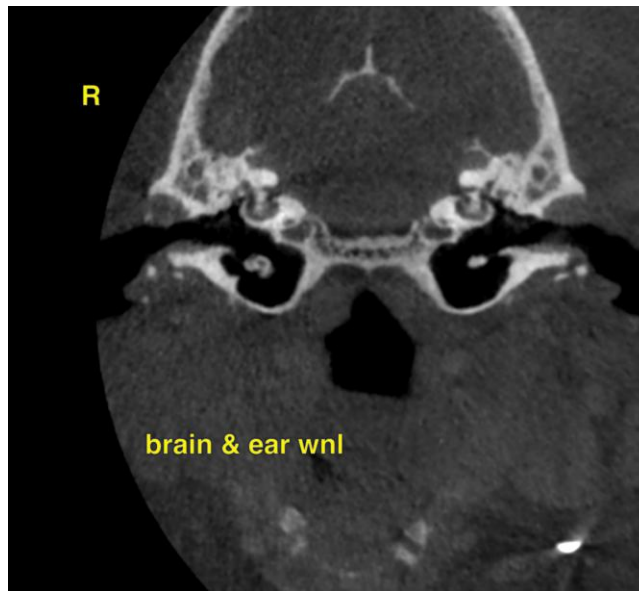
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INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are most consistent with a simple lipoma. No CT features suggestive of infiltrative lipoma or liposarcoma identified. Definitive diagnosis would require histopathology. However, no CT abnormalities are identified that would readily explain the reported acute vestibular signs. No structural intracranial lesions. No middle or inner ear pathology is identified on CT. Idiopathic peripheral vestibular disease / geriatric vestibular syndrome appears to be a likely underlying cause even though it should be mentioned that CT has limited sensitivity for parenchymal, brain stem, cerebellar, and cranial nerve abnormality. Correlation with neurologic examination findings recommended. MRI should be considered if neurologic deficits persist or worsen.





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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

European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,

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