



PATIENT

Pebbles Martinez

PRESENTING CLINICAL SIGNS

HX of seizures. Patient presented for possible vestibular signs, and vertical nystagmus. Patient is currently on potassium bromide, adequin, phenobarbital. Recently decreased the dose of phenobarbital per rDVM. No seizures in over a year

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: elevated liver enzymes

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, THORAX, ABDOMEN, & SPINE

Plain and post contrast studies available for review.

BREED

Pug

COMPUTED TOMOGRAPHIC FINDINGS

Head & Neck

SEX

FS

Shortened facial bones and reduced nose are seen. Number and folding of the nasal turbinates are reduced. Retrograde elongation of the nasal turbinates is seen bilaterally.

AGE

11 Years

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.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The tympanic bullae and inner ear present within normal limits.

The external auditory meatuses present within normal limits.

HOSPITAL NAME

Animal Emergency
Hospital Deland

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.

REFERRING VET

Dr. Arias

The dentition is incomplete.

Prominence of the laryngeal soft tissues is noted as well as a small lumen of the trachea.

Thorax

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The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

DATE

8-1-23

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.



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The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

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Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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Bilateral cortical renal infarcts are noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

SEX

FS

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

Mild generalized enlargement of the liver is noted. The parenchymal attenuation and enhancement are uniform. The gallbladder is moderately distended. Small focal mineralization is seen in the quadrate lobe of the liver.

AGE

11 Years

The portal vasculature presents within normal limits.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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A small amount of mineral attenuating material is seen within the stomach.

Small suture granuloma is seen dorsal to the urinary bladder and presumably from prior spay.

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Spine & Pelvis

The coxofemoral joints present bilateral dysplasia and coxofemoral joint osteoarthritis.

Spondylosis deformans is noted between T11/12.

REFERRING VET

Dr. Arias

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal CT findings of the brain.
- Normal CT findings of the middle and inner ear.
- Hepatopathy with mild hepatomegaly and focal mineralization in the quadrate lobe of the liver
- Bilateral hip dysplasia and coxofemoral joint osteoarthritis.
- Spondylosis T11/12.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

8-1-23

The CT study does not reveal evidence of structural brain pathology. The negative CT findings support the tentative diagnosis of primary epilepsy. There is no evidence of middle or inner ear disease. Cerebrovascular disease cannot be ruled out, however, idiopathic vestibular syndrome appears to be a potential in this patient.



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Hepatic encephalic syndrome should be considered depending on the severity of the liver enzyme elevation.

The CT findings of the liver are mild and support the presence of either vacuolar, metabolic, endocrine hepatopathy or hepatitis. Diffuse infiltrative disease cannot be ruled out entirely. Ultrasound or liver biopsy could be considered for further definition.

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REFERRING VET

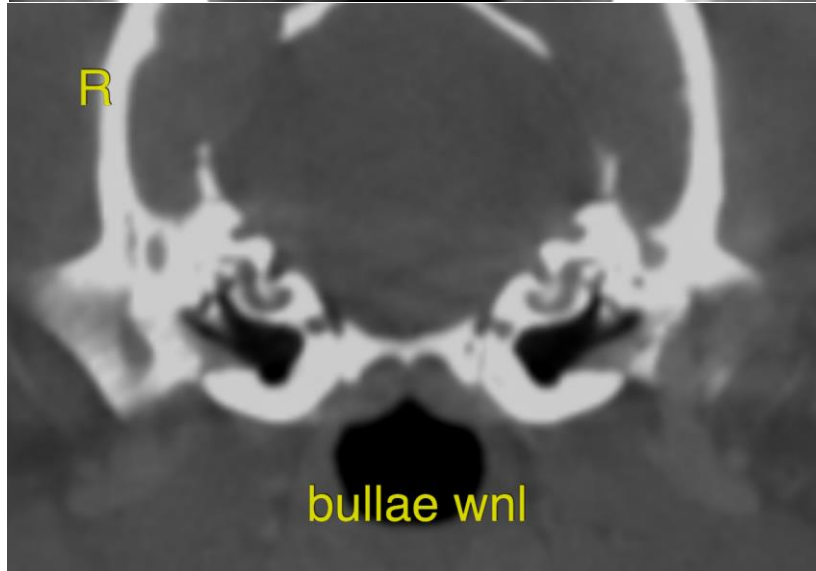
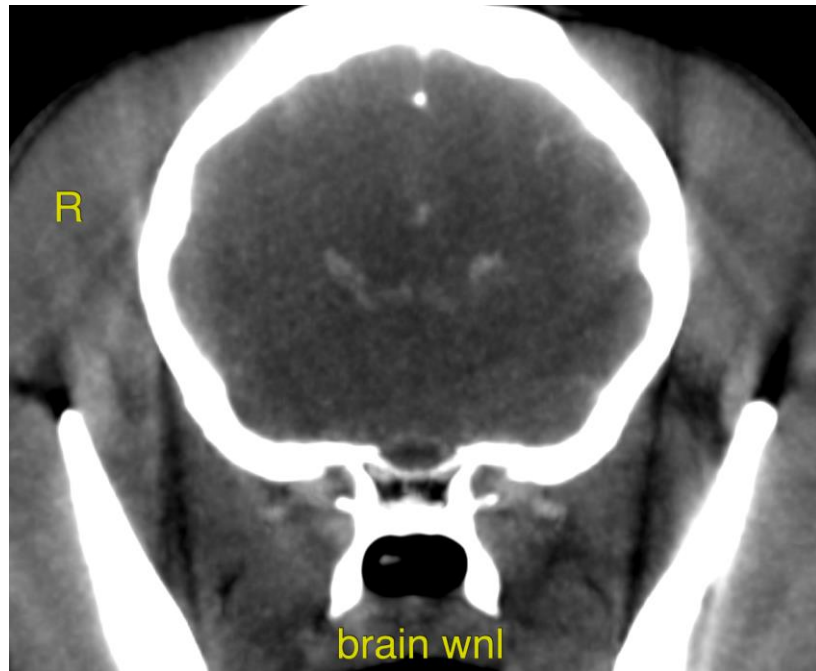
Dr. Arias

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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.

SPECIES

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