

**PATIENT**

Nay-Nay Lou  
Wheeland

**PRESENTING CLINICAL SIGNS**

Hx of facial nerve paralysis (started 1-5-23), heart murmur 3/5 systolic (started 12-19-22), left hind limb lameness with stifle being "more robust" than the other knee.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Labwork all WNL including 4dx test.

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX AND STIFLES**

Plain and post IV contrast studies of the head and thorax, plain study of the stifle joints available for review.

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**COMPUTED TOMOGRAPHIC FINDINGS**

**HEAD**

**SEX**

NA

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchyma 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.

**AGE**

7yr

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

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

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Veterinary Hospital

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 osseous cochlea and the tympanic bullae present within normal limits bilaterally.

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.

**REFERRING VET**

Stephanie Daverio,  
VMD

The salivary glands present within normal limits.

The visible dentition is within normal limits.

**THORAX**

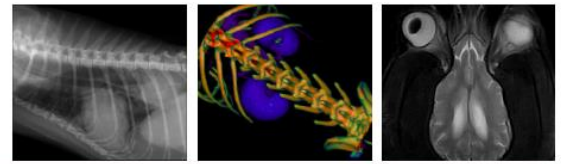
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Moderate dorsoventral collapse of the cervical trachea is seen. The intrathoracic trachea presents within normal limits.

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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.

There is mild left atrial enlargement with LA/AO  $> 1.5$ . The overall VHS is  $\sim 11$ . No evidence of pulmonary venous congestions or cardiogenic pulmonary edema is noted.

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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.

**SEX**

NA

**STIFLES**

Both Stifle joints present moderate to severe osteoarthritic changes with a large amount of periarticular osteophytes accentuating the femoral trochlea as well as the medial fabellae and the medial aspect of the femorotibial joints.

**AGE**

7yr

Bilateral medial patella luxation is noted.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The subjective impression is that the muscle volume of both hind limbs is symmetrically low.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Normal CT presentation of the brain, middle and inner ear.
- Mild left atrial enlargement with no evidence of volume overload.
- Suspect dynamic tracheal disease.
- Bilateral medial patella luxation and moderate to severe stifle osteoarthritis.

**REFERRING VET**

Stephanie Daverio,  
VMD

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals no evidence of structural pathology of the middle, inner ear or brain. The negative CT findings render idiopathic vestibular syndrome as a potential. Caudal occipital malformation/Chiari like malformation with paresthesia is a potential underlying cause of the clinical signs in this breed as well. Cerebral vascular and other brain pathology cannot be ruled out entirely. An MRI could be considered in case of persisting clinical signs should the patient remain unresponsive to empirical management of idiopathic vestibular syndrome.

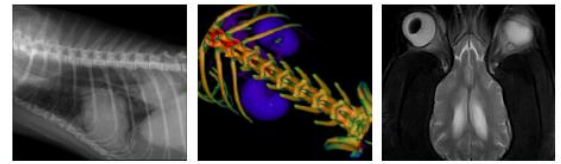
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The cardiac changes are relatively mild based on this CT presentation at this time. Mild LA enlargement and mild global left hand sided cardiomegaly are noted. However, there is no

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evidence of volume overload or congestive cardiac failure. A more detailed staging can be achieved with a full cardiac echo if indicated.

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Both stifles present medial patellar luxation which may be stationary or temporary. At the time of the CT examination both patellae are medial to the femoral trochlea. Moderate to severe concomitant osteoarthritic changes are seen bilaterally. Other concurrent pathologies such as cruciate ligament disease, meniscopathy or other cannot be ruled out entirely and clinical correlation is required.

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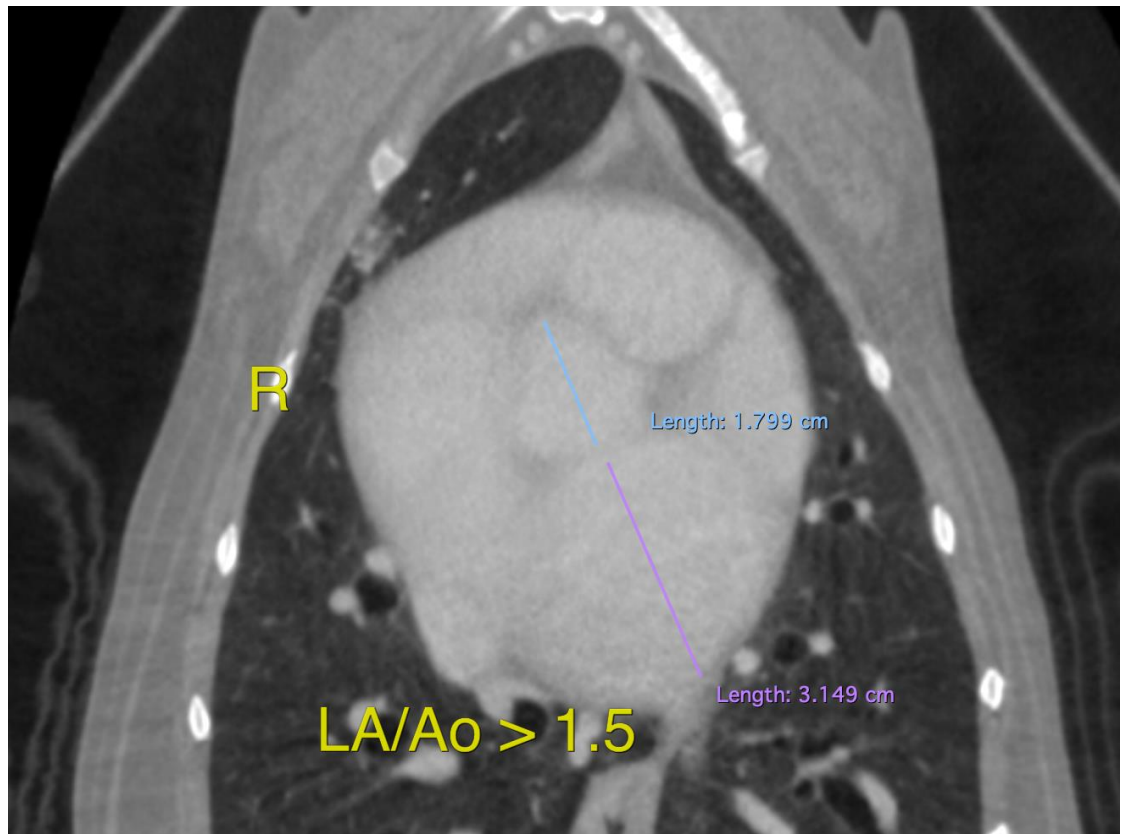
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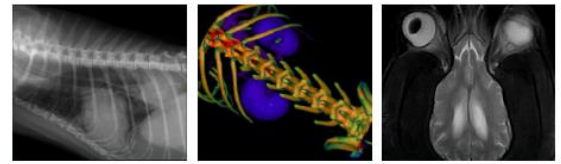
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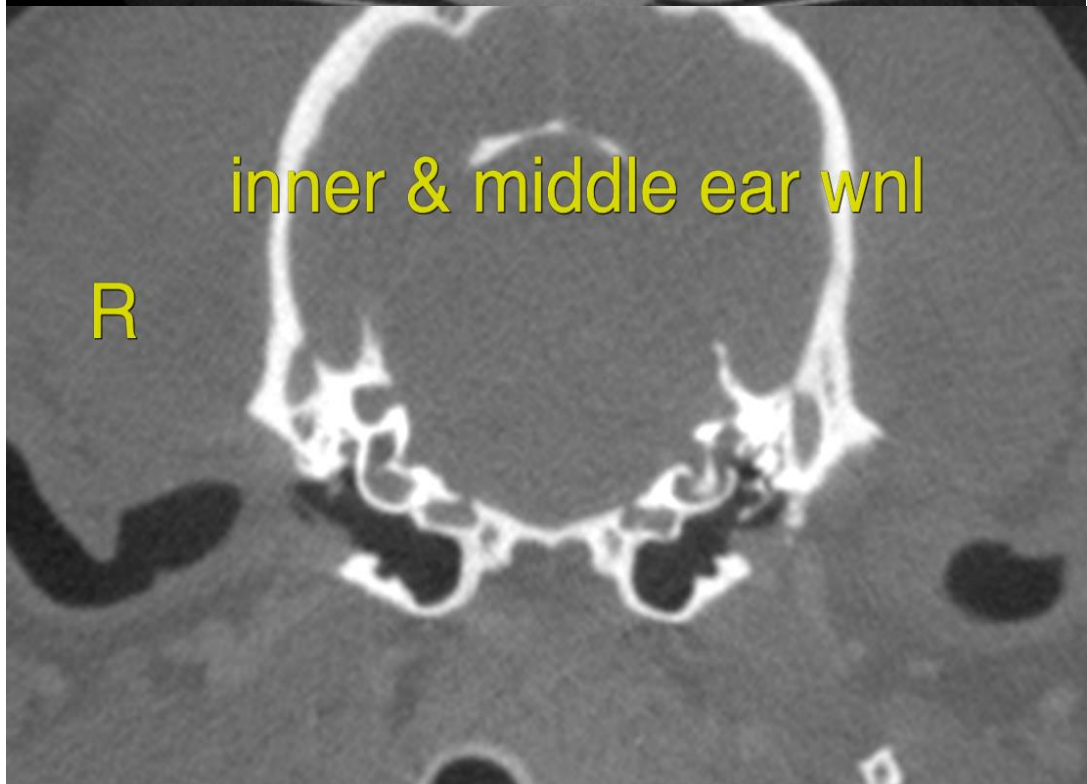
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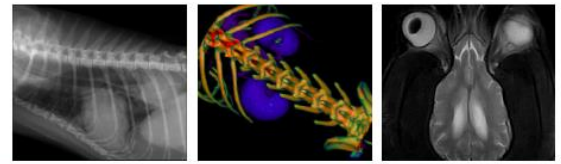
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

**SPECIES**

Canine

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.

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**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
info@sonopath.com

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NA

**AGE**

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