

PATIENT

Nina Montaner

SPECIES

Canine

BREED

King Charles Spaniel

SEX

SF

AGE

7Y

WEIGHT

29.0lbs

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

José L. Alvarado Bruno,
CVT - CT Scan
Technician

HOSPITAL NAME

Veterinary Image Center

REFERRING VET

Dr. J.L. Sosa, DVM

INVOICE

74217

DATE

3-16-26

PRESENTING CLINICAL SIGNS

- Owner reports the patient ate well this morning and was walking and behaving normally. The owner took her outside for a bath in the sun and soon after finishing, the patient was unable to stand or ambulate and exhibited mild neurologic symptoms, including ataxia, involuntary eye movements, and upper respiratory sounds.
- The owner called his Regular DVM Dr. Sosa to report the incident and was told to bring to us immediately for examination / treatment as needed.
- The patient has several pre-existing medical conditions: idiopathic epilepsy controlled with Phenobarbital 32.4 mg 1.5 tablets by mouth twice daily, cardiomegaly and mitral valve insufficiency managed with Vetmedin 2.5 mg: 1.5 tablets by mouth twice daily, Cushing's disease treated with Ketoconazole 200 mg: 1.5 tablets by mouth twice daily, as to avoid adverse effects of Vetoryl, Calcinosis Cutis treated with systemic and topical skin cream, and more recently (1 week ago) apparent facial paralysis.
- Owner states the patient's regular diet consists of Simply Nourish Adult Lamb & Vegetable Recipe in broth, given 1/2 cup twice daily (morning and afternoon ~ 3pm).
- Owner reports she recently was changed to same diet but can, soft formulation and the patient developed an acute diarrhea. It was treated and diet changed back to her regular dry food and it resolved. Defecation is normal now.

Abnormal PE/Chem/CBC/UA Results: CBC --- mild anemia, thrombocytosis (520) CHEM --- GLOB mild increased (4.6), GGT mild increased (17) and Chloride mild decreased (107)

COMPUTED TOMOGRAPHY OF THE HEAD, SPINE, THORAX, & ABDOMEN

Pre/post contrast studies are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

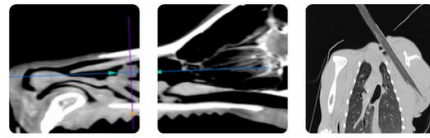
Head:

The interhemispheric gap is in the midline with no evidence of a mass effect. As far as can be assessed, there are regular cortical gyri in the cerebral and cerebellar region with a symmetrical ventricular system. The brain stem is inconspicuous. The cerebellum indicates caudal displacement/herniation. The pituitary gland is within normal limits.

The bony structures of the skull and the skull foramina of the cranial nerves are laterally symmetrical and inconspicuous.

Both tympanic bullae present partial fluid filling on the right more prominent than on the left side. The bulla wall is regular on both sides. The external ear canals are ventilated in all sections with inconspicuous walls.

The temporomandibular joints and the nasopharyngeal meatus have no particular findings. Both frontal sinuses and the orbital contents are laterally symmetrical without evidence of a retro-/bulbar lesion.



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Post contrast images show no pathological enhancement. The soft tissues of the head and neck are symmetrical and inconspicuous, especially the mandibular and medial retropharyngeal lymph nodes are unremarkable.

Spine:

The displaced spine does not show particular findings. Signs of an aggressive lesion are not noted. A compressive lesion, especially in the course of the cervical spine, is not recognized.

Thorax:

The lungs are regularly ventilated with close contact to the inner thoracic wall on all sides. There is no evidence of pleural thickening, fluid accumulation or free pleural gas. The pulmonary density is within normal limits; there is no evidence of focal or nodular pulmonary lesions.

The mediastinum is regular in width and density. The mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal.

The thoracic trachea shows a mildly alternating diameter. The left main stem bronchus appears narrowed in the transition between the aorta and the left atrium. The latter shows an estimated diameter of 3.4 centimeters with mild dilatation of the pulmonary veins.

The diaphragm appears normal.

Abdomen:

Moderate enlargement of the liver is noted with rounded liver margins. Signs of nodular lesions, a pathological enhancement or a mass effect are not recognized.

The gallbladder is inconspicuous without evidence of cholestasis. The common bile duct is considered to be normal. The pancreas presents normal size and shape with a smooth surface. The peripancreatic fat tissue and omentum are inconspicuous.

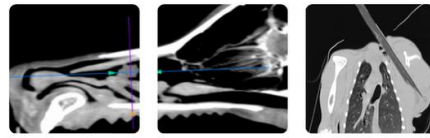
The spleen shows normal findings in terms of size, surface, shape and contrast behavior.

Both kidneys and adrenal glands are in normal limits.

As far as can be assessed, the stomach and all parts of the intestine are inconspicuous without any indication of a wall thickening or a mass.

Both ureters, the urinary bladder, trigone and urethra are presented as expected. There is no evidence of cystic calculi.

The abdominal lymph nodes and vessels show no particular findings. Signs of peritoneal/retroperitoneal effusion or free gas are not recognized.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Indicated cerebellar herniation
- Signs of bilateral otitis media
- Moderate hepatomegaly
- Suspected left atrial enlargement with opening of the pulmonary veins and mild compression of the left mainstem bronchus

Incidental findings:

- Mildly alternating tracheal diameter
- Calcinosis cutis cervical region

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

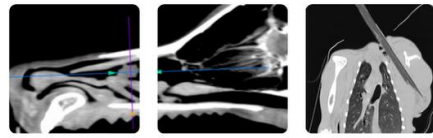
The indicated cerebellar herniation represents a variant of a Chiari-like malformation. Currently, there's no evidence of relevant hydrocephalus as seen with obstructive herniation. This does not exclude a dilatation of the central canal consistent with syringomyelia and/or dynamic pressure increase. These findings do not fully explain the reported patient's history but represent a higher predisposition for traumatic events/brain contusion. Another compressive lesion is not noted.

The suspected enlargement of the left atrium does match with the reported mitral valve insufficiency and leads to a mild compression of the left mainstem bronchus. The subtle dilatation of the pulmonary veins may show an initial grade of left heart congestion. Relevant pulmonary edema is not noted.

The mildly undulating course of the trachea is an indirect sign for a collapse. This must be correlated with the clinical presentation and perhaps complemented with an endoscopic examination.

The enlargement of the liver is an unspecific finding and usually noted with chronic hepatopathy as seen with chronic hepatitis and lipidosis. Both adrenal glands are within normal limits. This does not exclude Cushing's disease.

The diffuse calcifications of the cervical sub-/cutaneous region are commonly seen with calcinosis cutis as a secondary finding to hyperadrenocorticism. The images after contrast show mild and diffuse enhancement which could show active dermatitis.



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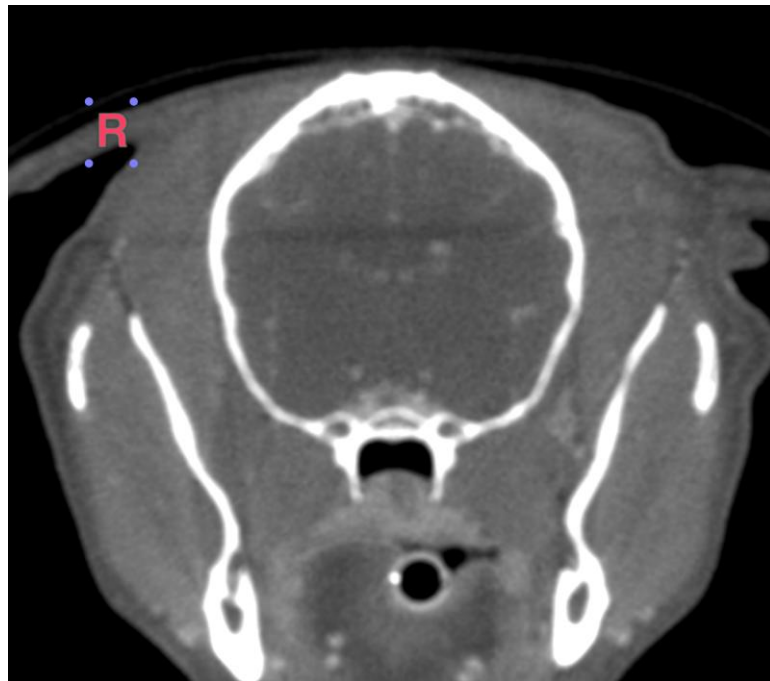
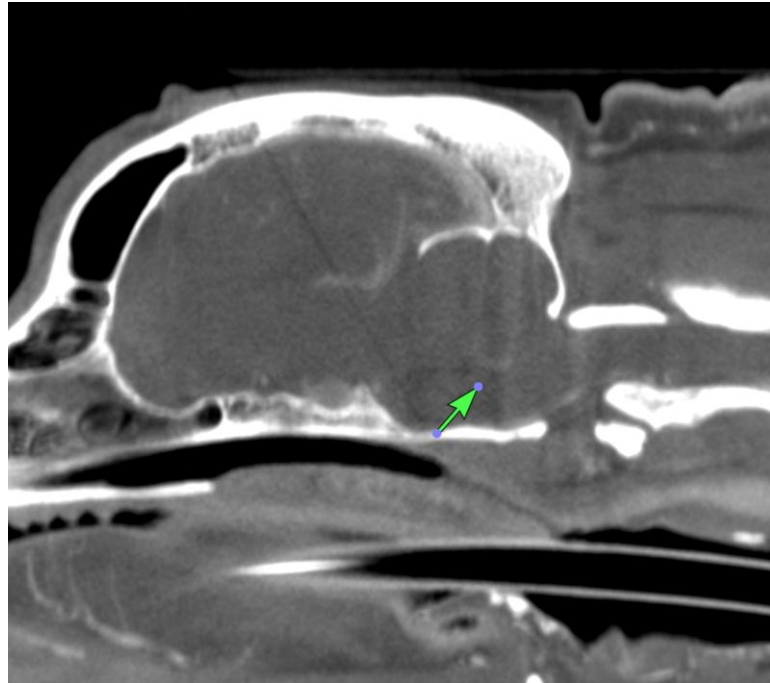
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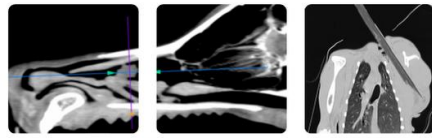
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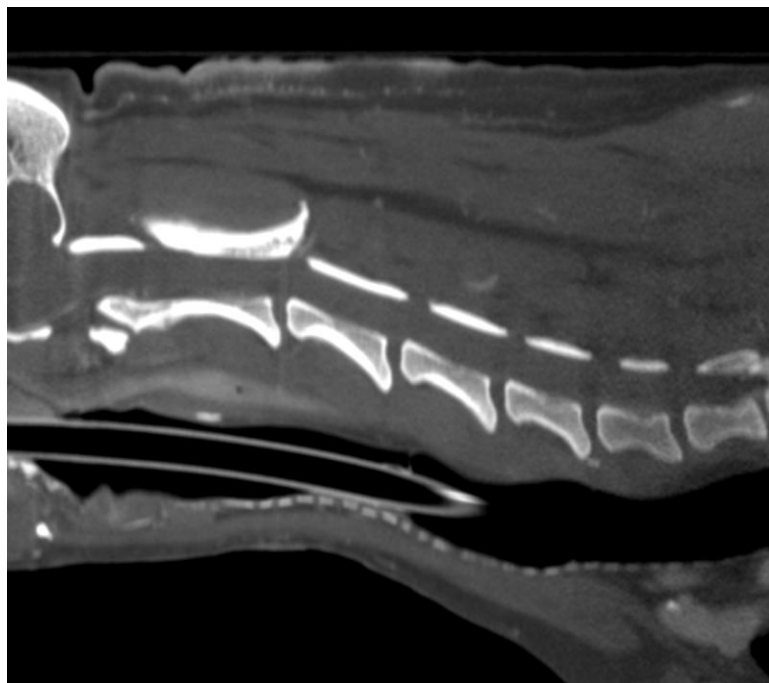
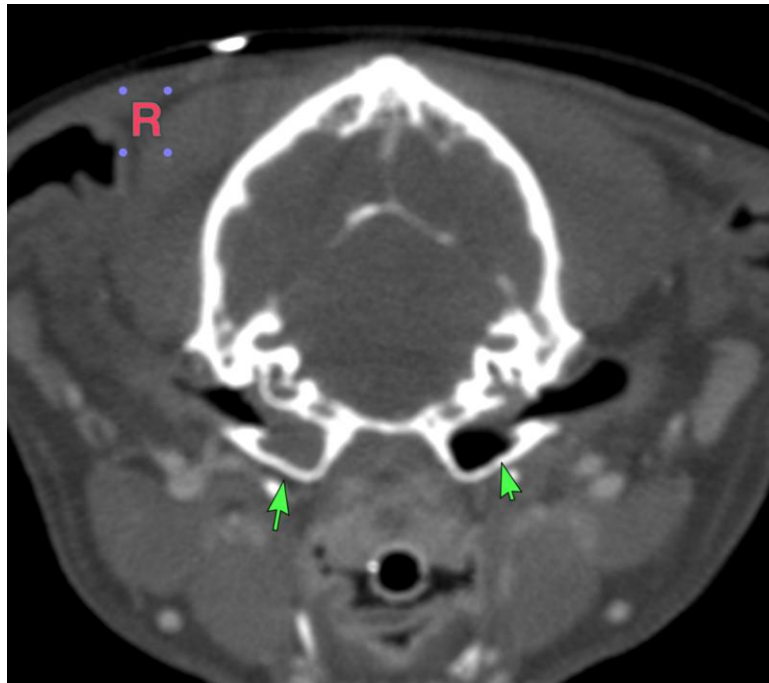
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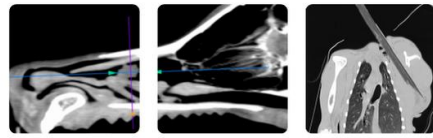
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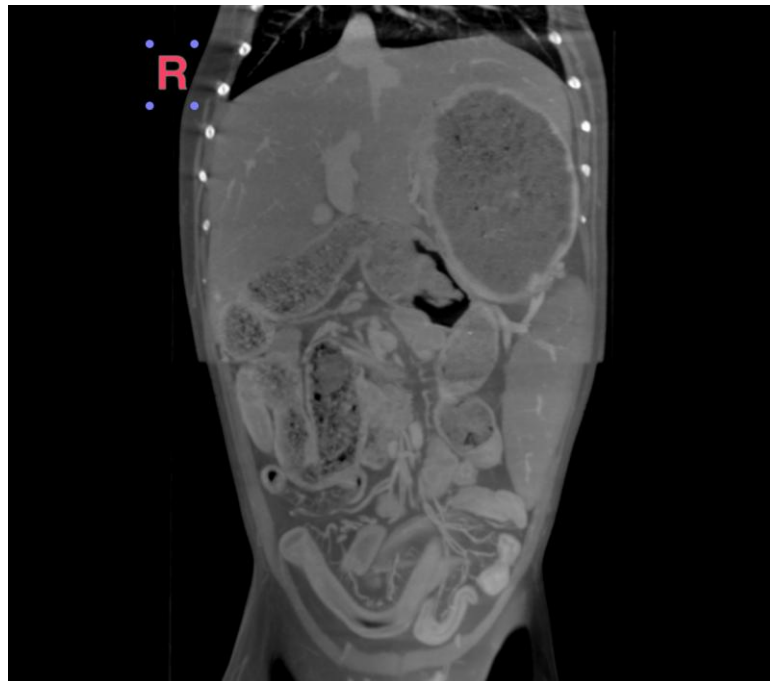
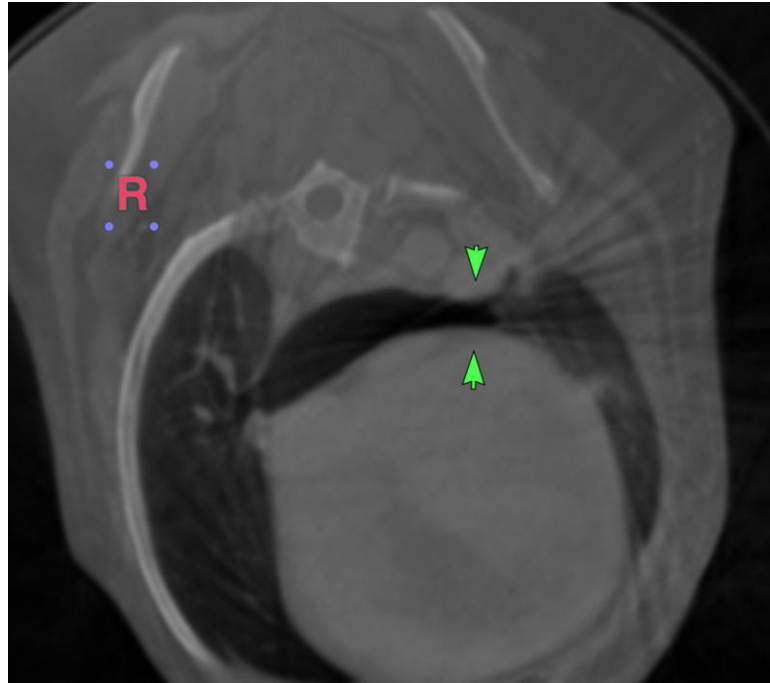
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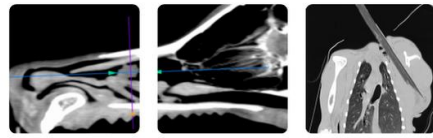
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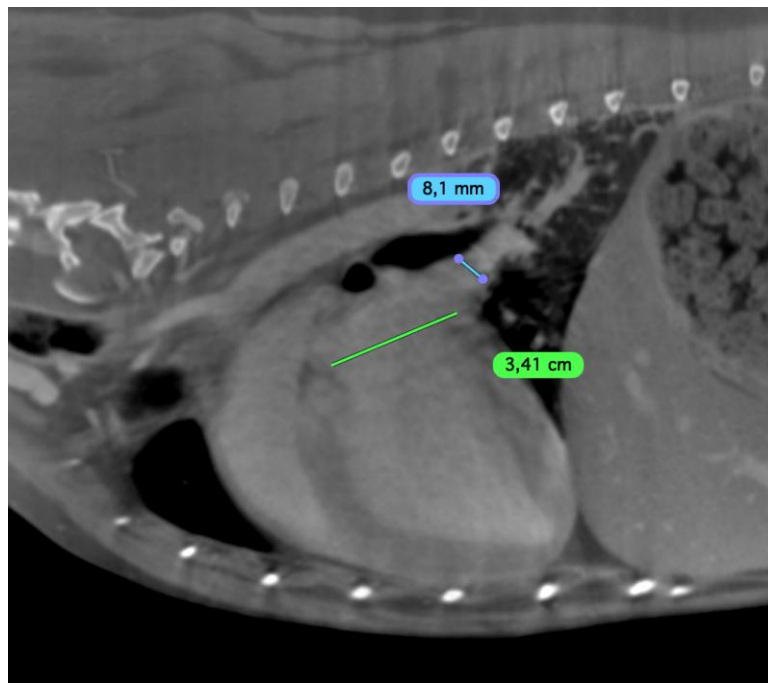
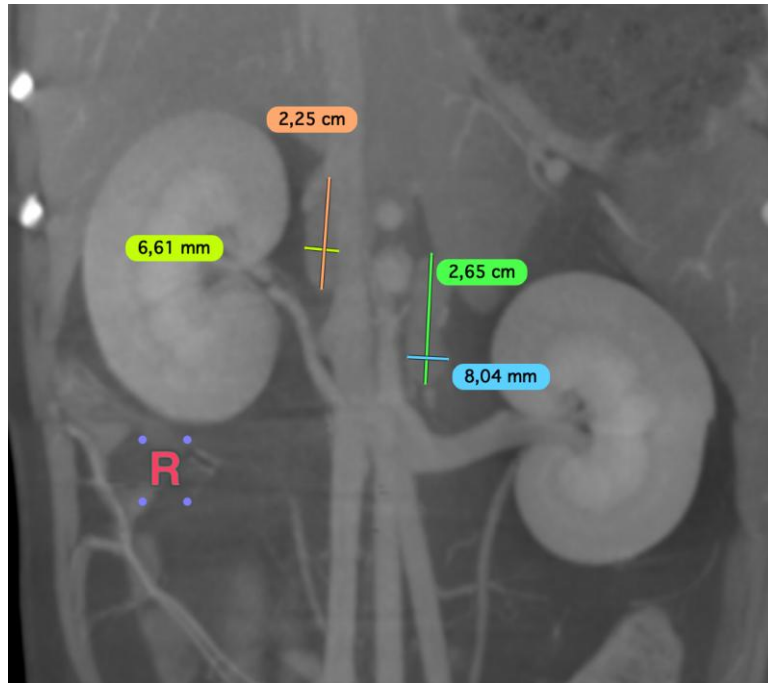
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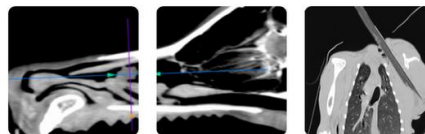
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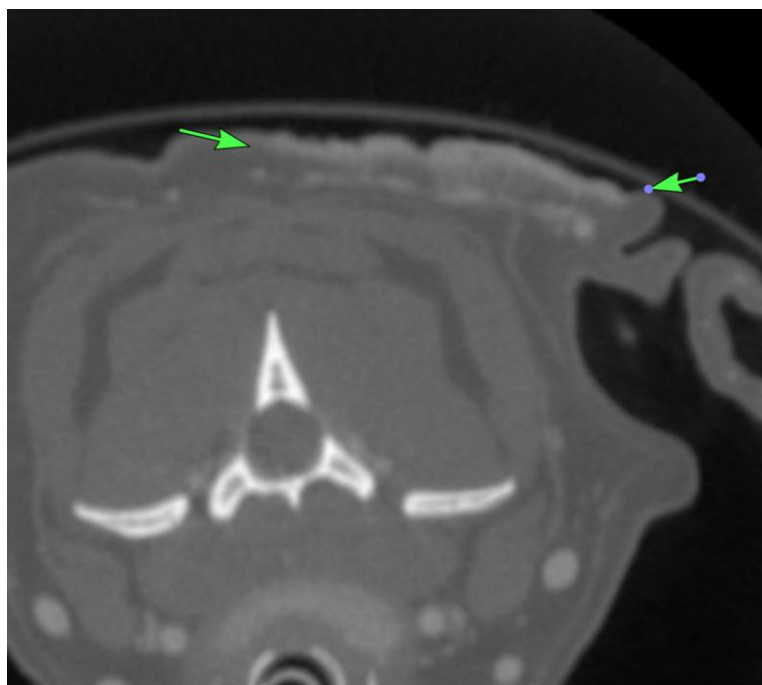
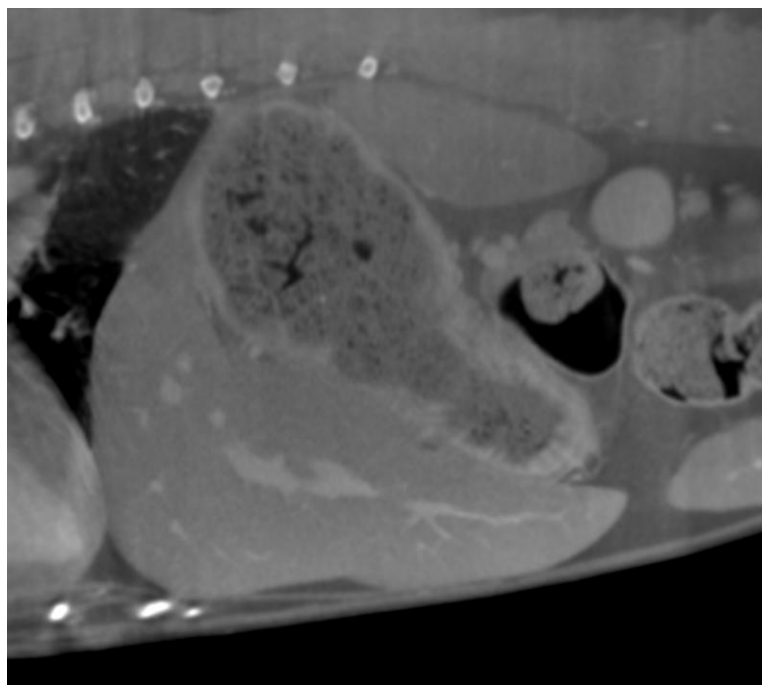
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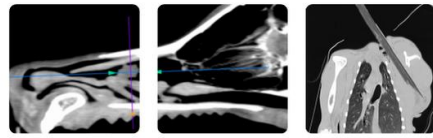
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
info@sonopath.com