



PATIENT PRESENTING CLINICAL SIGNS

Roxy Rosen In April P had a bout of vestibule issues. was given Meclizine and had a fast recovery. Right sided head tilt and Horizontal nystagmus. 2nd episode on 6/11/23
 Abnormal PE/Chem/CBC/UA Results: Low= MCV, WBC, EOS, PDW High=ALT@363 Lyme positive

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE HEAD, THORAX, & ABDOMEN

Pre/post contrast studies provided for review.

BREED

COMPUTED TOMOGRAPHIC FINDINGS

Norwich Terrier

Head:

There is subtle deviation of the midline noted in the rostral aspect of the cerebrum. A pathological contrast enhancement is not recognized. The neurocranium shows normal findings apart from that. Pituitary gland is within normal limits.

SEX

Male Neutered

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

AGE

13 Years, 11 Months

Both tympanic bullae are completely ventilated with a regular tympanic bulla wall. External ear canals are ventilated in all sections, walls of the external ear canals, the adjacent temporomandibular joints and the nasopharyngeal meatus have no particular findings.

INTERPRETED BY

Sebastian Jawinski,
 German Board
 Certified Vet
 Specialist in
 Diagnostic Imaging

Frontal sinuses and the orbital contents are laterally symmetrical without evidence of a retrobulbar lesion. Nasal cavities are ventilated regularly.

Mild (104) to moderate (204), horizontal and vertical loss of alveolar bone is detected. Signs of an oro-nasal fistula are missing.

HOSPITAL NAME

Neel Veterinary
 Hospital

Soft tissues of the head and neck are symmetrical and of homogeneous density, especially the medial retropharyngeal lymph nodes.

Chest:

REFERRING VET

Deepan Kishore,
 DVM,MS, DABVP

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. Pulmonary density is within normal limits, there is no evidence of focal or nodular pulmonary lesions.

INVOICE

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

58800

The thoracic trachea and esophagus present as expected.

DATE

The heart is inconspicuous as far as can be assessed with CT.

6-13-23



PATIENT The diaphragm appears normal.

Roxy Rosen The extra-thoracic soft tissues, thoracic spine as well as ribs and sternum are unremarkable. There is no evidence of bony lysis or abnormal sclerosis.

SPECIES *Abdomen:*

Canine

The left adrenal gland is mildly asymmetric with a thicker caudal pole measuring 0.74 cm in transverse diameter. The abdominal organs appear regular apart from that.

BREED

Norwich Terrier

The abdominal lymph nodes and vessels have no particular findings.

Signs of peritoneal/retroperitoneal effusion or free gas are not recognized.

SEX

Male Neutered

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Subtle deviation of the rostral cerebral midline
- Chronic inflammatory process 104/204
- Mildly asymmetric left adrenal gland
- Normal findings of the thorax and abdomen

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT findings show no signs of a neoplastic or an inflammatory process.

Intra-axial lesions such as infarcts, small edema or low-grade neoplasia are difficult to recognize in CT and therefore not ruled out completely. The subtle deviation of the rostral cerebral midline can represent a normal variant which I would favor.

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The changes at the level of 104/204 are likely inflammatory, chronic and degenerative. Secondary bacterial infection/osteomyelitis is common. Findings must be correlated with the clinical presentation.

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Final assessment of the left adrenal asymmetry is considered to be normal and a matter of clinical presentation, the temporal evolution and urine/blood tests. Currently relevant enlargement or typical signs of neoplasia are not present.

INVOICE

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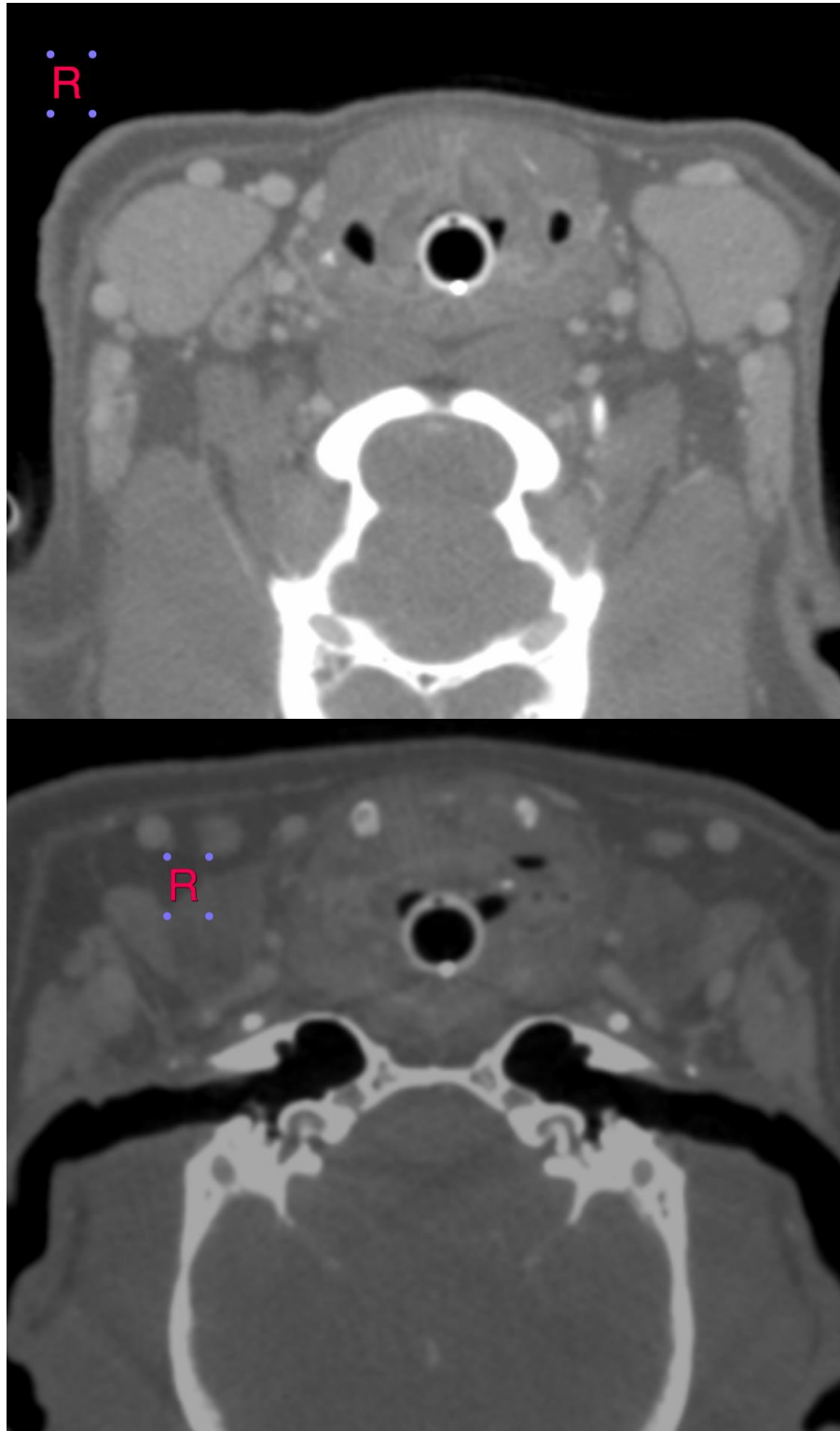
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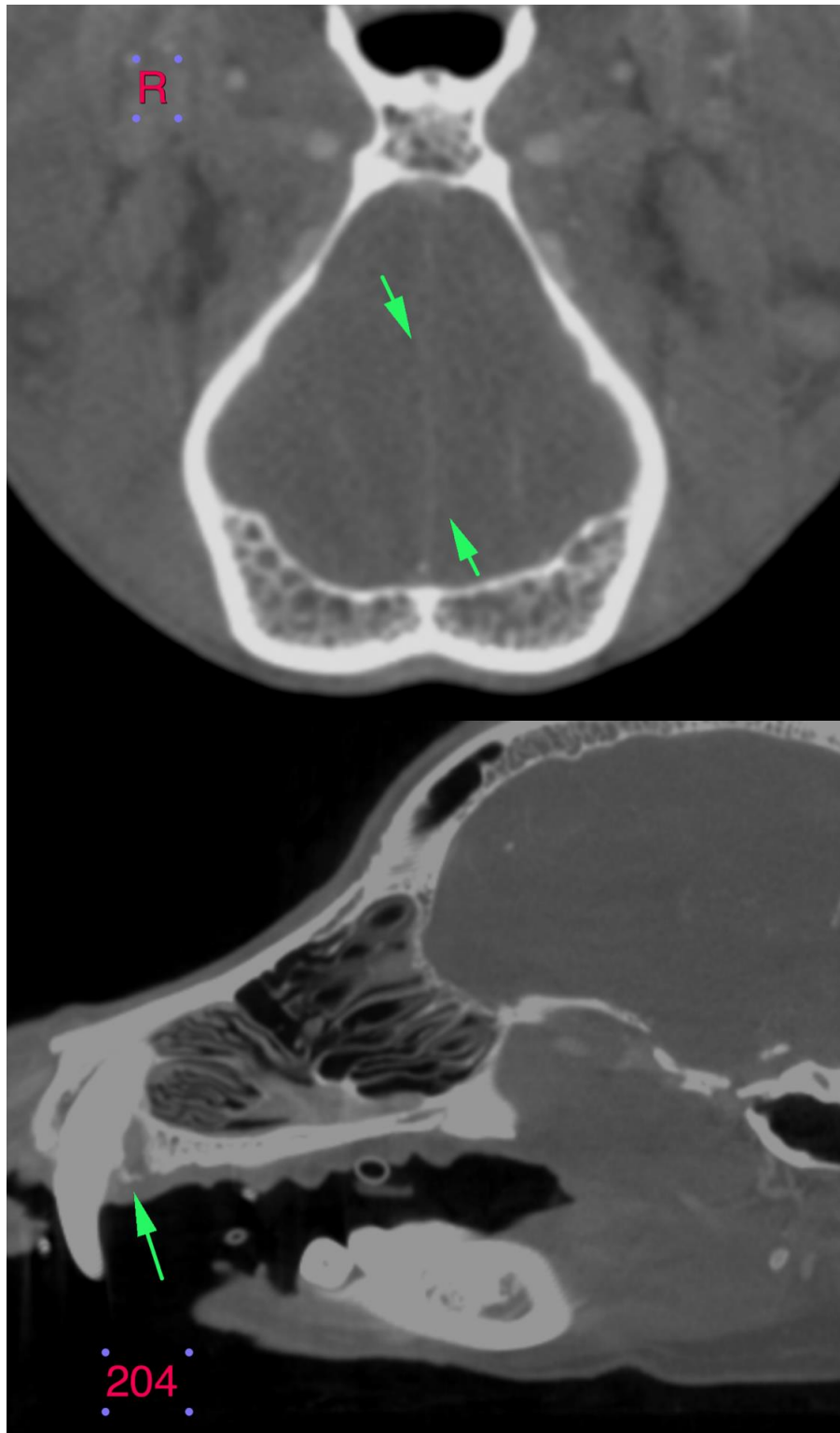
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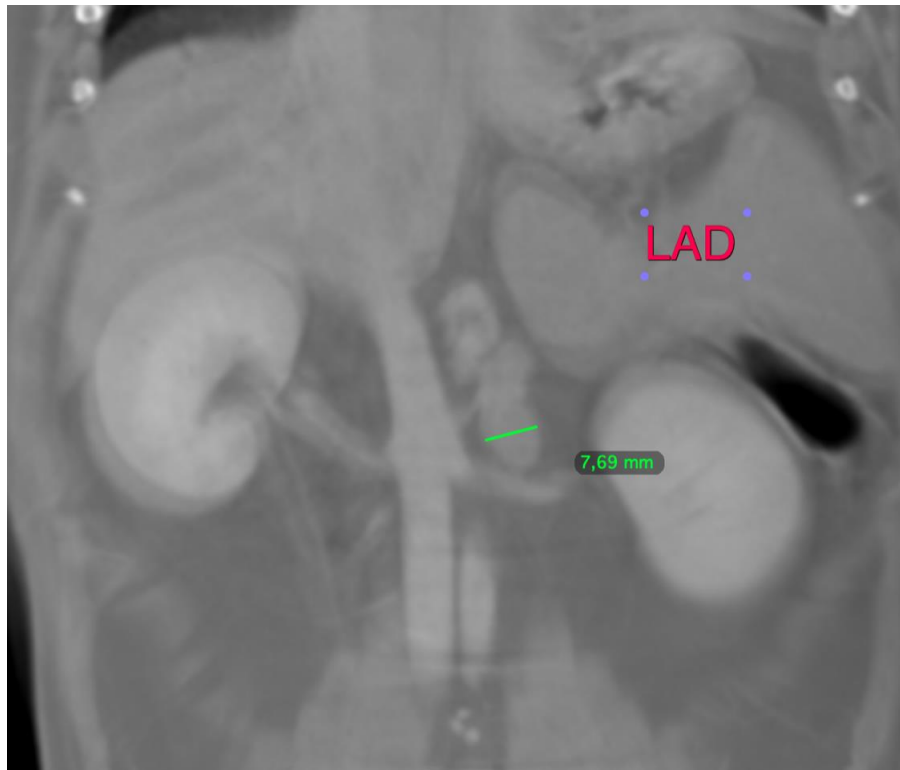
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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