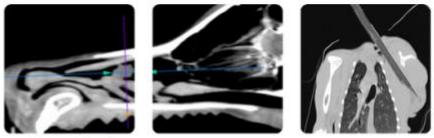

PATIENT

Kukla Tilley

SPECIES

Canine

BREED

Toy Poodle

SEX

Neutered Male

AGE

9 Years

WEIGHT

9 pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Amanda Mazzante
CVT

HOSPITAL NAME

Williamsport West
Veterinary Hospital

REFERRING VET

Dr. Stephanie Daverio
VMD

INVOICE

14506

DATE

03/19/26

PRESENTING CLINICAL SIGNS

- Hx of L sided head tilt and pain with swallowing food/water, possible orthopedic pain in the last 2 wks.
- Os instituted an upright feeding chair since 3-10-26, and following this and the prednisone, the swallowing difficulty has resolved.
- ABD radiographs were non-remarkable, barium studies unremarkable

Abnormal PE/Chem/CBC/UA Results: Increased ALT and GGT

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

A high resolution pre- and post-contrast CT study of the skull is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Triadan 106, 206, 311 and 411 are absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

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

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Absent triadan 106, 206, 311 and 411
- No evidence of otitis media nor interna
- Normal brain

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In the present study of the brain there is no evidence of macromorphological disease and an underlying cause for described clinical signs cannot be specified.

If not yet done so the workup should be complemented by examination of CSF and complete bloodwork to screen for brain disease that is not necessarily associated with structural changes of the brain parenchyma and rule out hepatoencephalopathyand other systemic illness. In case of the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.

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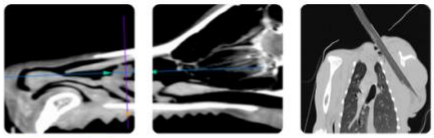

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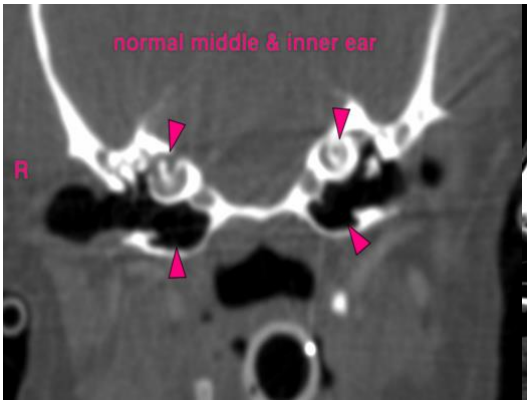

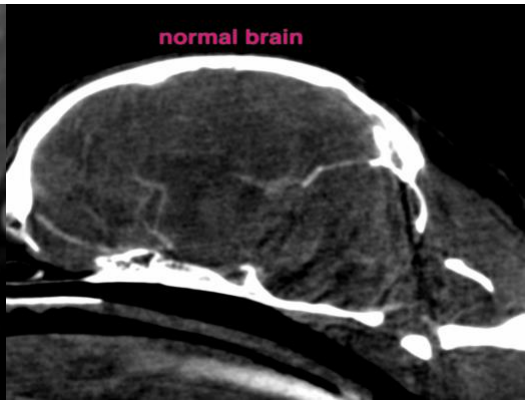

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com