



## PATIENT

Nunu LeBeau

## SPECIES

Canine

## BREED

Mixed

## SEX

Spayed Female

## AGE

6

## WEIGHT

27lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

WS

## HOSPITAL NAME

Aloha Pet & Bird  
Hospital

## REFERRING VET

Dr. Pepen

## INVOICE

74772

## DATE

4-27-26

## PRESENTING CLINICAL SIGNS

consult for CT, diagnosed L sided head tilt, L facial nerve paralysis several weeks ago. treating L eye with lubricant. doing fine otherwise. previous bloodwork mildly elevated ALP \_

## COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

Triadan 302 and 402 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.

### Thorax

The bony and surrounding soft tissue structures are within normal limits.

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 is uniform and considered within normal limits.

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

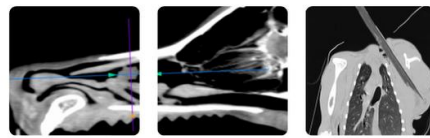
The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

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.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Absent triadan 302 and 402
- No evidence of otitis media nor interna
- Normal brain
- Normal thorax



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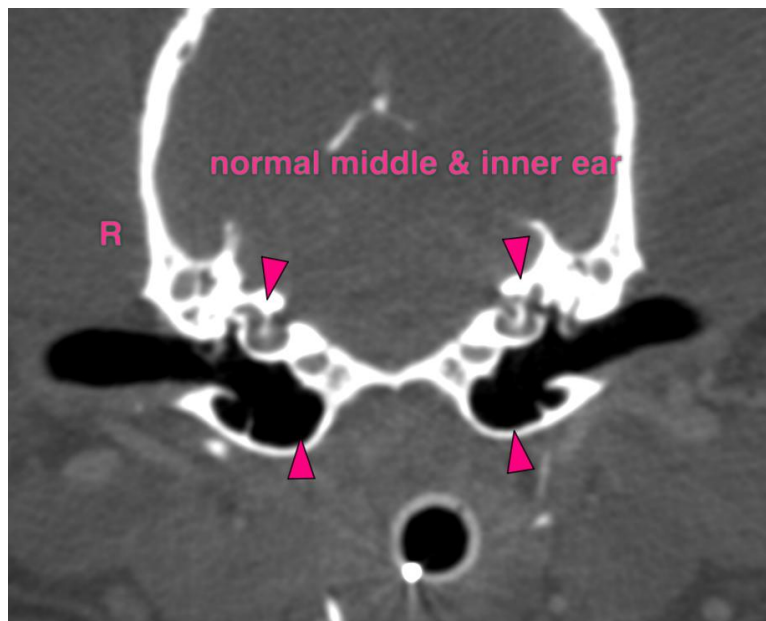
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An underlying macromorphological cause of the current neurological deficits is not detected. In case of an acute onset of clinical signs an ischemic insult and/or geriatric vestibular syndrome is a potential differential diagnosis.

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 other systemic illness. MR imaging may be indicated in case of the strong suspicion of structural parenchymal changes of the brain.



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**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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