



PATIENT

Phoebe (Francine)
Allen

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

6Y

WEIGHT

68.3lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Sarah Green

HOSPITAL NAME

Healing Spirit Animal
Wellness

REFERRING VET

Sarah Green

INVOICE

75006

DATE

5-14-26

PRESENTING CLINICAL SIGNS

Presented one month ago with right sided facial nerve paralysis, reported to be gradually improving. Seen today for acute onset vestibular signs including a head tilt to the right and vertical nystagmus, first noticed yesterday, progressive since then.

Abnormal PE/Chem/CBC/UA Results: afebrile, CBC, chemistry, T4 all WNL

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

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

- Normal skull
- Normal brain and inner ear
- No evidence of otitis media

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An underlying macromorphological cause of the current neurological deficits is not detected. According to the history 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.



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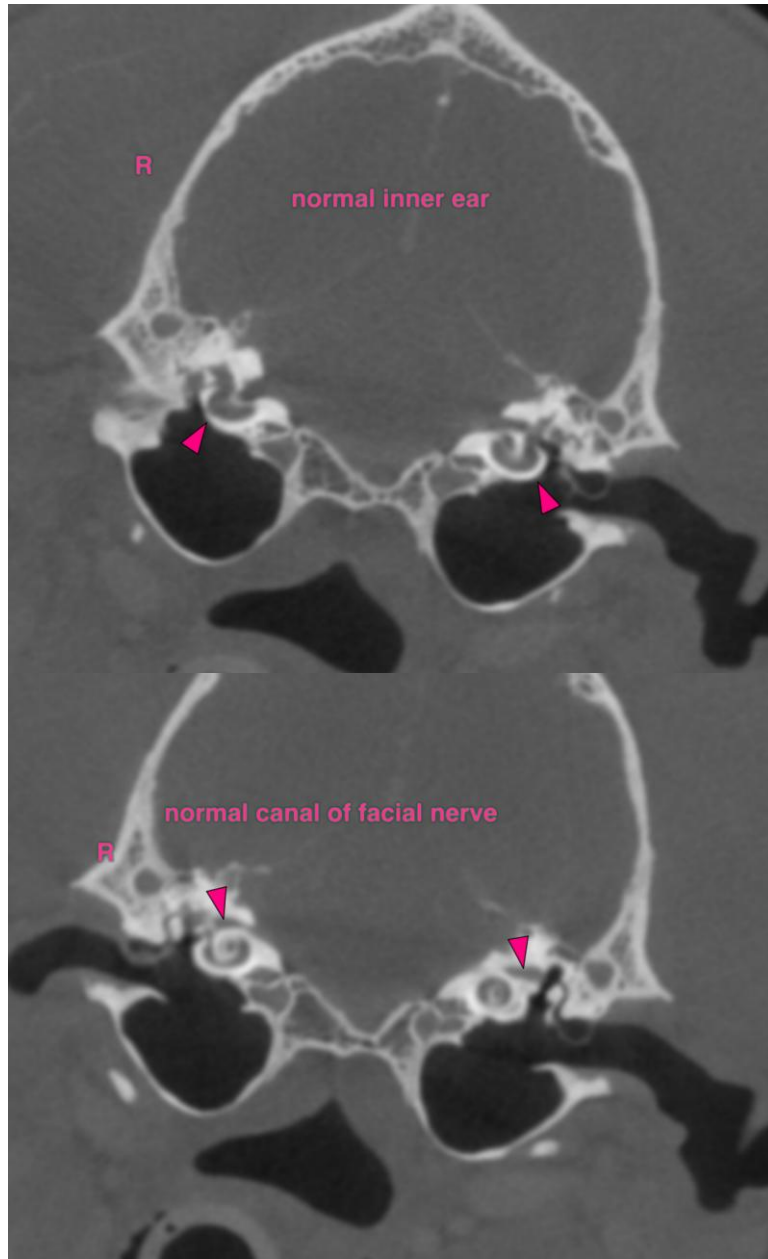
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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