



PATIENT

Blue Whitesel

SPECIES

Canine

BREED

G. Shorthaired Pointer

SEX

MN

AGE

12Y

WEIGHT

80lbs

INTERPRETED BY

Tilde Rodrigues Froes,
DMV, MSc., Dr. Med
Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

JW/?

HOSPITAL NAME

Animal Clinic
Northview

REFERRING VET

Leigh Mooney, DVM

INVOICE

73811

DATE

2-17-26

PRESENTING CLINICAL SIGNS

- Previously diagnosed epileptic, concern for brain lesion due to age of onset, no seizures since diagnosis and now severe resistant grand mal activity.
- (Emergency) Here for seizure activity. P did not get his normal seizure medications this AM but O did pull over to give him intranasal midazolam ~ 15 min ago (845ish) That seemed to help with the thrashing. He did vomit after this, his whole meal. He has not had a seizure since he was dx in 2022.
- Went out normally this AM and then he came in, his head tilted to the right, he was leaning onto the wall off balanced and then he started to thrash.
- Medications: Phenobaritol 97.2mg 1 BID / Keppra ER 750mg 2BID
- Has had an MRI and was dx with idiopathic epilepsosy
- IVC placed- 4ml administered, activity decreased but did not resolve.
- Added 3ml propofol, able to relax him
- Normothermic at admission 101.8, did climb to 103.1
- Rec CBC, smac, +/- rads and CT. Rec to admit at least for the day.
- Discussed with owner, while the previous MRI and lumbar tap supported idiopathic epilepsy, i do have concerns that there could have been a non detectable mass at that time and things may have changed, while this could still be idiopathic, i have concerns. CT/MRI should be considered. Blue gets BW every other year
- CBC- unremarkable
- SMAC- mild increase in ALT likely secondary to seizure activity
- Phenobarb 19, low end of normal

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head are provided for review totaling 2 series. One pre-contrast of the head, bone algorithm. One pre-contrast of the head, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

The brain parenchyma is normal in attenuation and symmetry. No midline shift or falx cerebri deviation is observed. No evidence of intracranial mass effect is identified. No evidence of ventriculomegaly.

The calvarium, facial bones, and skull base are normal in contour, attenuation, and integrity

The temporomandibular joints are bilaterally congruent.

The nasal cavities and turbinates are within normal limits.

The frontal sinuses are normally aerated.

The cribriform plate is intact.

The tympanic bullae are air-filled with normal wall thickness and contour. No fluid accumulation or osseous change is identified. The external auditory canals are unremarkable.

The globes are normal in size, shape, and attenuation.

All teeth are present. A discrete alveolar bone resorptive lesion is noted adjacent to Triadan 108, with a possible complicated crown enamel fracture.



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The retrobulbar spaces are unremarkable.

The nasopharynx and oropharynx are within normal limits.

The medial retropharyngeal lymph nodes and mandibular lymph nodes are unremarkable.

The mandibular, parotid and zygomatic salivary glands are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- No tomographic abnormalities are identified within the skull or intracranial structures.
- Focal periodontal disease involving Triadan 108, characterized by alveolar bone resorption and suspected complicated crown enamel fracture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No structural intracranial or calvarial abnormalities are detected on this CT examination that would explain the reported seizures.

It is important to note that computed tomography has limited sensitivity for detecting subtle intracranial parenchymal disease, including inflammatory, infectious, metabolic, vascular, or early neoplastic conditions.

Continued clinical monitoring and correlation with neurological examination findings are advised.

If clinically indicated, magnetic resonance imaging (MRI) of the brain is recommended for further evaluation, as it provides superior soft tissue contrast and sensitivity for parenchymal disease. Cerebrospinal fluid (CSF) analysis may also be considered to assess for inflammatory or infectious etiologies.

Dental evaluation of Triadan 108 is suggested.

TECHNICAL COMMENTS

Mild streak artifacts are present, partially limiting image evaluation in some regions.



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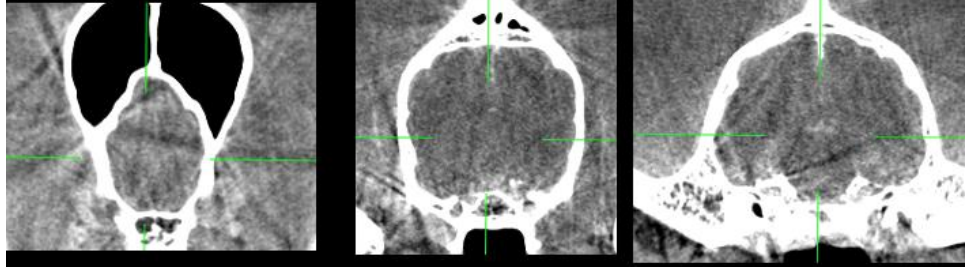
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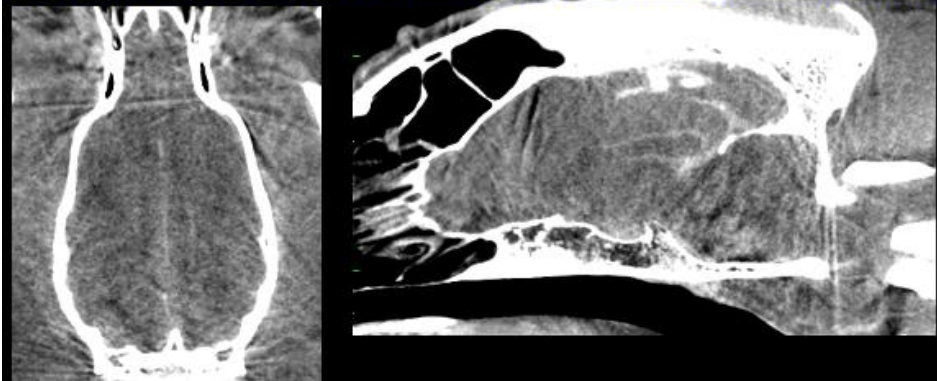
DATE

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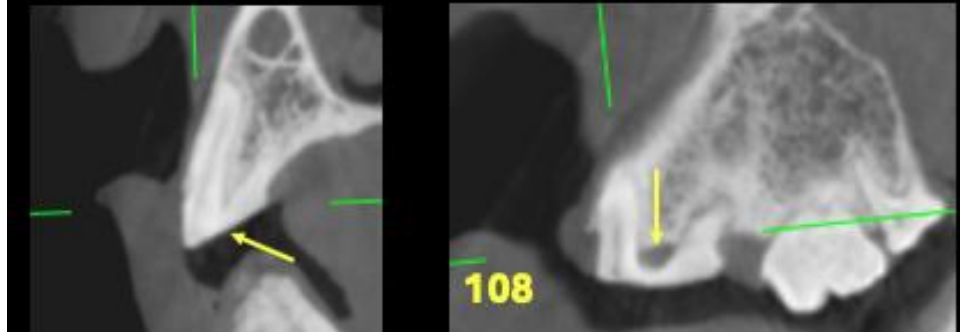
No tomographic abnormalities are identified within the skull or intracranial structures



No tomographic abnormalities are identified within the skull or intracranial structures



Focal alveolar bone resorption adjacent to Triadan 108 associated with suspected complicated crown enamel fracture





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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com