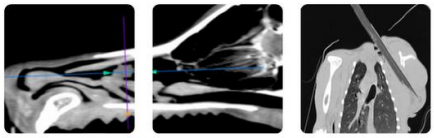

PATIENT

Sebastian Kocsis

SPECIES

Feline

BREED

DMH

SEX

MN

AGE

4Y, 4M

WEIGHT

10.48lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Lisa C./Kaylin D.

HOSPITAL NAME

Animal Clinic Northview

REFERRING VET

Abbey Kordel, DVM

INVOICE

73633

DATE

2-5-26

PRESENTING CLINICAL SIGNS

- Sebastian was presented today for acting disoriented and trembling. Hx of cerebellar hypoplasia, but O states this is not his normal. He is doing a weird movement with his head and was laying on his side abnormally which he does not normally do. O has not been treating for ears as the infection has resolved, but has history of ear infections. Nothing he could have gotten into in the home. Was normal up until this AM when he was grooming himself and then started doing weird head movement and laying on side. On Amlodipine for hypertension. Mild head tilt to the left on exam. Pupils normal. Generalized ataxia leaning towards left and wanting to lay on left side.

Abnormal PE/Chem/CBC/UA Results: BP 140 today.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head is provided for review totaling 4 series. One pre-contrast series of the head bone algorithm. Three post-contrast series of the head, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

The tympanic cavities are predominantly air-filled, with a scant amount of fluid material identified within the right tympanic cavity. Mild asymmetry in the size of the tympanic bullae is noted, with the right bulla appearing mildly expanded. The osseous contour of the right tympanic bulla is sclerotic and mildly thickened, without evidence of cortical interruption or aggressive bone lysis. The petrous portions of the temporal bones are within normal limits.

The external auditory canals are unremarkable.

There is no evidence of intracranial mass effect, midline shift, falx cerebri deviation, or ventriculomegaly. The brain parenchyma demonstrates normal attenuation.

The cribriform plate is intact.

The nasal cavities and turbinates are within normal limits.

The oropharynx, nasopharynx, and soft palate are unremarkable.

The frontal sinuses are within normal limits.

The globes and retrobulbar spaces are unremarkable.

All teeth are present and within normal limits.

The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal and mandibular lymph nodes are unremarkable.

The mandibular, parotid, and zygomatic salivary glands are within normal limits.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

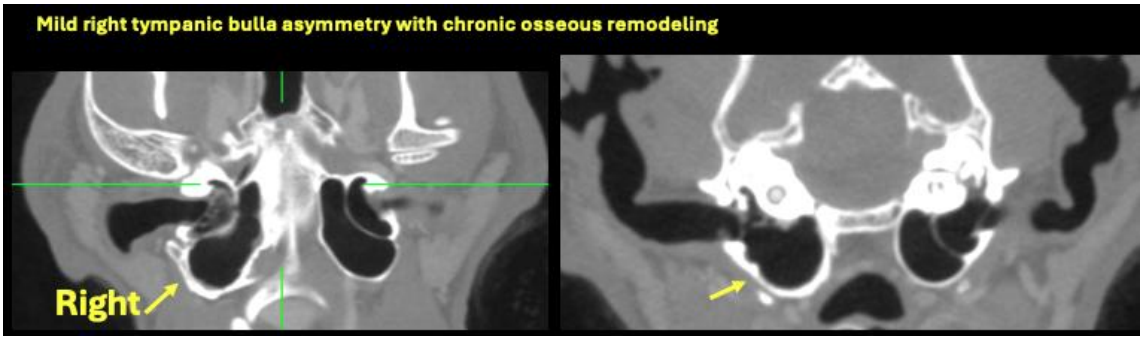
- Scant right-sided tympanic cavity effusion, associated with chronic osseous remodeling (sclerosis and mild expansion) of the right tympanic bulla, most consistent with residual otitis media.
- No CT evidence of intracranial mass effect, abnormal enhancement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings identify minimal right-sided middle ear changes, characterized by a scant amount of fluid accumulation and chronic bony remodeling of the tympanic bulla. These findings are compatible with residual otitis media; however, their clinical relevance is unclear in relation to the patient's current vestibular signs, including head tilt and lateralized ataxia.

No intracranial abnormalities are detected on CT that would explain the acute onset of neurological signs. However, computed tomography has limited sensitivity for non-structural intracranial diseases, including inflammatory, vascular, or degenerative conditions affecting the brain parenchyma or cerebellum. Additionally, due to surrounding osseous structures of the caudal fossa, evaluation of the cerebellum may be limited, particularly for detailed assessment or confirmation of cerebellar hypoplasia.

If neurological signs persist or progress, cerebrospinal fluid analysis and/or magnetic resonance imaging (MRI) of the brain, with particular emphasis on the cerebellum, are recommended for further evaluation of central vestibular disease, inflammatory conditions, or vascular events.



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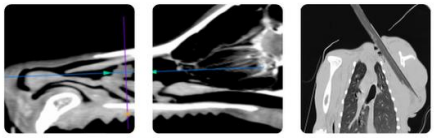

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SonoPath.com info@sonopath.com 1.800.838.4268

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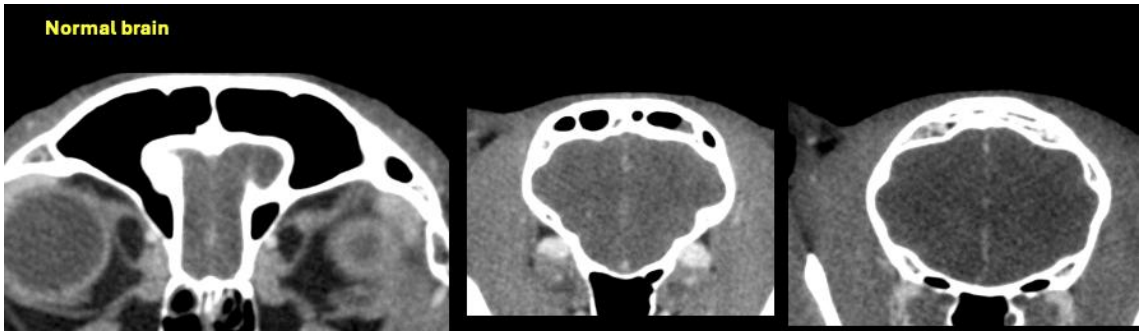

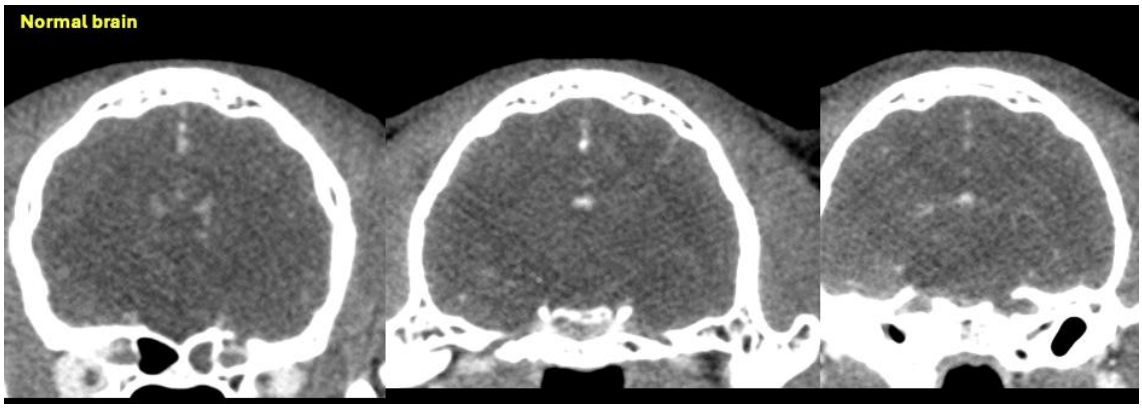

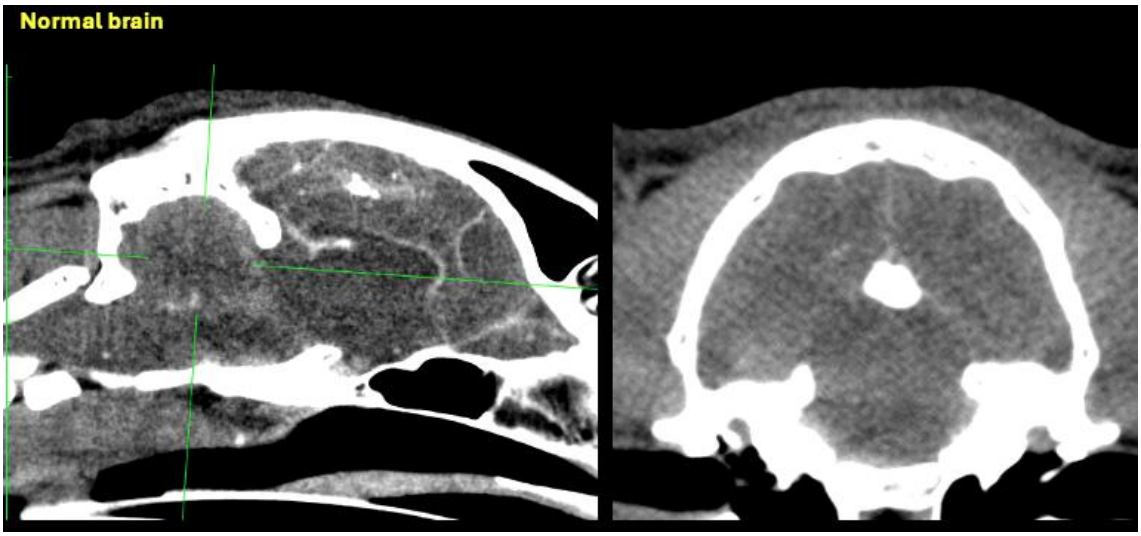

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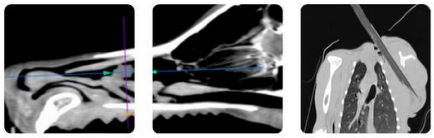

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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