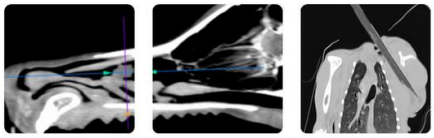




**PATIENT**

Stella Chloe Suarez

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

SF

**AGE**

14Y

**WEIGHT**

4.3lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jose L. Alvarado Bruno, CVT - CT Scan Technician

**HOSPITAL NAME**

Veterinary Image Center

**REFERRING VET**

Franco Ortiz, DVM

**INVOICE**

74833

**DATE**

4-29-26

## PRESENTING CLINICAL SIGNS

Stella is a 14-year-old female spayed Pomeranian weighing 4.2 pounds, presenting for a possible head tilt.
Objective:
Weight: 4.2 lbs
Neurological: A head tilt to the left and ataxia with a tendency to lean to the left are present on physical examination.
Assessment:
Head tilt and ataxia, localized to the left.
Differentials include Geriatric Vestibular Disease.
Plan:
Prescribe Cerenia.
Prescribe Meclizine.
Re-evaluate in 10 days for a check-up.
Recommended a head CT scan if clinical signs worsen or do not show improvement.
Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- ALKP mild increased (319), LIPA mild to moderate increased (4145) Total T4 --- HIGH (6.7)

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, ABDOMEN, & SPINE

A pre- and post-contrast CT study of the whole-body is provided for review totaling 4 series. One pre-contrast series of the head and cervical spine (bone algorithm). One pre-contrast series of the thorax and abdomen (bone algorithm). One post-contrast series of the head and cervical spine (bone algorithm). One post-contrast series of the thorax and abdomen (bone algorithm).

## COMPUTED TOMOGRAPHIC FINDINGS

### HEAD

No evidence of intracranial mass effect, abnormal contrast enhancement, or deviation of the falx cerebri. Mild dilation of the lateral ventricles is noted, considered incidental.

The calvarial and facial bones are preserved.

There is a small volume of fluid accumulation within the left tympanic cavity, predominantly ventral, The external auditory canals are air-filled and unremarkable.

The nasal cavities, globes, retrobulbar spaces, and salivary glands (mandibular, parotid, and zygomatic) are within normal limits.

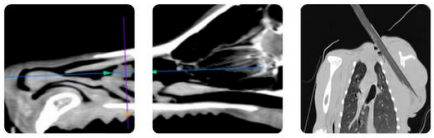
The frontal sinuses are rudimentary, incidental.

Multiple teeth are absent, including Triadan 205, 206, 305, 306, 307, 308, 311, 408, and 411.
The temporomandibular joints are congruent.

The medial retropharyngeal and mandibular lymph nodes are within normal limits.

The oropharynx and nasopharynx are unremarkable.

### SPINE





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The vertebral column demonstrates normal anatomical segmentation and normal count ( C1-7, T1-13, L1-7, sacrum).

Multifocal spondylosis deformans, both complete and incomplete, is present throughout the cervical spine and at the thoracolumbar junction, particularly between T13 and L1.

There is narrowing of multiple intervertebral disc spaces, most evident in the cervical spine and at T13–L1.

At C3–C4, the vertebral endplates are sclerotic with small subchondral cystic changes.

Vacuum phenomenon is observed at C7–T1 A small focus of extradural gas (pneumorrhachis) is present at T13–L1.

No evidence of extradural compressive material is identified within the cervical, thoracic, or lumbar spinal canal.

## THORAX

The trachea and main bronchi are within normal limits.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

The pulmonary parenchyma shows normal attenuation with no evidence of micronodules, nodules, or masses.

The bronchial tree exhibits normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vessels are normal, and post-contrast opacification is adequate.

The pleural space, diaphragm, and thoracic wall are unremarkable.

The thoracic esophagus is unremarkable.

## ABDOMEN

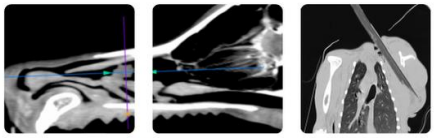
The spleen is mildly enlarged and demonstrates heterogeneous attenuation, including areas of fat attenuation adjacent to splenic vessels and a mild mottled enhancement pattern.

The liver is normal in size, shape, contour, and attenuation. The gallbladder and biliary ducts are within normal limits.

The pancreas, abdominal lymph nodes, and adrenal glands are within normal limits.

The gastrointestinal tract is mildly distended with fluid and gas, with normal distribution and no evidence of mural thickening.

The colon and rectum contain gas admixed with heterogeneously soft tissue attenuating fecal material. Normal wall thickness.





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There is mild asymmetry of the kidneys, with the right kidney slightly reduced in size compared to the left. The right renal contour is mildly irregular, and small cortical microcysts are present. The renal pelvis and ureters are within normal limits.

The urinary bladder is moderately to markedly distended, containing predominantly hypoattenuating fluid with a small amount of hyperattenuating contrast material. The bladder wall is within normal limits.

The serosal fat shows normal attenuation.

At least three small soft tissue-attenuating nodules are identified within the subcutaneous tissues, bilaterally, adjacent to the sacral and tail regions. The largest measures approximately 6 mm.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- No evidence of intracranial mass effect.
- Discrete fluid accumulation within the left tympanic cavity, likely residual and of doubtful clinical significance.
- Mild ventriculomegaly, considered incidental.
- Multifocal degenerative changes of the spine, including spondylosis deformans, intervertebral disc space narrowing, vertebral endplate sclerosis, and vacuum phenomenon. These changes are most pronounced in the cervical spine and at T13–L1, with no evidence of significant spinal cord compression.
- At the level of C3–C4, the vertebral endplates are markedly sclerotic, with associated small subchondral cystic changes. Differential diagnoses include more advanced focal degenerative disc disease versus early (incipient) discospondylitis.
- Mild splenomegaly with a heterogeneous parenchymal pattern, including regions of fat attenuation suggestive of myelolipomas. Differential diagnoses include nodular hyperplasia, extramedullary hematopoiesis, and lymphoid hyperplasia; infiltrative disease is considered less likely.
- Mild chronic changes affecting the right kidney, characterized by reduced size, irregular contour, and the presence of cortical microcysts.
- Multiple teeth are absent.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings identify a small amount of fluid within the left tympanic cavity, which may represent incidental or residual content.

No intracranial abnormalities are identified to explain the vestibular signs. The mild ventriculomegaly is considered incidental and not clinically relevant.

The spinal findings are consistent with chronic, multifocal degenerative disc disease, particularly affecting the cervical region and the thoracolumbar junction. At the level of C3–C4, the more pronounced endplate sclerosis and subchondral cystic changes raise the possibility of advanced focal degeneration; however, early discospondylitis cannot be completely excluded. Clinical correlation is advised and further investigation with MRI and/or laboratory testing may be warranted, if the clinical signs worse.

The splenic changes are nonspecific and most likely represent benign processes such as nodular hyperplasia or extramedullary hematopoiesis. Follow-up imaging (abdominal ultrasound) may be performed if clinically indicated.

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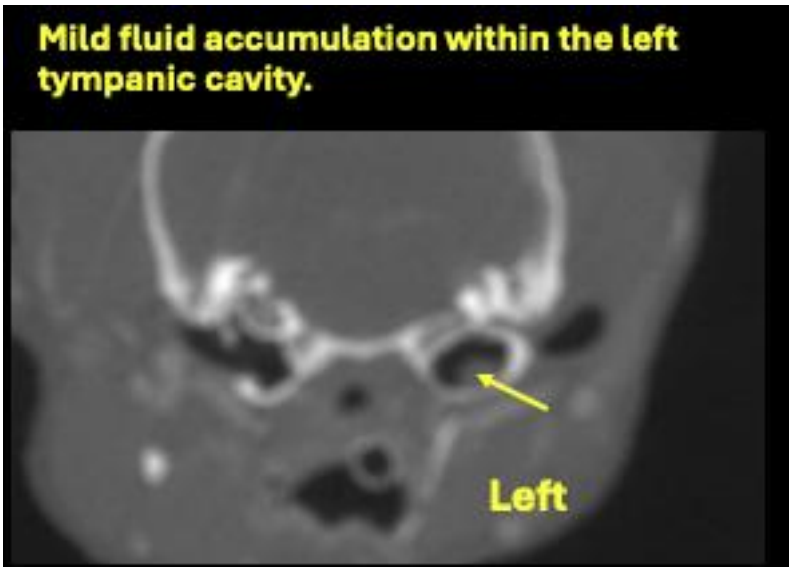
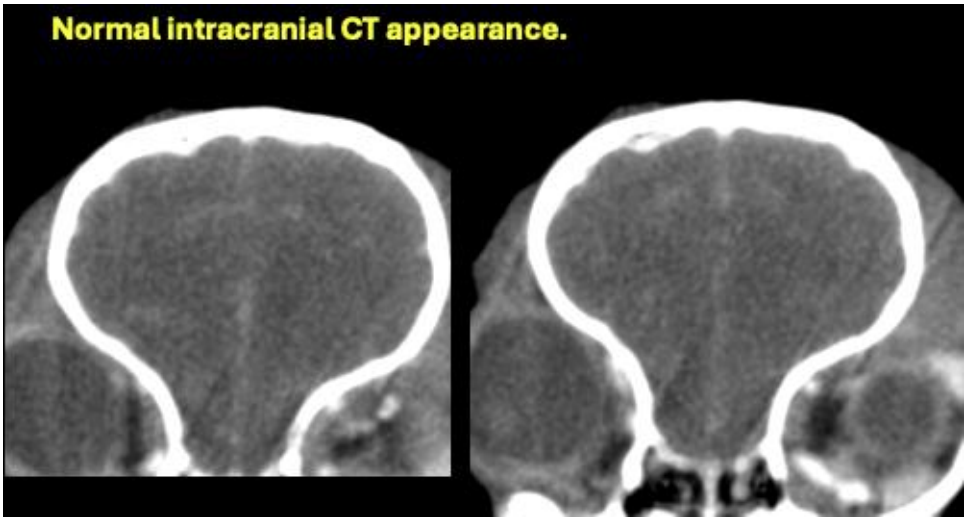
The right renal changes are compatible with mild chronic remodeling. These are likely incidental but should be interpreted in conjunction with renal laboratory tests and urinalysis.

No other significant abnormalities are identified that would explain the current clinical signs.



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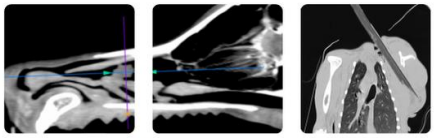

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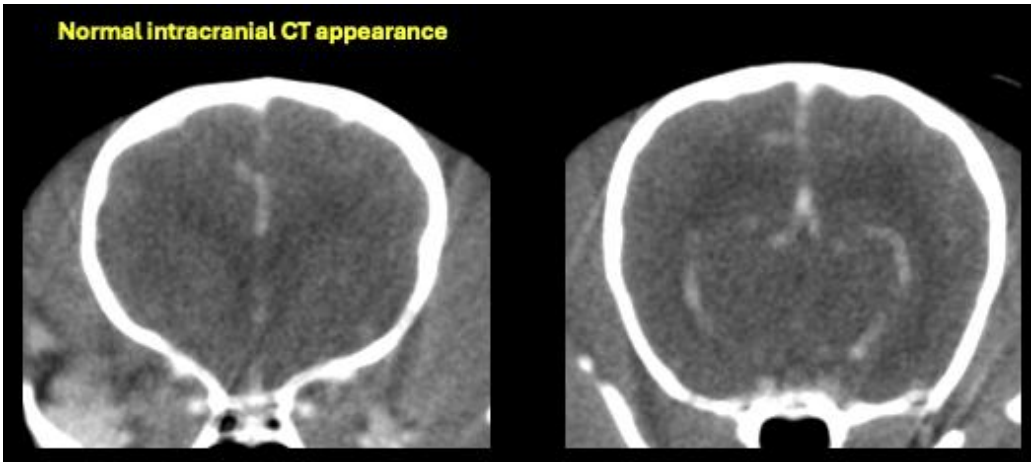



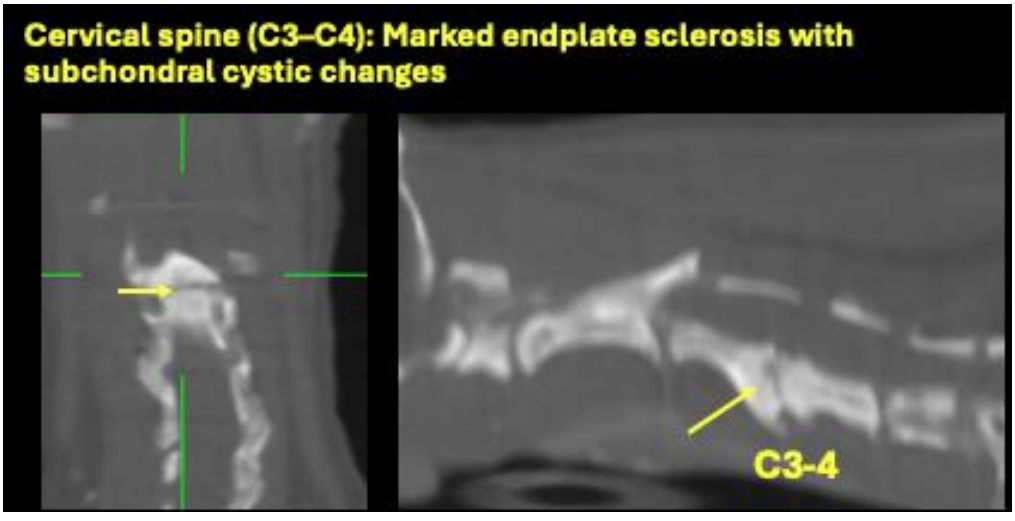

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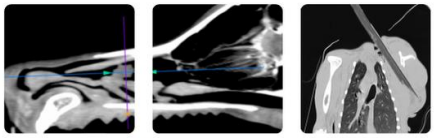

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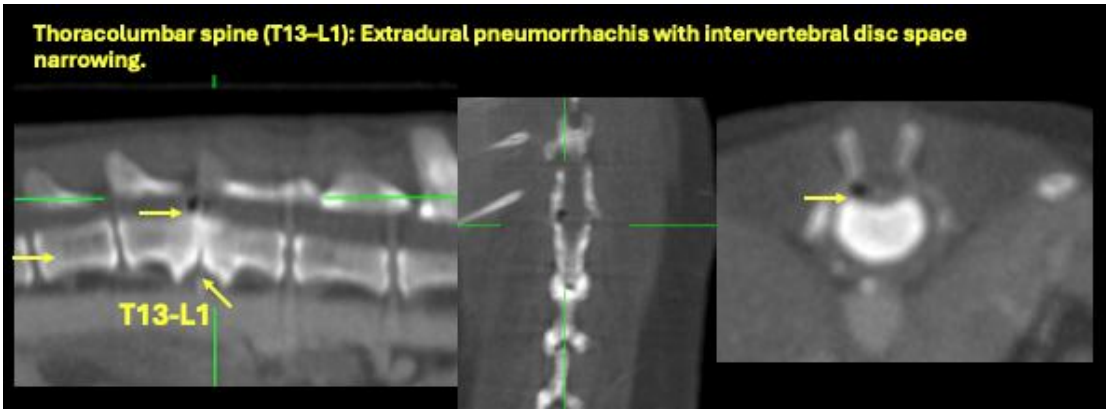


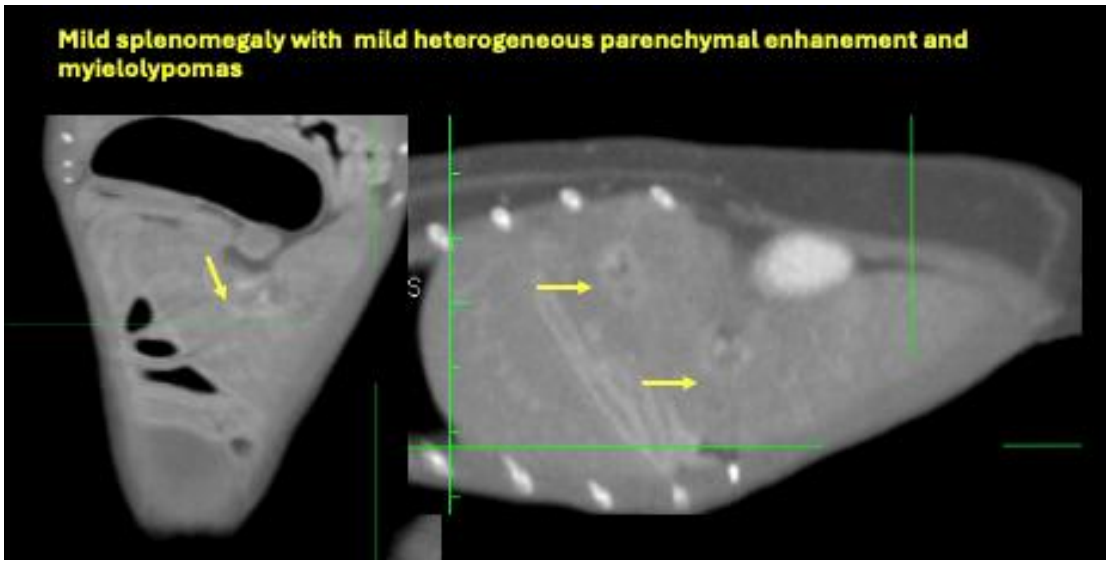


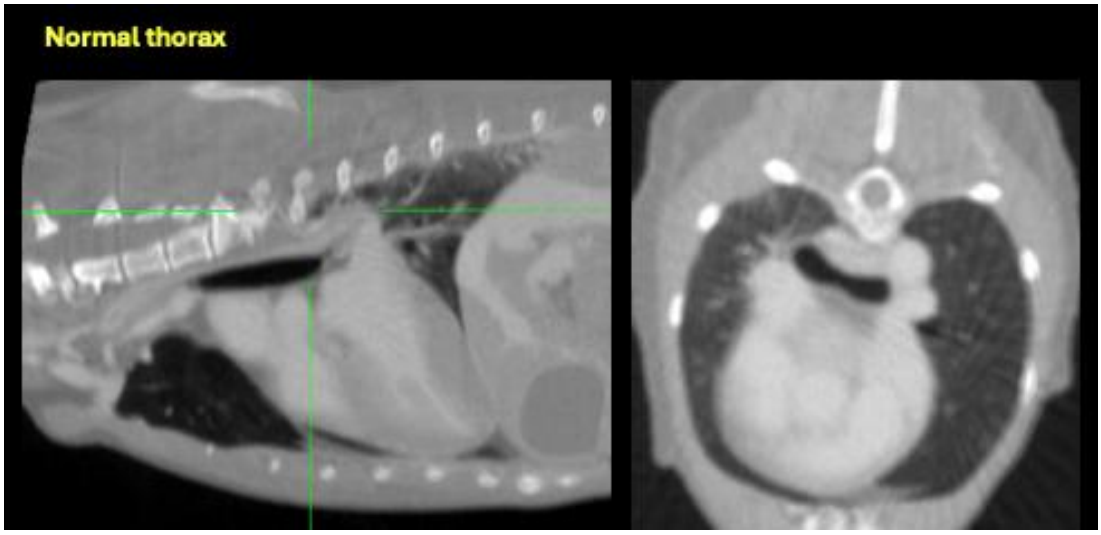

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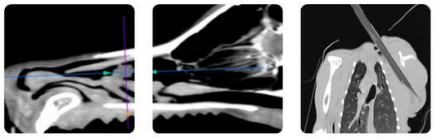

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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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