



## PATIENT

Porcini Swope

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

1Y

## WEIGHT

7.2lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Sarah Green

## HOSPITAL NAME

Healing Spirit Animal  
Wellness

## REFERRING VET

Sarah Green

## INVOICE

74511

## DATE

4-7-26

## PRESENTING CLINICAL SIGNS

- Presented due to acute onset vestibular signs. Head tilt to the left, rolling, and unable to stand. Had similar episode with head tilt to the right December 2025, mostly resolved following 4-5 week treatment with Amoxicillin Clavulanate and Prednisolone, but remained reluctant to jump. Imaging not performed at that time.

Abnormal PE/Chem/CBC/UA Results: Unable to stand, head tilt to the left, pupils equal and responsive to light, lateral strabismus, OD, CBC, chemistry, FeLV, FIV pending

## 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 series of the head bone algorithm. One post-contrast series of the head, bone algorithm.

## COMPUTED TOMOGRAPHIC FINDINGS

There is moderate, mildly asymmetric dilation of the lateral ventricles and mild dilation of the third ventricle.

A small focal mineral-attenuating intraparenchymal lesion is present within the left frontal lobe.

No evidence of calvarial malformation, open fontanelle, or previous traumatic osseous change is identified.

The tympanic cavities are air-filled and maintain normal osseous contour. The external ear canals are unremarkable.

The nasal cavities and turbinates are within normal limits. The cribriform plate is intact.

The oropharynx and nasopharynx are within normal limits.

The frontal sinuses are unremarkable.

The globes and retrobulbar spaces are within normal limits.

Dentition is unremarkable. The temporomandibular joints are bilaterally congruent.

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

The mandibular, parotid, and zygomatic salivary glands, as well as the thyroid glands, are unremarkable.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate ventriculomegaly/hydrocephalus, characterized by mildly asymmetric dilation of the lateral ventricles and mild dilation of the third ventricle.
- Small mineral-attenuating intraparenchymal focus within the left frontal lobe, of uncertain clinical significance. Differential diagnoses include dystrophic/mineralized incidental parenchymal lesion, prior granulomatous/inflammatory change, or prior hemorrhage foci.
- No CT evidence of otitis externa/media.



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings demonstrate moderate ventricular enlargement involving both lateral ventricles and the third ventricle, compatible with ventriculomegaly / hydrocephalus. Differential diagnoses include feline infectious peritonitis (FIP) as a primary consideration, particularly given the history of recurrent vestibular signs and the patient's age. Congenital, developmental, or idiopathic hydrocephalus should also be considered; however, these differentials are often of uncertain clinical significance and may not fully explain the current clinical presentation.

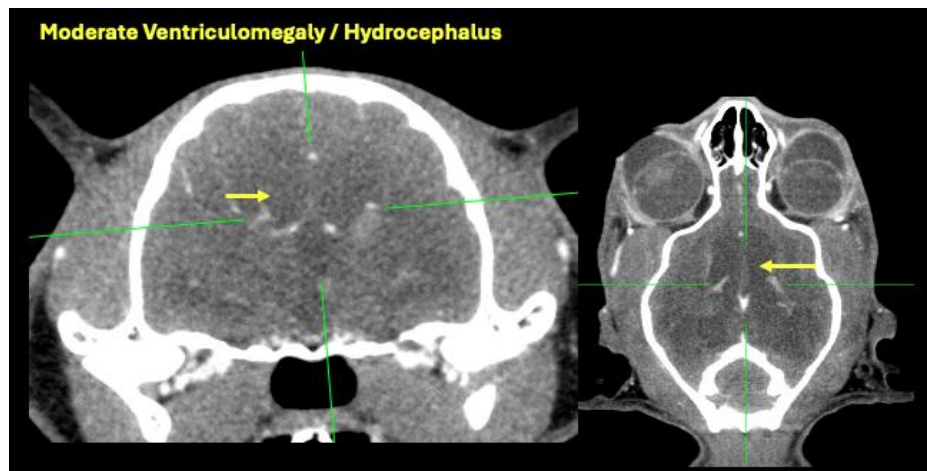
The small mineral-attenuating focus within the left frontal lobe is nonspecific and may be incidental; however, in the context of neurologic disease, it should be interpreted cautiously.

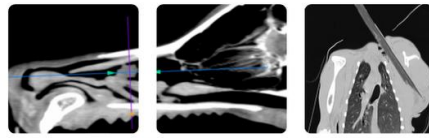
Importantly, no evidence of middle ear disease is identified on this examination, making a peripheral vestibular disorder secondary to otitis media/interna less likely based on the CT findings.

If clinically appropriate, further diagnostic investigation may include neurologic localization and consultation, infectious disease testing as indicated for feline central nervous system disease, cerebrospinal fluid (CSF) analysis, and correlation with the pending CBC, serum biochemistry, FeLV, and FIV results.

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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  
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