



PATIENT

Gretta Rainey

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12M

WEIGHT

7.2lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brooke Hollenbach,
CVT

HOSPITAL NAME

Williamsport West
Veterinary Hospital

REFERRING VET

Stephanie Daverio,
VMD

INVOICE

74528

DATE

4-9-26

PRESENTING CLINICAL SIGNS

arrived in R lateral recumbency, mewing intermittently. She could kick with rear limbs, but seemed to prefer to lie still. She seemed conscious, but unwilling/unable to sit up. Vocalizing became more frequent/insistent with palpation of neck/repositioning of head. Sensation and motor intact in all four limbs and tail. Anal tone intact. Breathing rate increased with noxious stimulus, but quiet, unlabored.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & CERVICAL SPINE

A post-contrast computed tomographic study of the head and cervical spine was performed. Images were acquired in the transverse plane using a bone algorithm, with the patient in lateral recumbency.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

Moderate, symmetric dilation of the lateral ventricles and mild dilation of the third ventricle are observed.

No evidence of calvarial malformation, open fontanelle, or traumatic osseous lesions.

The tympanic cavities are air-filled with normal osseous contours. External ear canals are unremarkable.

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

The oropharynx and nasopharynx are unremarkable.

The frontal sinuses are within normal limits.

The globes and retrobulbar spaces are unremarkable.

Dentition is normal. The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal lymph nodes are mildly enlarged.

The mandibular lymph nodes are within normal limits.

The mandibular, parotid, and zygomatic salivary glands, as well as the thyroid glands, are within normal limits.

CERVICAL SPINE

The cervical vertebrae (C1-C6, T1) are normal in size, shape, and attenuation.

Vertebral alignment is within normal limits; mild obliquity is attributed to patient positioning.

The atlantoaxial articulation is normal, and the odontoid process is intact.

Intervertebral disc spaces are preserved, with no evidence of narrowing.



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Articular facets are within normal limits.

The vertebral canal diameter and attenuation are normal.

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No evidence of acute osseous trauma is identified.

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- Moderate ventriculomegaly (hydrocephalus), characterized by mild symmetric dilation of the lateral ventricles and mild dilation of the third ventricle.
- Mild medial retropharyngeal lymphadenomegaly, likely reactive.
- No significant abnormalities detected in the cervical spine.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are consistent with moderate ventriculomegaly/hydrocephalus. Differential diagnoses include feline infectious peritonitis (FIP), as well as congenital, developmental, or idiopathic ventriculomegaly. Given the patient's age, congenital or developmental causes are possible; however, acquired etiologies, particularly inflammatory or infectious conditions such as FIP, should be carefully considered in the appropriate clinical context.

The cervical spine is unremarkable, with no evidence of traumatic or compressive disease to explain the clinical signs.

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Correlation with the neurological examination and progression of clinical signs is recommended. Cerebrospinal fluid (CSF) analysis should be considered if clinically feasible, along with infectious disease testing, including FIP workup.

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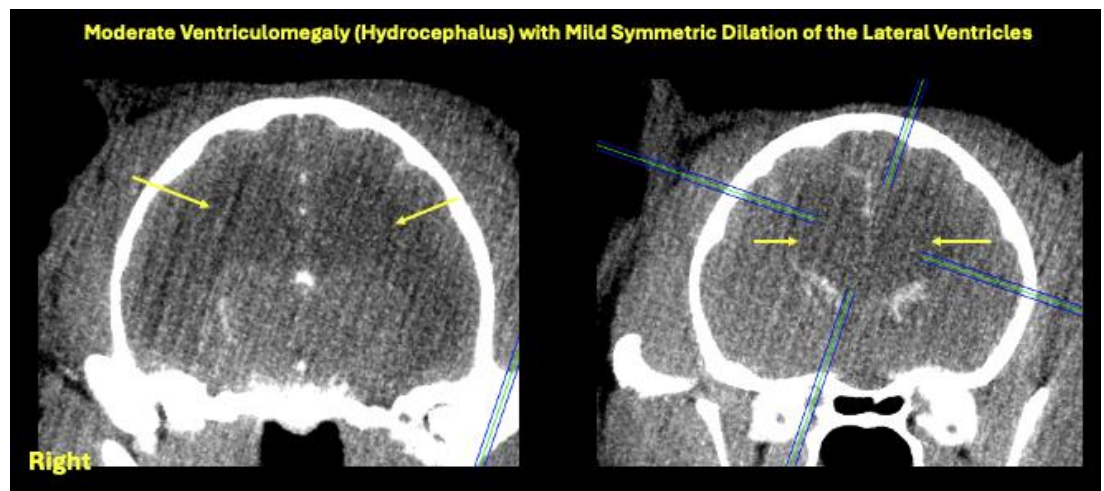
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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