



PATIENT

Kathryn Mohr

SPECIES

Canine

BREED

Doodle

SEX

FS

AGE

5Y

WEIGHT

35kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Janice

HOSPITAL NAME

Bridgwater Veterinary
Hospital and Wellness
Centre

REFERRING VET

Dr. Shannon Stuart

INVOICE

75068

DATE

5-20-26

PRESENTING CLINICAL SIGNS

Recent onset of irregular behavior toward the fellow house dog. She has had acute episodes of spasm or shake with sometimes a yelping scream followed by recoiling like a Halloween cat. Pacing with frequent clockwise circling. Has an intermittently raised left third eyelid which can persist for several hours. Some depth perception problems when coming into the house. General energy has been less and she seems to shuffle sometimes. Acute episodes of vocalization have become more frequent in the last week and both third eyelids will become raised (originally only the left side). Concern for neuro component to her vision that has not been isolated. Kathryn is a very shy girl, but she has always been manageable and friendly, which is why her growling and random aggression toward her fellow house dog was a surprise.

Abnormal PE/Chem/CBC/UA Results: Increased chol

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 soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

The cerebral hemispheres are symmetric and exhibit normal attenuation. No intracranial mass effect is identified. No evidence of midline shift or abnormal contrast-enhancing lesion is observed.

The ventricular system is within normal limits in size, shape, and symmetry. No evidence of hydrocephalus is identified.

The falx cerebri is midline and intact.

The calvarium and skull base demonstrate normal osseous attenuation and contour, with no evidence of aggressive osseous lesion, fracture, or periosteal reaction.

The globes are bilaterally symmetric and maintain normal size, shape, and attenuation. The anterior and posterior chambers are unremarkable. No lens luxation or intraocular mass effect is identified on CT evaluation.

The retrobulbar spaces are symmetric and within normal limits. No retrobulbar mass, fluid collection, or abnormal contrast enhancement is identified. The extraocular musculature is symmetric and unremarkable bilaterally.

The nasal cavities are bilaterally patent with preserved turbinate architecture. No evidence of nasal cavity mass effect, fluid accumulation, turbinate lysis, or osseous destruction is identified.

The frontal sinuses are normally aerated. The cribriform plate is intact.

The tympanic bullae are bilaterally air-filled and unremarkable. The external ear canals are patent.

The temporomandibular joints are bilaterally congruent and unremarkable.

The mandibular, parotid, zygomatic, and thyroid glands are bilaterally symmetric and within normal limits.



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No significant regional lymphadenopathy is identified.

Kathryn Mohr

COMPUTED TOMOGRAPHIC DIAGNOSIS

SPECIES

- Normal head CT

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

No significant tomographic abnormalities are identified within the intracranial structures, orbits, retrobulbar regions, or visualized extracranial soft tissues to explain the reported behavioral changes, episodic vocalization events, intermittent third eyelid elevation, or progressive visual deficits.

Doodle

SEX

It should be emphasized that computed tomography has limited sensitivity compared with MRI, particularly for non-hemorrhagic parenchymal disease, inflammatory meningoencephalitis, seizure-related abnormalities, optic pathway disorders, metabolic encephalopathies, and early ischemic lesions.

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Further evaluation with brain MRI, cerebrospinal fluid (CSF) analysis, and comprehensive neurologic and ophthalmologic examinations is suggested.

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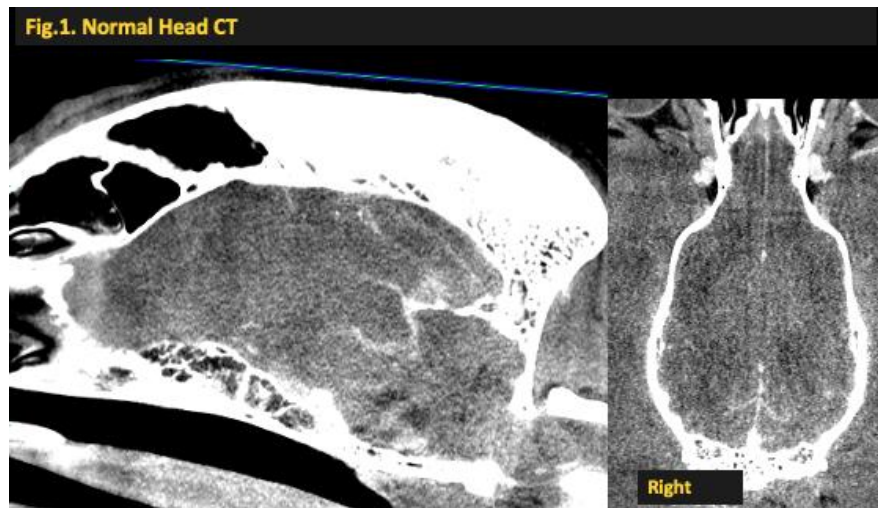
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Fig.3. Normal Head CT

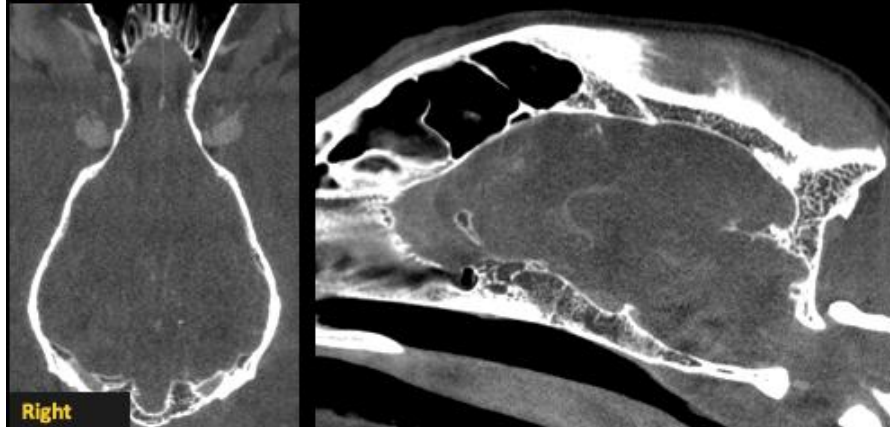
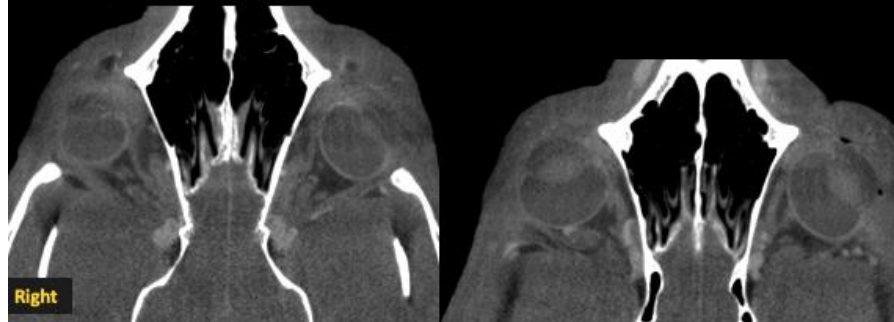


Fig.4. Normal Globes and periorbital region



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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info@sonopath.com