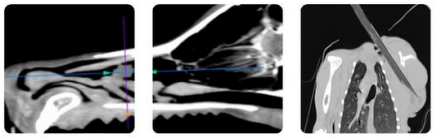

PATIENT

Lizzy Marie Rodriguez

SPECIES

Canine

BREED

Medium Mixed Breed

SEX

SF

AGE

1Y

WEIGHT

27.5lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

José L. Alvarado Bruno, CVT - CT Scan Technician

HOSPITAL NAME

Veterinary Image Center

REFERRING VET

Franco Ortiz, DVM

INVOICE

74911

DATE

5-5-26

PRESENTING CLINICAL SIGNS

Lizzy 1yo-age female spayed patient with vaccines up to date, started getting ataxic and blind slowly. During physical exam, she's stiff bilaterally, I mean on all four legs, and also, she is definitely blind. She has a pupillary light reflex concerning for either a meningitis or apparently it responded somewhat to steroids. CBC is normal, chemistry is okay.
CSF TAP was performed prior to CT study. Results pending.
Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- unremarkable PLAN: 1. Continue Prednisone 10 mg BID (DO NOT TAPER). 2. Schedule CSF tap ASAP (within 24–72 hours if possible). 3. Perform CT brain with contrast prior to CSF if available. 4. Submit CSF for analysis: - Cell count and cytology - Protein - Distemper PCR - Toxoplasma / Neospora titers IMPORTANT NOTES: - Do NOT taper steroids before CSF (risk of neurologic worsening). - Steroids may mildly reduce CSF inflammation but results are still useful. - If CSF supports inflammation ? proceed with MUO treatment. NEXT STEP IF MUO CONFIRMED: - Continue Prednisone - Add second immunosuppressive (Cytosine Arabinoside or Cyclosporine) MONITORING: - Mentation - Vision - Ambulation - Appetite, PU/PD from steroids

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

There are mild dilation of the lateral ventricles and third ventricle.
No evidence of intracranial mass effect, abnormal contrast enhancement, or falx cerebri deviation is identified.

The calvarial and facial osseous structures are preserved, with no evidence of traumatic or aggressive osseous lesions.

The globes and retrobulbar spaces are within normal limits.

The nasal cavities and turbinates are within normal limits.

The frontal sinuses are unremarkable.

The cribriform plate is intact.

The oropharynx and nasopharynx are within normal limits.

The tympanic cavities and external auditory canals are within normal limits.

All teeth are within normal limits.

The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal lymph nodes and mandibular lymph nodes are unremarkable.

The mandibular, parotid and zygomatic salivary glands are unremarkable.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild ventriculomegaly involving the lateral ventricles and third ventricle, likely incidental.
- No evidence of intracranial mass effect, abnormal meningeal or parenchymal contrast enhancement, or other significant structural intracranial abnormality detectable by CT.

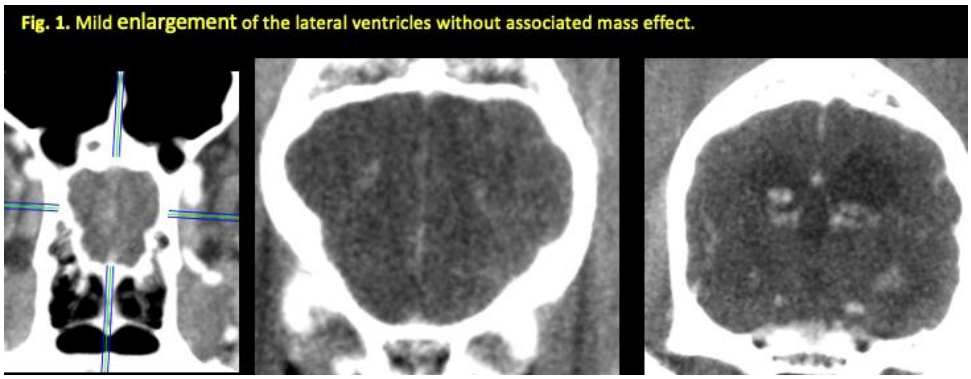
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

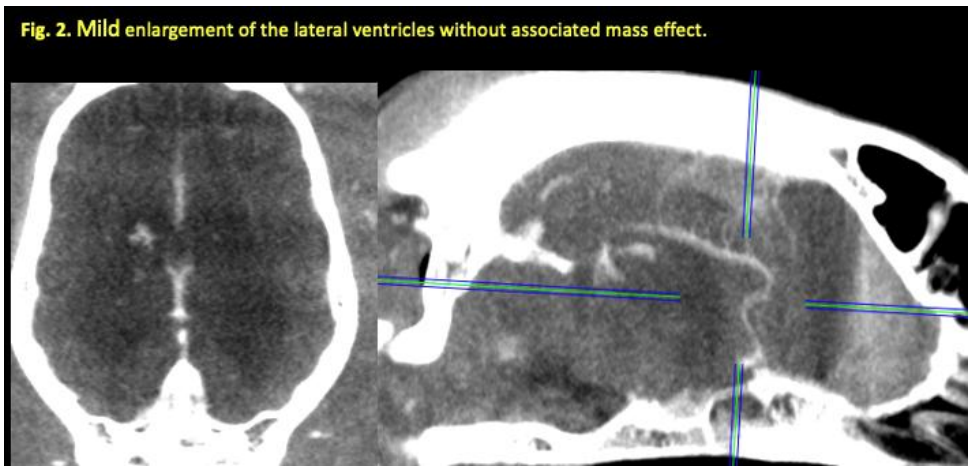
The mild ventriculomegaly may represent an incidental congenital variation or early ventricular dilation of without clinical significance.

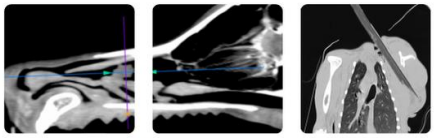
No tomographic evidence of an intracranial mass lesion or other structural abnormality is identified to explain the patient's neurological signs. However, the sensitivity of computed tomography for inflammatory, infectious, or non-compressive encephalopathies is limited compared to magnetic resonance imaging (MRI).

Given the clinical history and neurological presentation, differential diagnoses remain broad and include meningoencephalitis of unknown origin (MUO/MUE), infectious meningoencephalitis, toxic/metabolic encephalopathy, or less likely early degenerative disease.

Correlation with CSF analysis is strongly recommended. If clinically feasible, MRI of the brain is advised for further characterization of possible inflammatory or parenchymal central nervous system disease.







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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