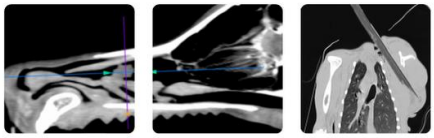

PATIENT

Bewley Nilsen

SPECIES

Canine

BREED

Springer Spaniel

SEX

MN

AGE

3Y

WEIGHT

63lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

MH

HOSPITAL NAME

Animal Medical Center of Mt. Pleasant

REFERRING VET

Steven Epstein, DVM

INVOICE

75279

DATE

6-3-26

PRESENTING CLINICAL SIGNS

History of seizures, difficult to control with medication

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 no evidence of intracranial mass effect, focal intracranial lesion, or midline shift. The brain parenchyma is of normal attenuation. The ventricular system is within normal limits, with no evidence of ventriculomegaly. The sella turcica region is unremarkable.

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

The globes and retrobulbar spaces 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 salivary, parotid and zygomatic glands are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- No significant abnormality identified on this CT examination of the head.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No CT abnormality is identified to explain the patient's seizure disorder. A normal CT examination does not exclude epilepsy or other intracranial diseases that may be occult on CT, particularly inflammatory, metabolic, toxic, vascular, or subtle structural disorders.

If clinical signs persist or fail to improve with appropriate medical management, further diagnostic investigation should be considered. Cerebrospinal fluid analysis may be pursued as the next diagnostic step, particularly if an inflammatory or infectious intracranial process is suspected. Brain MRI is

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recommended if cerebrospinal fluid findings are inconclusive or if clinical suspicion for intracranial disease remains high despite unremarkable CT findings.

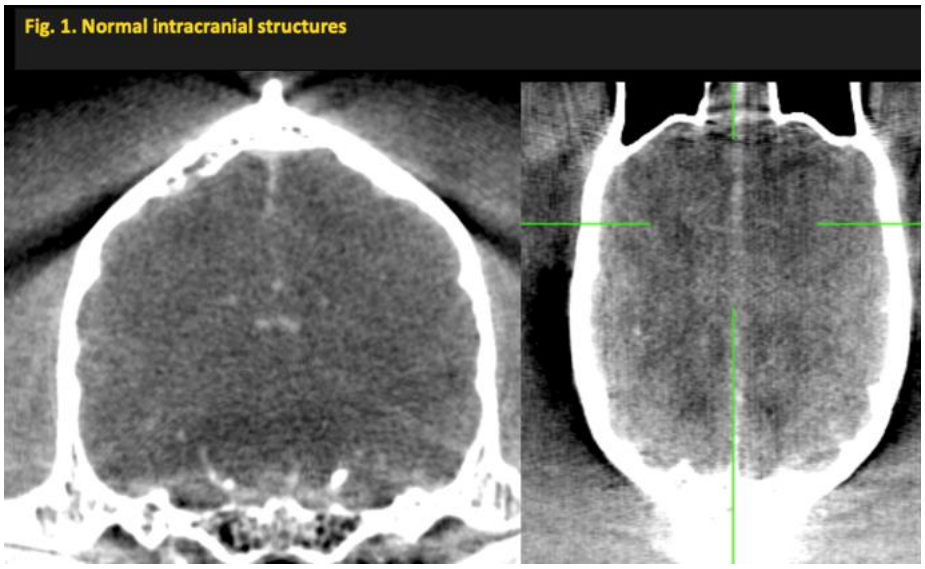
Fig. 1. Normal intracranial structures


Fig. 2. Normal intracranial structures

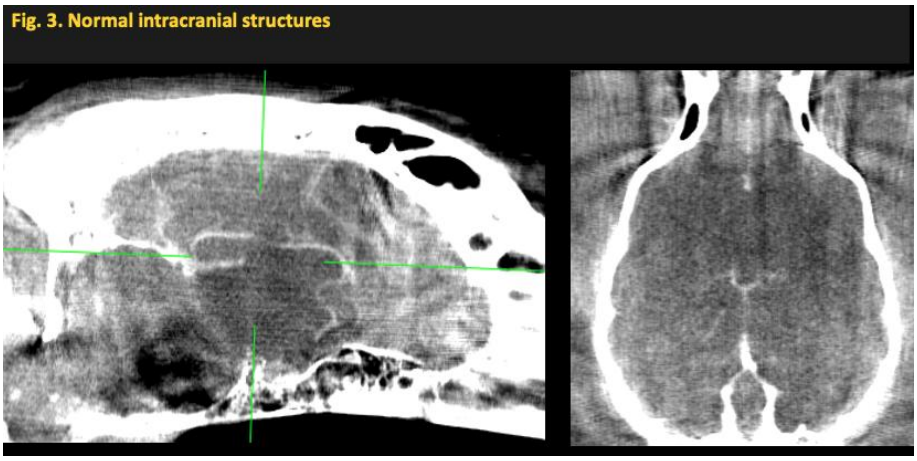
Fig. 3. Normal intracranial structures

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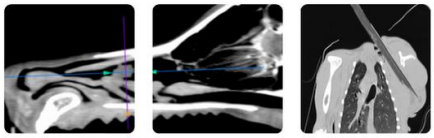

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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