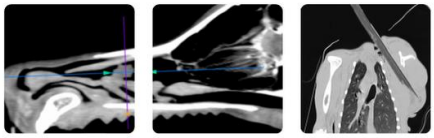


PATIENT

Lisa Porter

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

13

WEIGHT

29kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kaylan

HOSPITAL NAME

Animal Emergency Hospital Deland

REFERRING VET

Dr. Schwanebeck

INVOICE

75308

DATE

6-4-26

PRESENTING CLINICAL SIGNS

Lisa is a 13 YO FS Labrador Retriever who was presented for acutely becoming disoriented about 1 hour ago. Owner came home and found her ataxic, knuckling on the forelimbs, appearing disoriented and mentally unaware, and having nystagmus. Patient has been normal all day and has not had any previous medical history. Ate breakfast like normal this morning.
patient has vestibular symptoms
Neurologic: Nystagmus fast phase R, ataxic, intact CPs x4, no knuckling noted when she walks
Musculoskeletal: Ataxic, ambulates with limbs slightly splayed outward
Abnormal PE/Chem/CBC/UA Results: CBC: NSF Chem: glob 4.2, chol 321 EPOC: pCO2 32.2, Na+ 152, lactate 3.19

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, THORAX & ABDOMEN

A pre- and post-contrast CT study of the whole-body are provided for review totaling 2 series. One pre-contrast series of the whole-body bone algorithm. One post-contrast series of the whole-body, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD/NECK

There is no evidence of intracranial mass effect, focal intracranial lesion, intracranial hemorrhage detectable by CT, or midline shift. Multifocal dural mineralization is present as an incidental age-related finding. The brain parenchyma is otherwise of normal attenuation. The ventricular system is within normal limits. The sella turcica region is unremarkable.

The tympanic bullae and middle ears, and external auditory canals are unremarkable bilaterally.

Focal alveolar bone loss is present adjacent to the root of Triadan 110. A small focal lytic defect is present within the crown/enamel region of Triadan 205.

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.

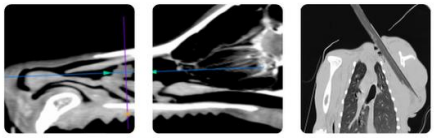
The globes and retrobulbar spaces are within normal limits.

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.

The thyroid glands are unremarkable.



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The hyoid apparatus, thyroid and cricoid cartilages, cervical trachea and esophagus are unremarkable.

THORAX

The trachea and main bronchi are within normal limits.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

Multifocal small subpleural mineralized pulmonary foci are present, consistent with incidental dystrophic/mineralized, osteomas.

Mild dependent ground-glass pulmonary opacity and parenchymal band formation are present within gravity-dependent lung regions, consistent with mild dependent atelectatic change. The remaining pulmonary parenchyma is unremarkable, no evidence of soft tissue nodules or masses.

The bronchial tree exhibits normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vessels are normal, and post-contrast opacification is adequate.

The pleural space, diaphragm, and thoracic wall are unremarkable.

The thoracic esophagus is unremarkable.

ABDOMEN

The liver is homogeneously soft tissue attenuating and uniformly contrast-enhancing, with normal size and shape. The gallbladder, cystic duct, and common bile duct are within normal limits.

The kidneys are normal in size, shape, contour, and attenuation pre- and post-contrast. The renal pelvis and ureters are within normal limits.

The urinary bladder is moderately distended with homogeneously hypoattenuating fluid material admixed with hyperattenuating contrast material. Normal wall thickness.

The spleen is homogeneously soft tissue attenuating and uniformly contrast-enhancing, with normal size and shape.

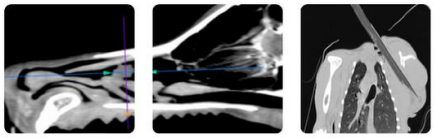
The stomach is moderately distended, containing heterogeneous hypoattenuating ingesta material, fluid, and gas. Normal position and no evidence of mural mass effect.

The duodenum and small intestine are mild dilated, containing small amounts of fluid and gas. Normal wall thickness.

The colon and rectum contain gas admixed with heterogeneously soft tissue attenuating fecal material. Normal wall thickness.

The pancreas, abdominal lymph nodes, and adrenal glands are within normal limits.

The serosal fat shows normal attenuation.



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Multifocal spondylosis deformans is present at T13-L1, L1-L2, L2-L3, and L7-S1.

Bilateral coxofemoral osteoarthrosis is present with mild subluxation and periarticular osteophyte formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- No CT evidence of an intracranial mass, middle ear disease, or other structural lesion identified to explain the acute vestibular signs.
- Unremarkable appearance of the tympanic bullae and petrous temporal bones.
- Incidental multifocal dural mineralization.
- Mild periodontal disease involving Triadan 110 and focal dental fracture/enamel loss involving Triadan 205.
- Incidental age-related findings including multifocal pulmonary mineralization,
- Multifocal spondylosis deformans.
- Bilateral coxofemoral subluxation and osteoarthrosis.
-

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No structural abnormality is identified on CT to explain the patient's acute vestibular syndrome.

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

The absence of abnormalities involving the tympanic bullae, inner ear regions, and petrous temporal bones makes significant CT-detectable peripheral vestibular disease unlikely.

Mild periodontal disease, consider a dental evaluation.

Musculoskeletal aging changes, and bilateral hip dysplasia with concurrent osteoarthrosis.

Otherwise, normal thorax and abdomen.

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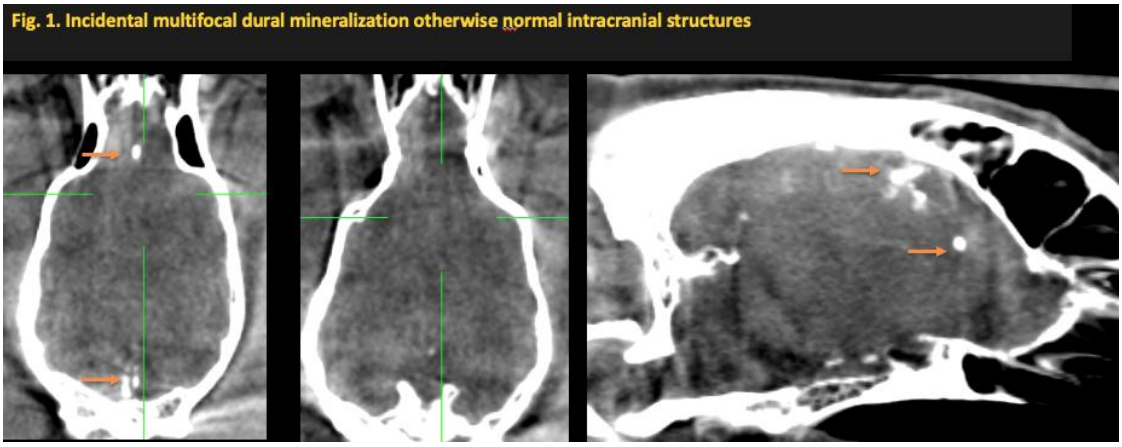
Fig. 1. Incidental multifocal dural mineralization otherwise normal intracranial structures

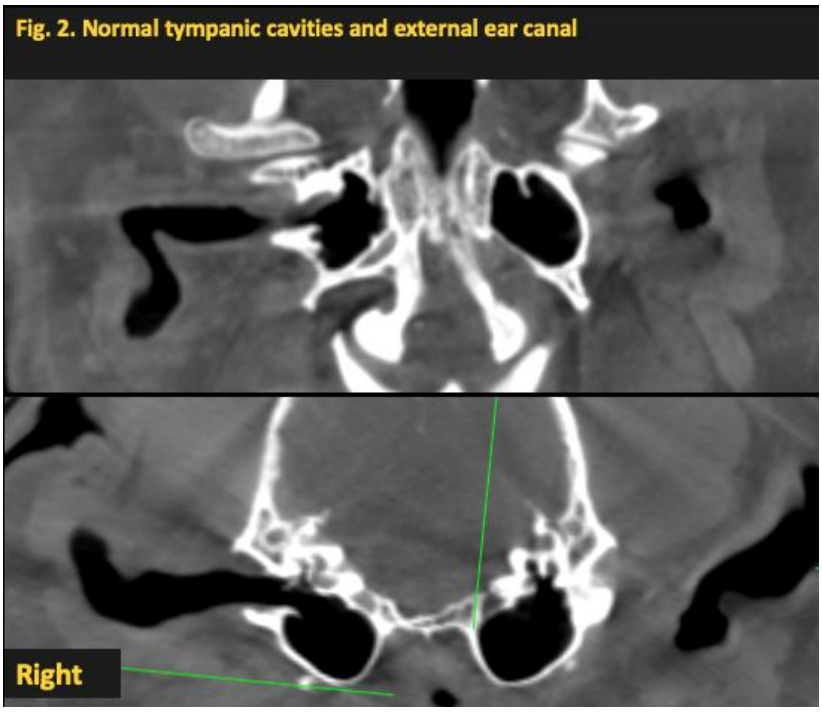

Fig. 2. Normal tympanic cavities and external ear canal

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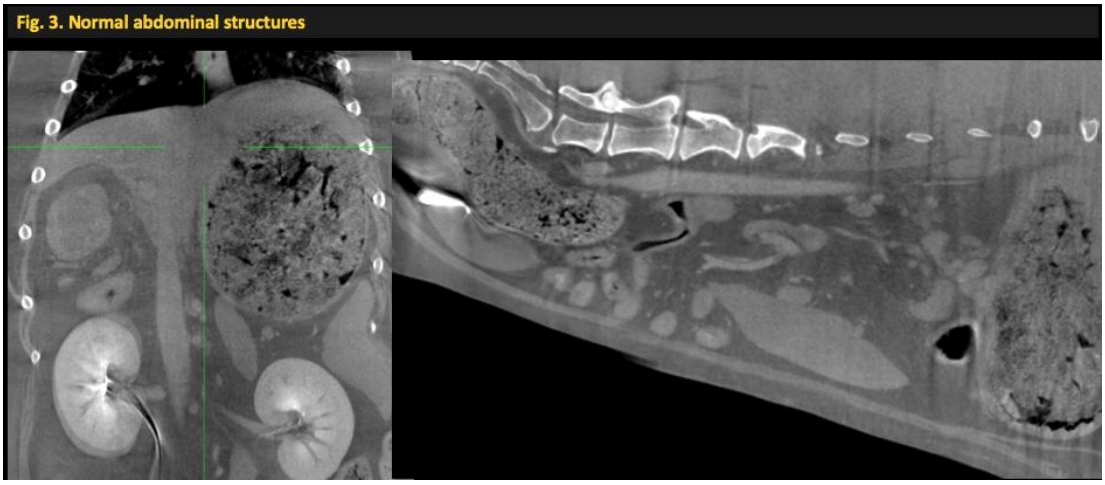
Fig. 3. Normal abdominal structures

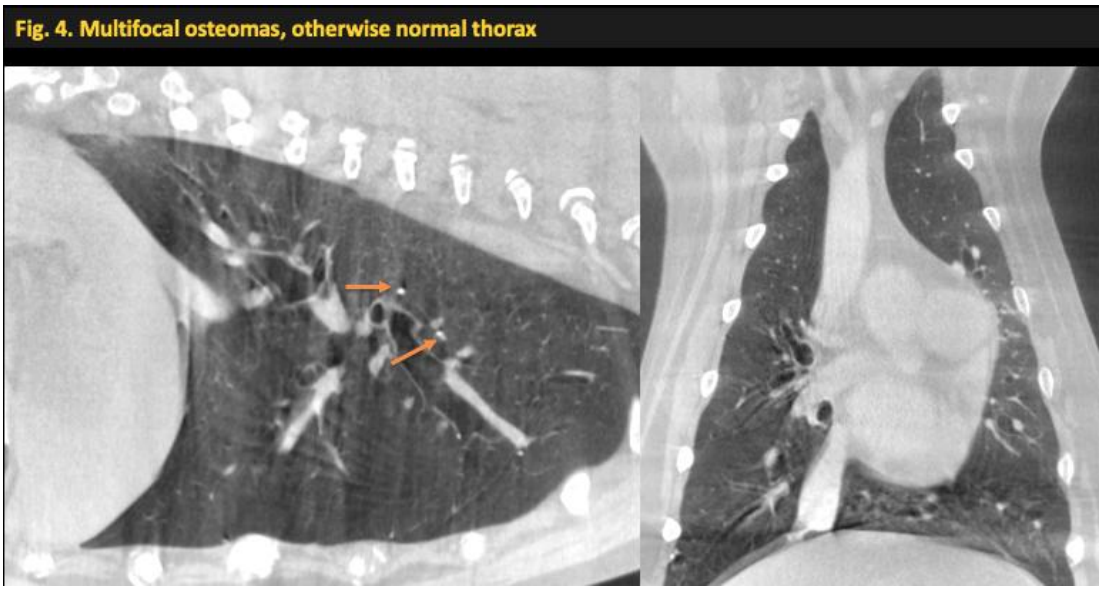
Fig. 4. Multifocal osteomas, otherwise normal thorax

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