



## PATIENT

Vito Pitassi

## SPECIES

Canine

## BREED

Pekingese

## SEX

Neutered Male

## AGE

4Y

## WEIGHT

13lbs

## INTERPRETED BY

Dr. Tais Guimarães,  
MV

## IMAGING PERFORMED BY

EHAH

## HOSPITAL NAME

East Hill Animal  
Hospital

## REFERRING VET

Westside

## INVOICE

74975

## DATE

5-12-26

## PRESENTING CLINICAL SIGNS

Chronic behavioral abnormalities including circling behavior (always to one side), worsening over time

- Two episodes in February/early March resembling seizures: trembling, seeking close contact with client
- Increasing anxiety and skittishness
- Intermittent vomiting of yellow, oily, foamy bile on empty stomach
- Recent episode yesterday: trembling after startling

Abnormal PE/Chem/CBC/UA

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Survey and post I.V. contrast series are available.

## COMPUTED TOMOGRAPHIC FINDINGS

The brain and pituitary gland are unremarkable with no evidence of intracranial mass, hemorrhage, or abnormal contrast enhancement. No mass effect seen.

Lateral ventricles of the brain are symmetrical, no abnormal distension seen.

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Tympanic cavities are normal in size, air filled with mild irregular mucosal thickening on the right tympanic bulla. No wall lysis or osseous abnormalities seen.

The mandibular and medial retropharyngeal lymph nodes are symmetric, small and elongated with a normal short-to-long-axis-ratio is  $< 0.5$ , the attenuation and contrast enhancement pattern is uniform.

The salivary glands present within normal limits.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal brain. No intracranial lesions can be detected.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

No lesion that explains the clinical signs could be appreciated. CT has limited sensitivity for subtle intracranial parenchymal and inner ear lesions; MRI with CSF tap is recommended if neurologic signs persist or clinical suspicion remains high, to better assess parenchymal changes. Abdominal ultrasound could be recommended considering gastrointestinal signs reported on the history.



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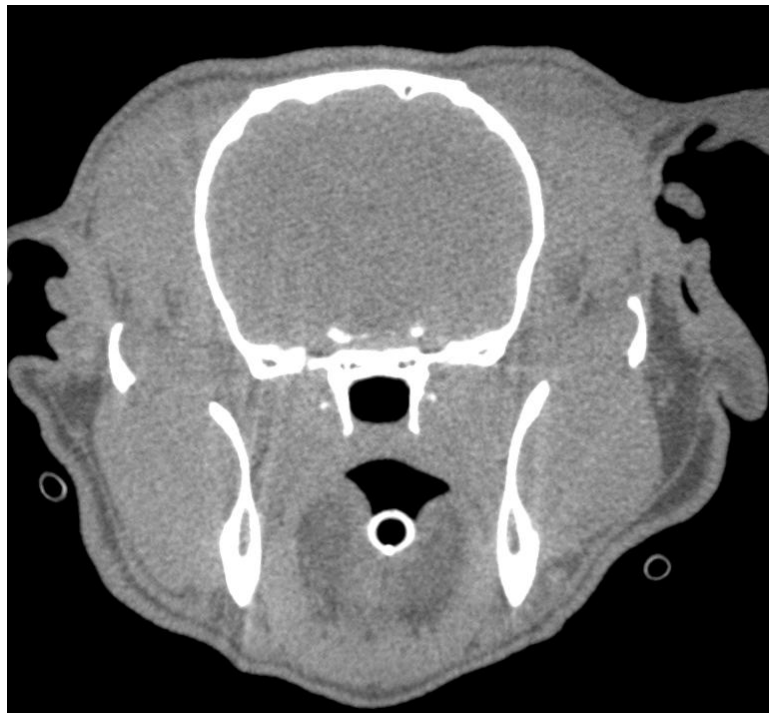
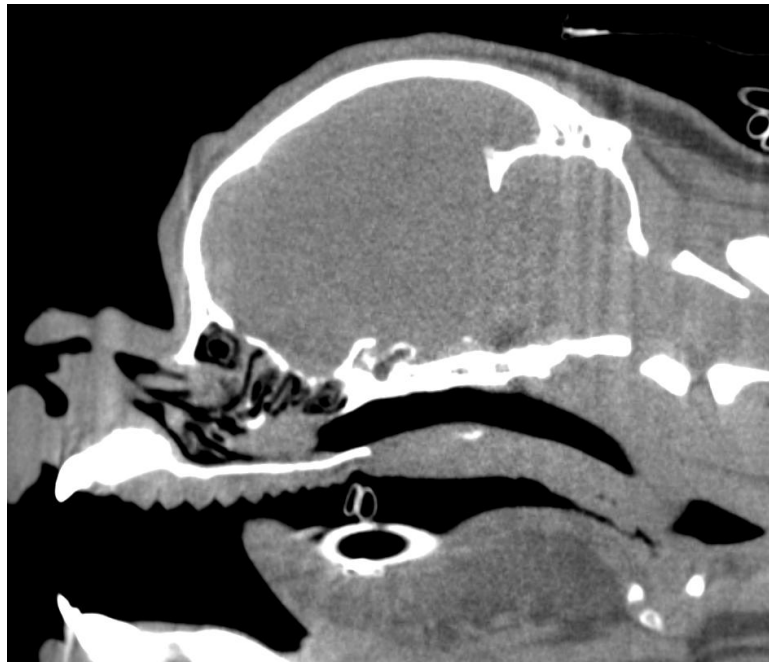
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Dr. Tais Guimarães, MV**

[info@sonopath.com](mailto:info@sonopath.com)