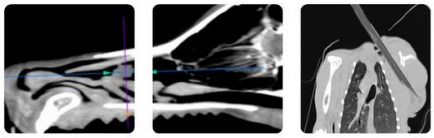


PATIENT

Peanut Jobst

SPECIES

Canine

BREED

DSH

SEX

MN

AGE

13

WEIGHT

4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

73509

DATE

1-28-26

PRESENTING CLINICAL SIGNS

History:

- presented for a right facial swelling which was noted several weeks ago. Slight decrease in appetite. Recently had a dental done.

Abnormal PE/Chem/CBC/UA Results: normal

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX & ABDOMEN

A pre- and post-contrast CT study of the head, thorax and abdomen are provided for review totaling 4 series. One pre-contrast series of the head, bone algorithm. One post-contrast series of the head, soft algorithm. One pre-contrast series of the thorax, bone algorithm. One post-contrast series of the abdomen, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

A large, multicameral soft tissue mass effect is present in the right facial region, centered along the zygomatic process, resulting in marked regional enlargement. The mass extends both externally and internally into the right retrobulbar space, causing right-sided exophthalmos. The lesion measures at least 3.5 × 1.6 cm.

The right zygomatic salivary gland is not clearly delineated and may be incorporated within the mass. Mild periosteal reaction is observed along the right zygomatic process, adjacent to the mass effect.

The maxillary and mandibular bones exhibit diffuse osseous resorption.

The nasal cavities and turbinates are within normal limits.

The cribriform plate is intact.

The oropharynx and soft palate are within normal limits, with discrete fluid accumulation within the nasopharynx.

No evidence of intracranial mass effect, falx cerebri displacement, or ventriculomegaly.

The frontal sinuses are unremarkable.

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

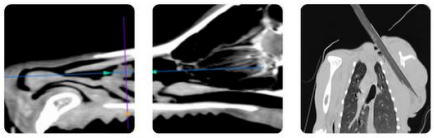
The left globe and left retrobulbar space are unremarkable.

Multiple teeth are absent, with a few retained root fragments; only the incisors are present.

The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal and mandibular lymph nodes are unremarkable.

The mandibular, parotid, and left zygomatic salivary glands are unremarkable.



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The thyroid glands are unremarkable.

THORAX

The trachea and main bronchi are within normal limits.

There is mild reduction in volume of the right cranial lung lobe, associated with ground-glass attenuation and gravity-dependent peripheral consolidation, consistent with atelectasis.

The remaining pulmonary parenchyma shows normal attenuation.

No pulmonary soft tissue micronodules, nodules, or mass lesions are identified.

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

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are within normal limits.

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

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

The thoracic esophagus is unremarkable.

ABDOMEN

The liver is homogeneously soft tissue attenuating, uniformly contrast enhancing, and normal in size and shape.

The gallbladder, cystic duct, and common bile duct are within normal limits.

The urinary bladder is moderately distended with hypoattenuating fluid admixed with contrast material; wall thickness is normal.

The kidneys are normal in size, shape, and contour; however, multiple thin, linear hypoattenuating cortical lesions are present, compatible with renal cortical infarcts.

The renal pelvis and ureters are within normal limits.

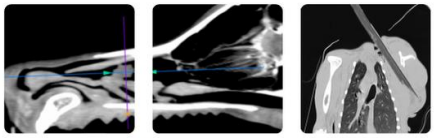
The spleen is normal in size and shape, with homogeneous soft tissue attenuation and mildly heterogeneous contrast enhancement.

The gastrointestinal tract is normally distributed and distended, with no mural mass effect identified.

The colon and rectum contain a moderate to marked volume of heterogeneously attenuating fecal material admixed with gas; wall thickness is normal.

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

The serosal fat demonstrates normal attenuation.



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The musculoskeletal structures are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large multicameral soft tissue mass in the right facial and retrobulbar region, associated with exophthalmos and possible involvement of the right zygomatic salivary gland. Differential diagnoses include salivary chronic inflammatory/infectious process (e.g., abscess or sialadenitis), particularly in the context of recent dental disease and previous treatment, less likely gland neoplasia, or soft tissue neoplasia.
- Mild periosteal reaction is observed along the right zygomatic process, adjacent to the mass effect. Differential diagnosis concurrent osteomyelitis, less likely neoplastic involvement.
- Multiple teeth are absent, with a few retained root fragments. Maxillary and mandibular bone reabsorption.
- Mild passive atelectasis of the right cranial lung lobe. No evidence of pulmonary metastatic disease.
- Multiple linear renal cortical infarcts.
- Marked fecal retention within the colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The head's tomographic findings show a large, multicameral soft tissue mass centered in the right facial and retrobulbar region, causing exophthalmos and likely involving the right zygomatic salivary gland. Differential diagnoses include salivary chronic inflammatory/infectious process (e.g., abscess or sialadenitis), particularly in the context of recent dental disease and previous treatment, less likely gland neoplasia, or soft tissue neoplasia. Consider the lesion as a possible obstruction of the right nasolacrimal duct *.

Definitive diagnosis requires cytologic or histopathologic sampling. Ultrasound-guided fine-needle aspiration or biopsy of the mass is recommended, if clinically feasible. Correlation with ophthalmic and oral examinations is advised.

The pulmonary changes are consistent with dependent atelectasis and are likely incidental. No evidence of pulmonary metastatic disease.

Reference: Paiva SC, Froes TR, Lange RR, Machado M, Pachaly JR, Montiani-Ferreira F. Iatrogenic nasolacrimal duct obstruction following tooth extraction in a cat. J Vet Dent. 2013 Summer;30(2):90-4. doi: 10.1177/089875641303000204. PMID: 24006718.

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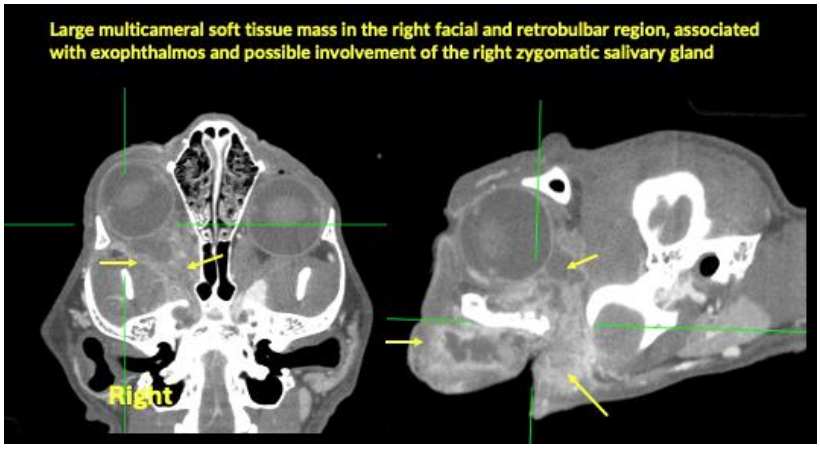

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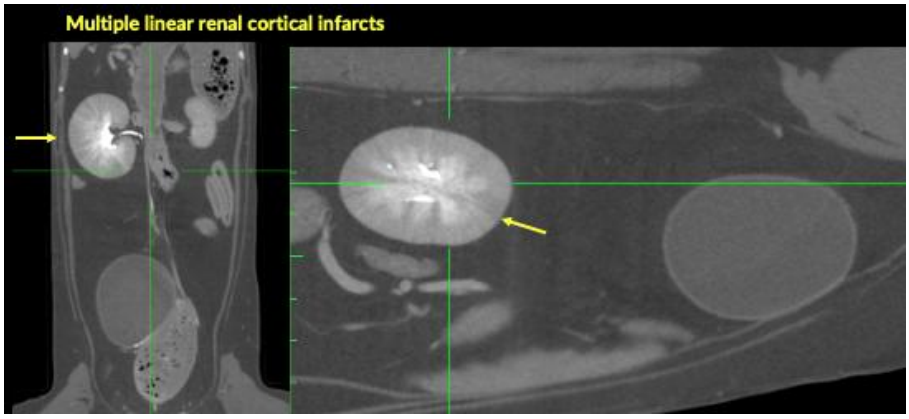

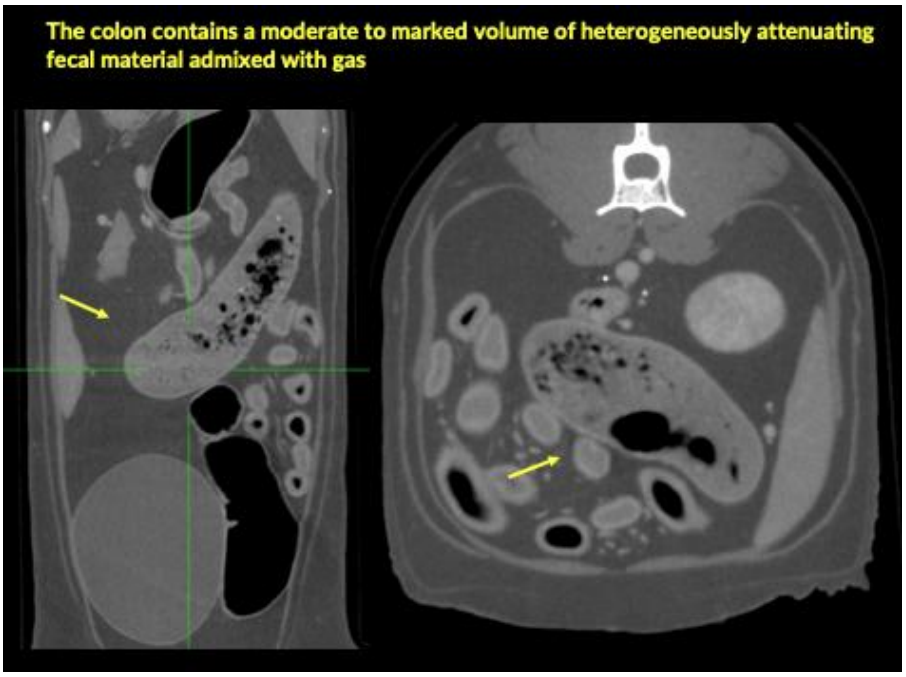

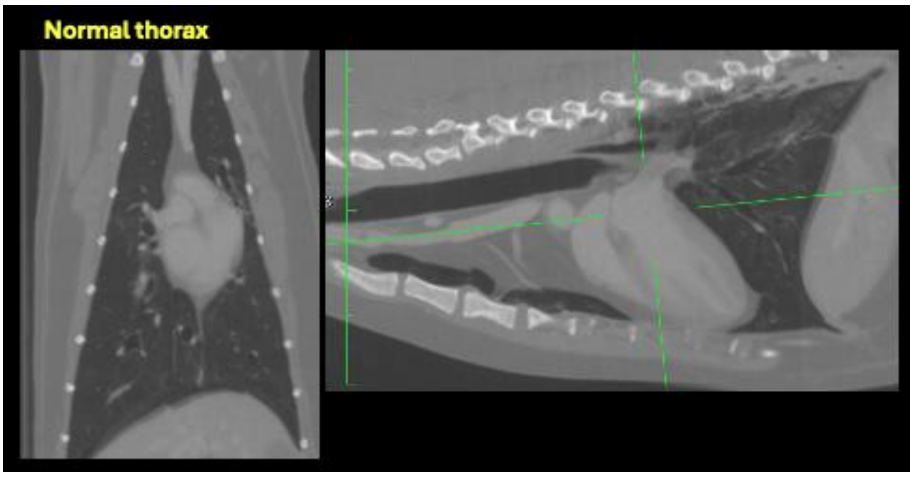

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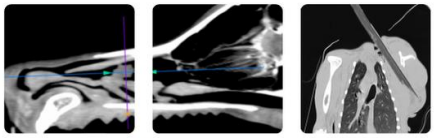

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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