



PATIENT

Roscoe Tyler

SPECIES

Canine

BREED

Pomeranian

SEX

Male Neutered

AGE

13Y, 1M

WEIGHT

6.20lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Joseph D'Abbraccio,
DVM

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

REFERRING VET

Joseph D'Abbraccio,
DVM

INVOICE

72588

DATE

11-11-25

PRESENTING CLINICAL SIGNS

Reason for Visit: Painful eye, possible tumor, glaucoma evaluation. History: Owner reports worsening left eye symptoms over the past month to month and a half, initially presenting as squinting and suspected foreign material after a grooming appointment. Owner notes no improvement after initial veterinary visit and antibiotic injection; symptoms progressed despite follow-up and extraction of all upper teeth for suspected dental involvement. Owner sought a second opinion and was advised to pursue a CT scan. Current medications reported by owner include antibiotics, gabapentin, another pain medication, and Neo-Poly-Bac eye ointment. Owner recently ran out of an eye pressure medication. Owner expresses concern about the severity and progression of the eye issue and notes the condition is getting worse. Onset of Symptoms: Symptoms started approximately one to one and a half months ago. Progression of Symptoms: Symptoms have progressively worsened since onset, with no improvement following initial treatments and dental extractions.

Abnormal PE/Chem/CBC/UA Results: PE: Eyes: OS: Marked erythema, neovascularization, inflammation, corneal thinning, risk of globe rupture, blindness, profound pain. OD: Clear, no discharge.; Cardiovascular: Grade II/VI heart murmur on the left side.; CBC: RBC 9.06; MCH 21.0; MCHC 31.3; Plateletcrit 0.51; Chem: WNL 4DX: negative

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD AND THORAX

A pre- and post-contrast CT study of head and thorax are provided for review totaling 3 series. One pre-contrast series of the head, bone algorithm. One post-contrast series of the head, soft tissue algorithm. One pre-contrast series of the thorax, bone algorithm

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

A soft tissue attenuating mass effect is identified within the right retrobulbar space, associated with regional fat stranding of the retrobulbar fat and mild heterogeneous enlargement of the right zygomatic salivary gland. The mass effect causes moderate right-sided exophthalmos.

The adjacent caudal maxilla shows an area of bone resorption at the site of the previously extracted right maxillary teeth (Triadan 110), multiple absent Triadan (105-110) with a possible residual root remnant at Triadan 106.

On the left maxilla, variable alveolar bone resorption is present, most pronounced adjacent to Triadan 207 and 208; the root canal of Triadan 205 appears hypoattenuating.

Mandibular alveolar bone resorption is also observed, with absent Triadan 311, 406, and 411.

The left globe and retrobulbar space are unremarkable.

Mild fluid retention is present in the left nasal cavity, without turbinate architectural loss.

The cribriform plate is intact.

The oropharynx, nasopharynx, and larynx are within normal limits.

The frontal sinuses are rudimentary, considered incidental.

No intracranial mass effect, midline shift, or ventriculomegaly is seen.



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The tympanic bullae and external auditory canals are normal.

The medial retropharyngeal and mandibular lymph nodes are within normal limits.

Mandibular and parotid salivary glands are unremarkable.

An incidental open fontanelle is present.

THORAX

The trachea and main bronchi are normal.

The pulmonary parenchyma exhibits normal attenuation, with no nodules or masses.

The bronchial tree shows regular branching and tapering.

The heart and pulmonary vessels are within normal limits.

Mediastinal and tracheobronchial lymph nodes are unremarkable.

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

The thoracic esophagus is unremarkable.

Multifocal, complete and incomplete bridging spondylosis deformans is present in the caudal cervical and thoracic spine, with variable intervertebral disc space narrowing and adjacent sclerosis.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right retrobulbar soft tissue mass effect, associated with exophthalmos and zygomatic salivary gland enlargement. Differential diagnoses include retrobulbar abscess, inflammatory lesion, concurrent zygomatic sialadenitis, less likely neoplasia, especially based on the patient's history.
- Caudal maxillary bone resorption with residual root fragment at Triadan 106, possibly secondary to prior dental extraction or chronic osteitis, osteomyelitis.
- Multiple absent Triadan, likely correlated prior dental extractions.
- Bilateral alveolar bone resorption, compatible with periodontal disease and/or osteomyelitis.
- Mild nonspecific, nonerosive left side rhinitis.
- Normal thoracic structures.
- Multifocal spondylosis deformans in the caudal cervical and thoracic spine. Multifocal chronic disc disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings reveal a right retrobulbar soft tissue lesion causing exophthalmos and regional fat inflammation. The imaging features are most compatible with retrobulbar abscess or inflammatory lesion, concurrent zygomatic sialadenitis, although retrobulbar neoplasia cannot be excluded. The concurrent bone resorption of the adjacent maxilla may reflect prior dental extractions or chronic inflammatory extension.



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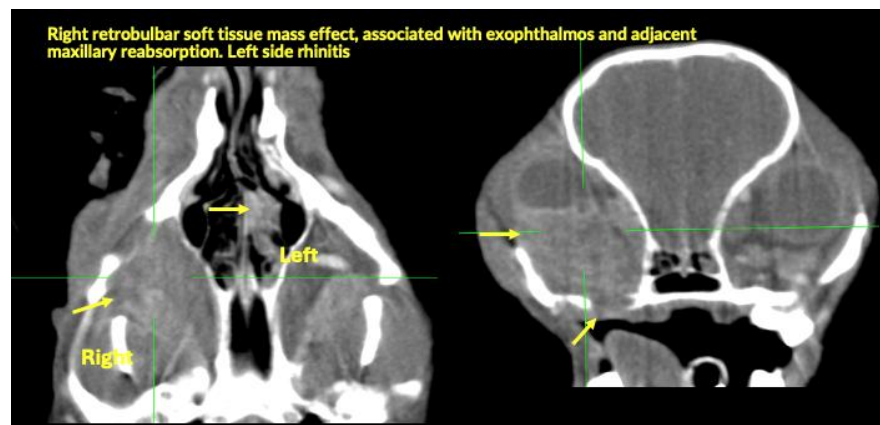
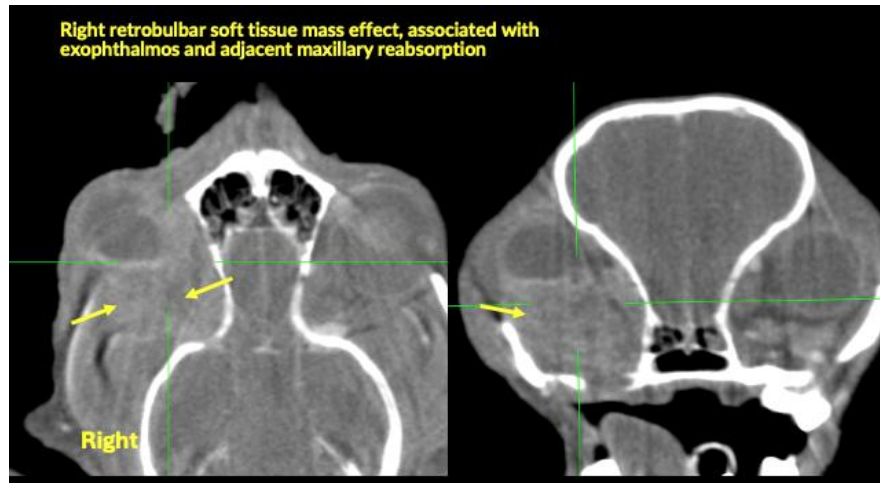
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A fine-needle aspiration (FNA) or biopsy of the right retrobulbar lesion is recommended for definitive diagnosis.





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Multifocal spondylosis deformans and multifocal chronic disc disease



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