



PATIENT

Cooper Jackson

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

9Y

WEIGHT

37.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Janice

HOSPITAL NAME

Bridgwater Veterinary
Hospital and Wellness
Centre

REFERRING VET

Dr. Doug Veldhuisen

INVOICE

72670

DATE

11-17-25

PRESENTING CLINICAL SIGNS

Nov 3/25 hyporexia over the weekend. Soft tissue swelling over right eye. Interested in taking treats, but squeals in pain when jaw is opened. No known trauma. Was initially drooling, no apparent peripheral lymphadenopathy or fever. No obvious oral lesions. Began prednisone, but clinical signs returned with tapering after a few days. Increased back to 2 mg/kg prednisone, swelling stable. Nov 11 enophthalmos OD, Nov 13 enophthalmos OS, mild swelling over left eye Nov 14. Clinical condition worsening - lethargy, craning his head to the left whenever he is up. Concern for mass or other progressive neurological condition. Today clear nasal discharge.
Abnormal PE/Chem/CBC/UA Results: Skull rads unremarkable. Top ddx masticatory muscle myositis - 2m antibody test negative CBC leukocytosis (taken Nov 12 while on pred) Chem - increased alkp, mild decrease in Cl & TT4

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & NECK

A pre- and post-contrast CT study of the head was provided for review, totaling two series: One pre-contrast series using a bone algorithm. One post-contrast series using a soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

There is a large, amorphous, predominantly hypoattenuating soft tissue mass effect with an enhancing border centered in the right retrobulbar and periorbital spaces. The lesion is partially defined, with moderate infiltration, displacing and/or partially effacing the right extraocular muscles, including the *medial rectus*, *dorsal oblique*, *dorsal rectus*, and *levator palpebrae* muscles. The mass extends into the region of the ophthalmic plexus (optic nerve topographic location), spreading dorsally along the periorbital soft tissues and dorsal head. Adjacent soft tissue swelling is also present in dorsal head.

The mass causes right-sided exophthalmos and compresses the medial aspect wall of the right globe. Due to its amorphous configuration, precise margins are difficult to delineate; however, the measurable portion of the lesion is at least 5.0 × 4.2 × 2.1 cm. There is no evidence of osseous destruction involving the orbital bones or adjacent calvarium.

A moderate amount of hypoattenuating fluid material is present within the right frontal sinus, and a small volume of fluid is present disperse in the right nasal cavity without turbinate destruction. The left nasal cavity and frontal sinus are within normal limits.

The nasopharynx contains mild fluid accumulation. The soft palate is unremarkable.

The left globe and retrobulbar space are within normal limits.

No intracranial mass effect, ventriculomegaly, or falx cerebri deviation is observed. The cribriform plate remains intact.

The tympanic bullae and external auditory canals are normal.

All teeth are present and within normal limits.

The temporomandibular joints are bilaterally congruent.

The right medial retropharyngeal and right mandibular lymph nodes are mildly enlarged. The left retropharyngeal and mandibular lymph nodes are within normal limits.



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The mandibular, parotid, and zygomatic salivary glands appear normal.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large right retrobulbar/periorbital amorphous hypoattenuating soft tissue mass with moderate infiltrative characteristics, displacing extraocular musculature, extending toward the ophthalmic plexus region, and causing right-sided exophthalmos. Differential diagnosis includes neoplastic processes with concurrent adjacent swelling/cellulitis in the dorsal region, less likely retrobulbar abscess.
- Mild fluid accumulation in the right frontal sinus and right nasal cavity without turbinate destruction. Differential diagnosis includes nonspecific rhinosinusitis, likely associated with the mass effect.
- Mild enlargement of the right medial retropharyngeal and right mandibular lymph nodes, reactive lymphadenitis versus early metastatic involvement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

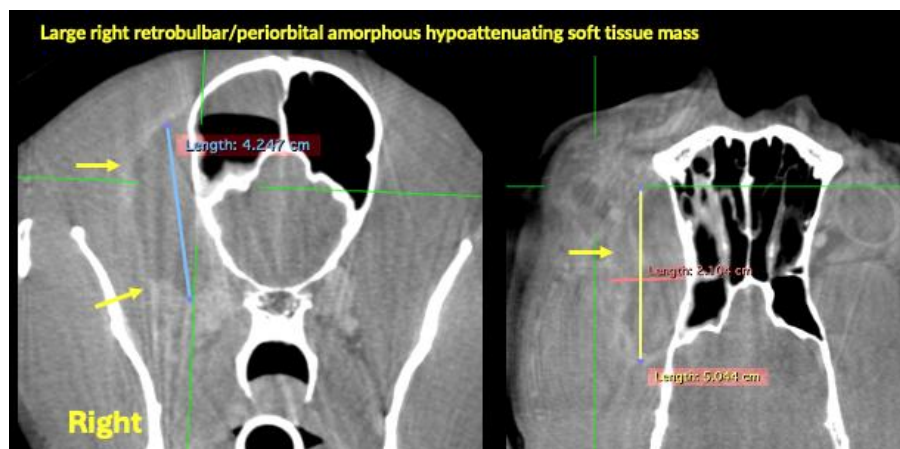
The CT findings indicate a large, hypoattenuating soft tissue mass centered in the right retrobulbar/peribulbar spaces, extending dorsally and medially and involving multiple extraocular muscles. The imaging appearance raises greater concern for a neoplastic process (e.g., lymphoma, meningioma, mast cell tumor, carcinoma, or sarcoma). Concurrent cellulitis and associated soft tissue swelling, particularly in the adjacent dorsal region, is present. Less likely differential diagnosis is retrobulbar abscess/inflammation.

For definitive diagnosis, an ultrasound-guided fine-needle aspiration (retrobulbar approach) is suggested. If neoplasia is diagnosed, staging and oncology consultation are advised.

The findings correlate with the patient's progressive clinical signs, including pain on jaw opening, periocular swelling, and exophthalmos.

Support material:

[Cooper Jackson CT.mov](#), [Cooper Jackson CT 1.mov](#)





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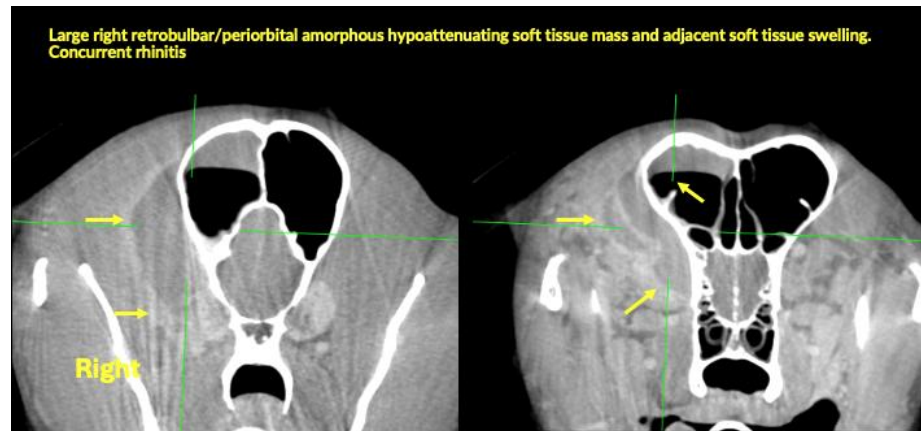
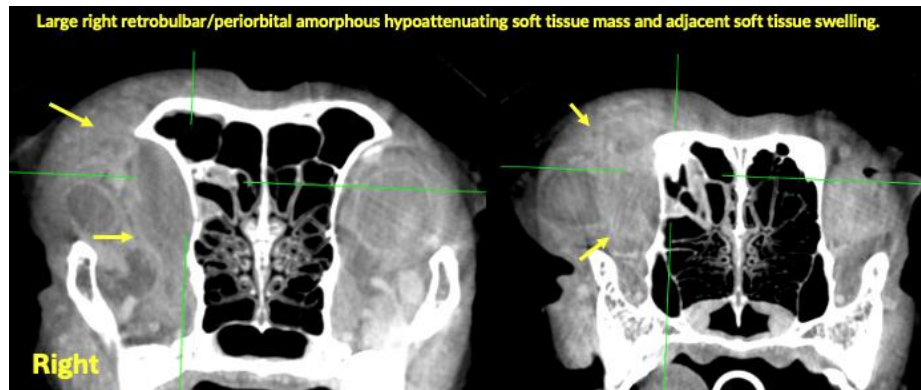
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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