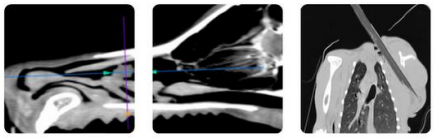

PATIENT

Dozer Ulrich

SPECIES

Canine

BREED

Boxer Mix

SEX

MN

AGE

10Y

WEIGHT

59lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Bailey and Lacey

HOSPITAL NAME

Casselton Vet Service

REFERRING VET

Brad Bartholomay

INVOICE

72656

DATE

11-18-25

PRESENTING CLINICAL SIGNS

TECA (partial?) done on right ear by another clinic on 10/10/25. About a week after surgery patient became increasingly neurologic/ataxic, eventually progressed to lateral recombinant; primary vet suspected reaction to chloramphenicol. Owner noted seizures have been occurring. On gabapentin and prednisone.
Abnormal PE/Chem/CBC/UA Results: WBC 31.5 K/uL, NEU 29.03 K/uL, HCT 36.4%, ALKP 473 U/L, BUN 5mg/dL

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head was provided for review, totaling two series: one pre-contrast head series (bone algorithm) and one post-contrast head series (bone algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

A large, broad-based intracranial mass effect is present, likely extra-axial in origin, located in the left caudal cranial fossa and contiguous with the petrous portion of the temporal bone - cerebellopontine angle. The lesion demonstrates heterogeneous attenuation with moderate contrast enhancement and internal hypoattenuating areas. The mass measures approximately 1.3 × 1.4 × 1.0 cm.

There is reduction in the muscle mass of the left temporal, masseter, and digastric muscles.

The external ear canals exhibit diffuse thickening of both horizontal and vertical canal walls with epithelial irregularity bilaterally. No intraluminal fluid accumulation is identified, and canal integrity is preserved. The tympanic cavities are air-filled with intact osseous boundaries.

The parotid salivary glands are mildly enlarged bilaterally. The mandibular and zygomatic salivary glands are within normal limits.

The nasal cavities and turbinate structures are normal.

The cribriform plate is intact.

The oropharynx and nasopharynx are within normal limits.

The frontal sinuses are unremarkable.

The globes and retrobulbar spaces are normal.

Triadan 102 and 103 are absent, with moderate alveolar bone resorption affecting the right incisive mandible.

The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal and mandibular lymph nodes are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left caudal fossa intracranial mass (extra-axial)- cerebellopontine angle, heterogeneous with moderate enhancement and internal hypoattenuating regions. Differential diagnoses include

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neoplasia (e.g., meningioma, other tumor types, metastatic neoplasia, or less likely granulomatous/inflammatory mass).

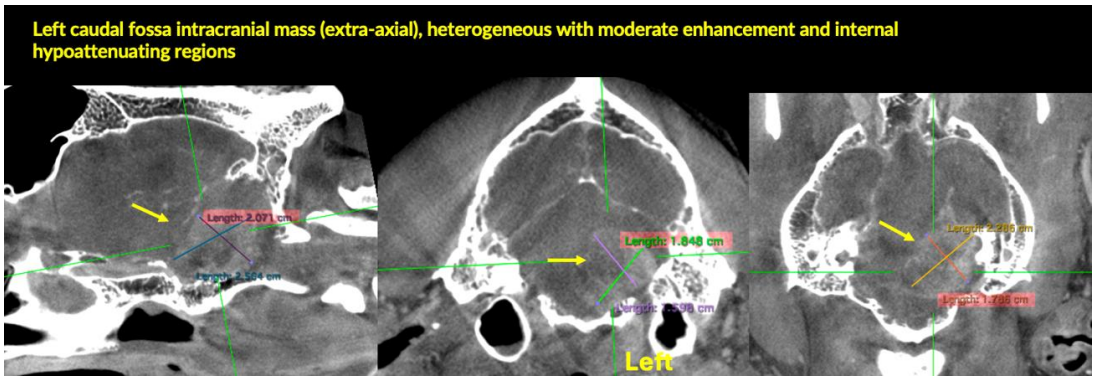
- Neurogenic atrophy of the left temporal, masseter, and digastric muscles.
- Bilateral external ear canal mural thickening with epithelial irregularity; differentials include chronic otitis externa. Tympanic cavities are normal.
- Mild bilateral parotid gland enlargement, sialadenitis reactive or inflammatory.
- Absence of Triadan 102 and 103 with moderate alveolar bone resorption of the right incisive mandible, consistent with regional periodontal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study identifies a broad-based, intracranial, likely extra-axial mass lesion in the left caudal cranial fossa. The primary differential diagnoses include neoplasia, such as meningioma, with metastatic or granulomatous etiologies considered less likely. The associated unilateral masticatory muscle atrophy supports trigeminal neuropathy due to mass effect or nerve compression. These findings are considered clinically relevant and likely contribute to the patient's progressive neurological signs and seizures. Neurology consultation is suggested to discuss surgical versus palliative therapeutic options

Bilateral external ear canal wall thickening and parotid enlargement are compatible with chronic inflammatory/reactive changes, possibly related to chronic external otitis. No evidence of otitis media.

The dental changes indicate regional periodontal disease associated with absent Triadan 102 and 103 and alveolar bone loss in the right incisive mandibular region. Oral/dental examination and targeted dental treatment for the right incisive mandibular periodontal disease when patient stability allows.



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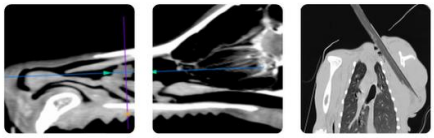

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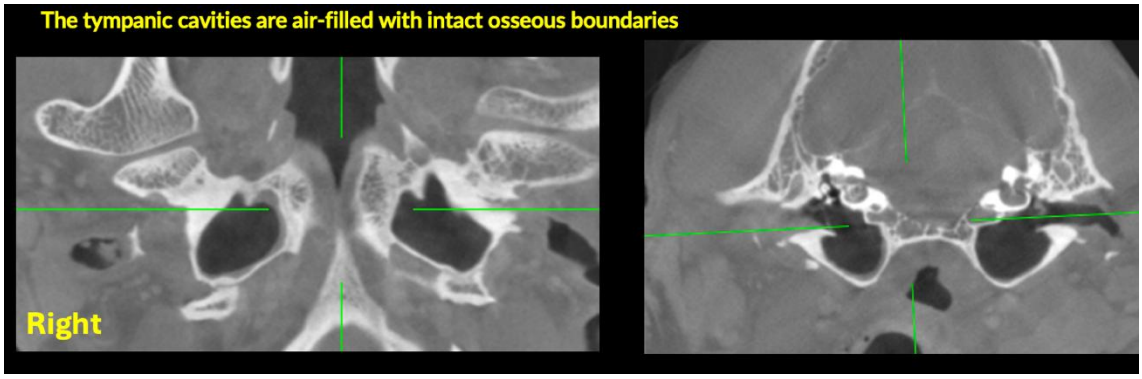

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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