



PATIENT

Moose Swofford

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

5Y

WEIGHT

81lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Samantha Short

HOSPITAL NAME

Animal Health Care
Denver

REFERRING VET

Cathryn Sayer

INVOICE

72693

DATE

11-20-25

PRESENTING CLINICAL SIGNS

Pt originally from Minnesota, moved to Colorado 2-3 years ago when he was adopted by current owner. Has had a draining tract on the top of his head for a few months. Has been treated with surgery and has been cultured and treated with enrofloxacin but continues to ooze pus. He is also sneezing green mucus.

Abnormal PE/Chem/CBC/UA Results: Overall normal labwork.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head was provided, totaling three series: two pre-contrast series acquired with a bone algorithm, and one post-contrast series acquired with a soft-tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

There are multifocal osteolytic foci affecting the left squamous part of the frontal bone, associated with regional hyperostosis. A focal osseous defect measuring approximately 8.0 mm is present, creating a communication between the left temporal muscle soft tissues and the left frontal sinus.

Within the left frontal sinus, there is a small volume of hypoattenuating fluid.

Dorsally within the left temporal muscle, there is moderate soft tissue swelling containing multiple hypoattenuating fluid pockets, contiguous with the osseous defect. However, no evidence of radiopaque foreign material.

In the left nasal cavity (dorsal portion), there is mild fluid accumulation associated with patchy loss of turbinate architectural detail in the mid-portion.

The right nasal cavity and right frontal sinus are unremarkable.

The cribriform plate is intact.

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

No evidence of intracranial mass effect, ventricular asymmetry, or falx cerebri shift.

A few incidental otoliths are present in the right tympanic bulla. The left tympanic bulla is air-filled. The external auditory canals are within normal limits.

The globes and retrobulbar spaces are within normal limits.

All teeth are within normal limits.

The temporomandibular joints are bilaterally congruent.

The left medial retropharyngeal lymph node and mandibular lymph nodes are mildly enlarged. The right medial retropharyngeal lymph node and mandibular lymph nodes are unremarkable.

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



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The thyroid glands are unremarkable.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

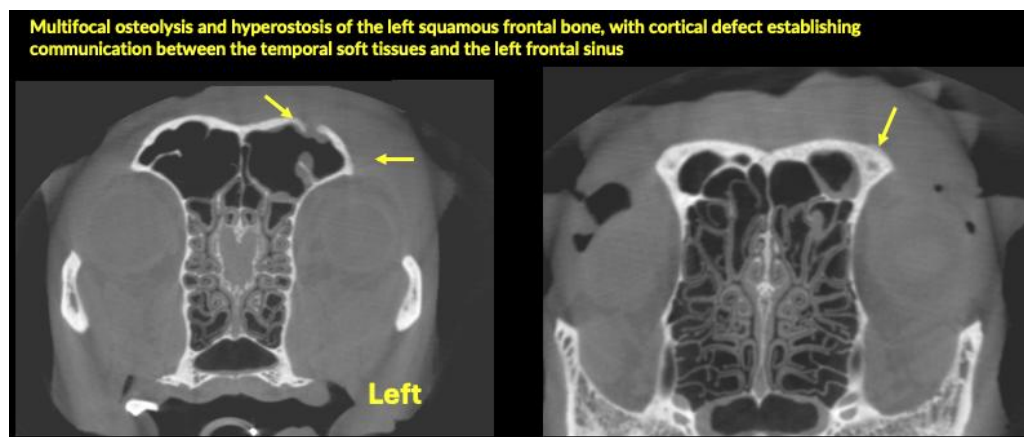
- Multifocal osteolysis and hyperostosis of the left squamous frontal bone, with a discrete cortical defect establishing communication between the temporal soft tissues and the left frontal sinus, with concurrent moderate left temporal soft tissue swelling containing hypoattenuating fluid pockets. Differential diagnosis includes focal osteomyelitis (including fungal disease) – most likely, concurrent mild left-sided rhinosinusitis, neoplastic process or less likely sequela of penetrating trauma.
- Mild enlargement of the left medial retropharyngeal lymph node and mandibular lymph nodes, reactive lymphadenitis.
- Incidental right tympanic otoliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings reveal a focally destructive process involving the left squamous portion of the frontal bone, with a small cortical defect creating a direct communication between the temporal soft tissues and the frontal sinus. The associated temporal muscular swelling, fluid pockets, and sinus fluid are compatible with an inflammatory/infectious process. The primary differential diagnosis is focal osteomyelitis, with fungal etiologies being an important consideration. Additional differentials include a neoplastic process or sequela of penetrating trauma.

A deep FNA for culture and sensitivity sampling is recommended. Consider fungal culture, or PCR.

The mild turbinate loss and nasal fluid accumulation are compatible with secondary rhinosinusitis, although a primary rhinosinusitis leading to secondary osteomyelitis cannot be excluded. These changes are likely related to the adjacent inflammatory/infectious process.





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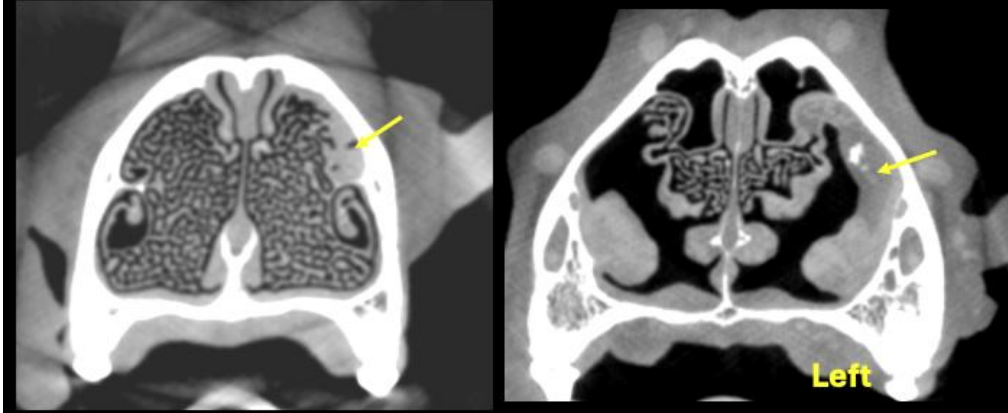
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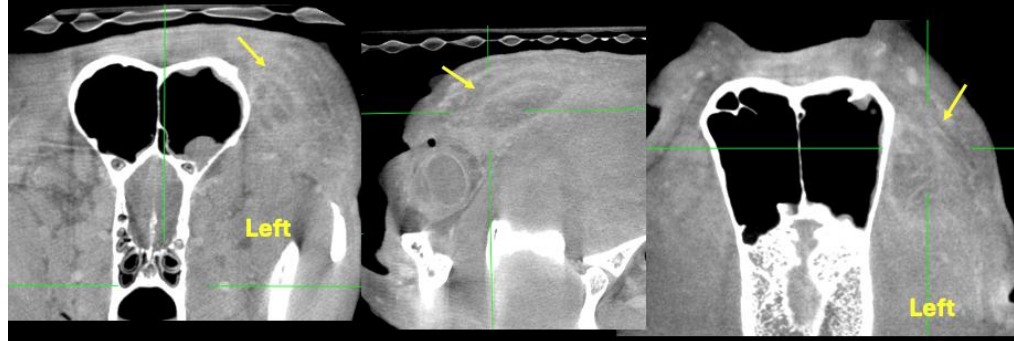
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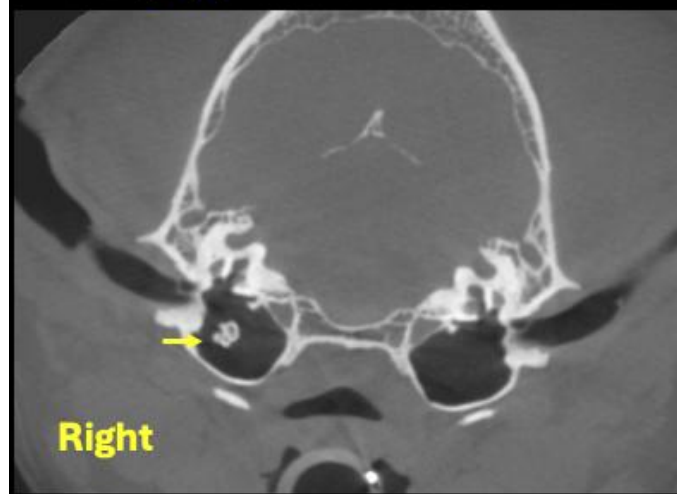
Left nasal cavity (dorsal portion), there is mild fluid accumulation associated with patchy loss of turbinate architectural detail



Dorsally within the left temporal muscle, there is moderate soft tissue swelling containing multiple hypoattenuating fluid pockets



Incidental right tympanic otoliths.





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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