



PATIENT

Zeke Garcia

SPECIES

Canine

BREED

Pit Bull

SEX

MN

AGE

7Y

WEIGHT

48

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley/Kaylin

HOSPITAL NAME

Animal Clinic
Northview

REFERRING VET

Abbey Kordel, DVM

INVOICE

72956

DATE

12-11-25

PRESENTING CLINICAL SIGNS

Re-presents on emergency this morning for swollen eye and not wanting to walk still Owner noted that his eye was slightly swollen last night before bed then noted swelling a lot more this morning. Still lethargic since visit yesterday and has not moved much at all. Owners had to pick him up to get him to go potty outside last night. Still not eating much this morning - has been picky the last month. Did drink some last night. No V+. Medications - Vetoryl 30mg 1 capsule BID, Apoquel 16mg SID, melatonin supplement, joint/muscle supplement, HX cushings Was here on ER yesterday 12/10 - full BW yesterday which was unremarkable, sent home Provable and Entyce. SubQ fluids before discharge yesterday

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD AND THORAX

A pre- and post-contrast CT study of the head and thorax are provided for review totaling 2 series. One pre-contrast series of the head and thorax, bone algorithm. One post-contrast series of the head and thorax, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

A large, rounded hypoattenuating periapical lesion is present adjacent to the root of Triadan 109.

The ipsilateral (right) zygomatic salivary gland is enlarged relative to the contralateral side and exhibits mild heterogeneity. This enlargement contributes to mild exophthalmos. The superior portions of the globes were not completely included in the acquisition for full assessment.

There is mild alveolar bone resorption adjacent to Triadan 209, 203, and 311.

The nasal cavities and turbinates, cribriform plate, oropharynx, nasopharynx, soft palate, and frontal sinuses are unremarkable.

A large, intracranial, hyperattenuating mass effect is identified within the suprasellar region/pituitary fossa, measuring 1.6 × 1.4 cm. No ventriculomegaly is observed.

There is mild hypoattenuating fluid accumulation within the left tympanic cavity. The right tympanic cavity is air-filled. The bony contours of the tympanic bullae and the external auditory canals are normal.

The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal and mandibular lymph nodes are unremarkable.

The mandibular and parotid salivary glands are unremarkable.

THORAX

The trachea and main bronchi are within normal limits.

A small, rounded hypoattenuating mass effect with mildly irregular margins is present at the cardiac base, adjacent to the aortic root and pulmonary trunk, measuring 1.8 × 1.5 cm.



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The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

There is mild gravity-dependent peripheral consolidation affecting the left caudal lung lobe, consistent with passive atelectasis. The remainder of the pulmonary parenchyma in the collimated field is normal, with no micronodules, nodules, or masses identified.

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

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large hypoattenuating periapical lesion at Triadan 109 with associated ipsilateral zygomatic salivary gland enlargement and mild exophthalmos. Differential diagnoses include periapical abscess, odontogenic cyst, and, less likely, an odontogenic neoplastic lesion.
- Concurrent zygomatic salivary gland sialadenitis causing mild exophthalmos.
- Mild alveolar bone resorption adjacent to Triadan 209, 203, and 311, mild periodontal disease.
- Large intracranial hyperattenuating suprasellar/pituitary mass. Differential diagnoses include pituitary macroadenoma (most common), pituitary carcinoma, less likely meningioma.
- Suspect of small hypoattenuating cardiac-base mass. Differential diagnoses include chemodectoma (aortic body tumor), ectopic thyroid/parathyroid mass, or less commonly lymphoma.
- Mild unilateral otitis media or sterile fluid retention (left tympanic cavity).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary clinically relevant findings include a large periapical lesion at Triadan 109 with secondary zygomatic salivary gland enlargement causing mild exophthalmos. This is most compatible with an odontogenic infectious/inflammatory process. An oral examination, and FNA or sampling of the lesion, and dental treatment are recommended.

The suprasellar/pituitary mass is consistent with a pituitary macroadenoma. Endocrine testing is advised for correlation.

The primary differential diagnosis for the suspected small cardiac-base mass is chemodectoma. These masses are often incidental. An echocardiographic examination is recommended for further evaluation.



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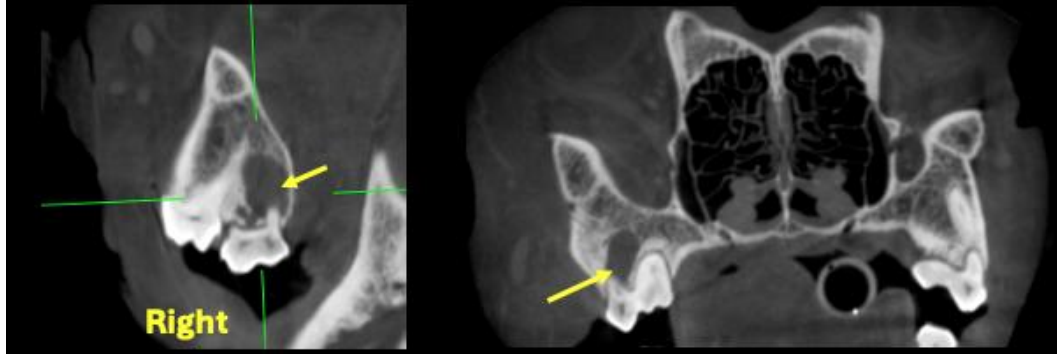
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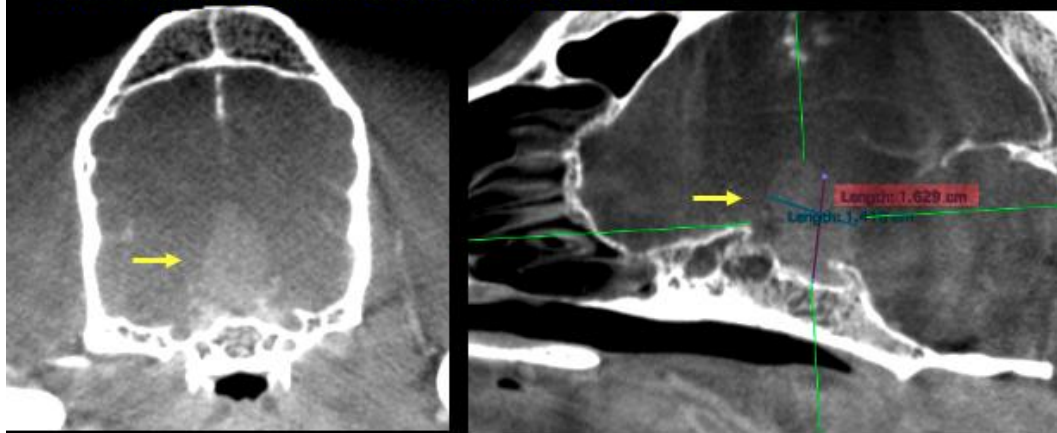
Large hypoattenuating periapical lesion at Triadan 109 with associated ipsilateral zygomatic salivary gland enlargement and mild exophthalmos

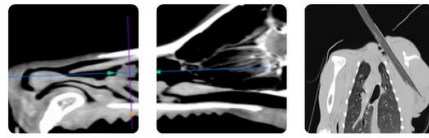


Right zygomatic salivary gland enlargement and mild exophthalmos



Large intracranial hyperattenuating suprasellar/pituitary mass.





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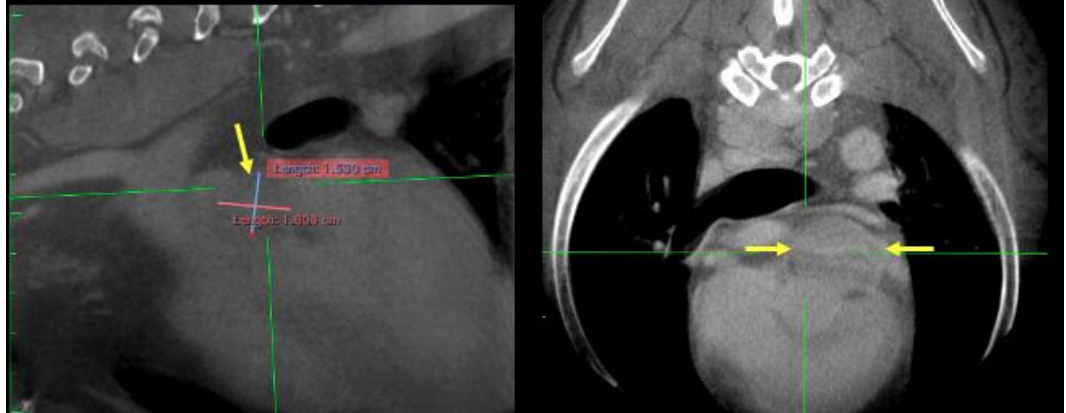
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Small hypoattenuating cardiac-base mass



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