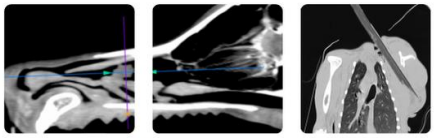




**PATIENT**

Joseph Schwanger

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Male

**AGE**

7Y

**WEIGHT**

76lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Burge

**HOSPITAL NAME**

Wilson Veterinary Hospital

**REFERRING VET**

Dr. Gryspeerd

**INVOICE**

73138

**DATE**

12-29-25

## PRESENTING CLINICAL SIGNS

Pet had first ever grand mal seizure on 12/26. Full lab work with thyroid, abdominal radiographs, thoracic radiographs were within normal limits. No anticonvulsants were started at this time. Another grand mal seizure occurred 12/27, and required 2 doses of intranasal midazolam to quell the seizure. Pet had also been pawing at his right eye immediately prior to the onset of seizures, which has progressed to significant periocular swelling.

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

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

## COMPUTED TOMOGRAPHIC FINDINGS

An aggressive lesion is identified, affecting multiple structures of the skull and face, more pronounced on the right side. The lesion involves both intracranial and extracranial compartments.

Intracranially, there is marked dorsal meningeal contrast enhancement associated with a large, poorly defined contour, heterogeneous mass exhibiting mild contrast enhancement. The lesion involves the right cerebral hemisphere, predominantly the parietal region, and results in severe mass effect with leftward deviation of the falx cerebri. The intracranial component measures at least 2.9 × 1.9 × 1.7 cm.

Extracranially, extending from the calvarium and involving the osseous structures, there is multifocal palisading and spiculated periosteal reaction. A large soft tissue mass effect is noted adjacently, projecting over the surrounding soft tissues and temporal musculature, with caudal and cranial extension. Cranially, the lesion involves both frontal bones and, on the right side, progresses along the dorsal orbital wall into the periorbital and supraorbital regions.

In the right periorbital and supraorbital regions, the lesion causes marked mass effect with compression and distortion of the right globe, resulting in significant right-sided exophthalmos.

Both frontal sinuses are occupied by the mass effect.

The left globe, as well as the left periorbital and retrobulbar spaces, are within normal limits.

The nasal cavities and nasal turbinates are within normal limits.

The cribriform plate is intact.

The oropharynx and nasopharynx are within normal limits.

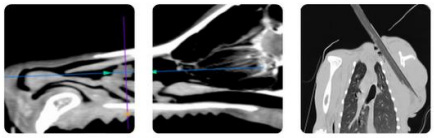
The tympanic cavities and external auditory canals are within normal limits.

Not all teeth are included within the field of view. The Triadan 108 is suspected fractured with retained root fragments.

The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal and mandibular lymph nodes are unremarkable.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Teleradiology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

**PATIENT**

Joseph Schwanger

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Male

**AGE**

7Y

**WEIGHT**

76lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Burge

**HOSPITAL NAME**

Wilson Veterinary Hospital

**REFERRING VET**

Dr. Gryspeerd

**INVOICE**

73138

**DATE**

12-29-25

## COMPUTED TOMOGRAPHIC DIAGNOSIS

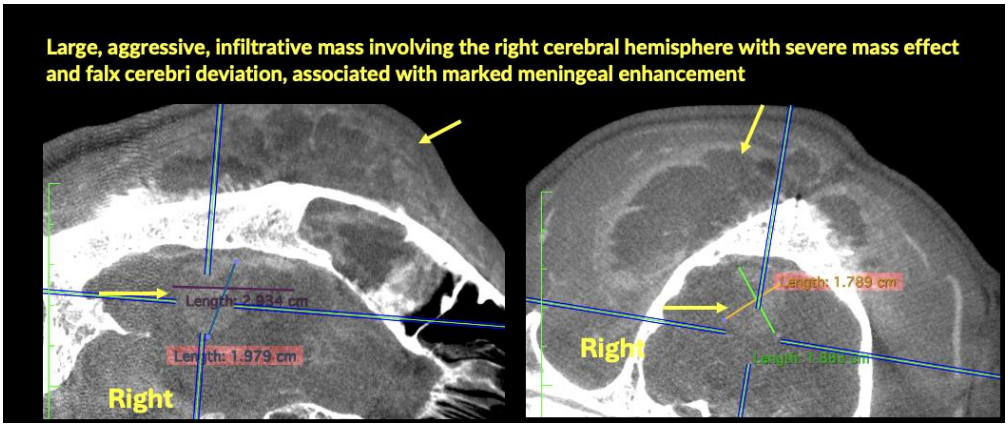
- Large, aggressive, infiltrative mass involving the right cerebral hemisphere with severe mass effect and falx cerebri deviation, associated with marked meningeal enhancement.
- Extensive extracranial and calvarial involvement characterized by multifocal spiculated and palisading periosteal reaction, with invasion of the frontal bones and right orbital region, resulting in severe right-sided exophthalmos.
- Bilateral frontal sinus occupation by the mass effect.
- The primary differential diagnoses include an aggressive neoplastic process, such as a primary intracranial tumor with secondary osseous invasion, or alternatively a primary extracranial lesion with intracranial extension, for example a meningioma, cranial sarcoma, multilobular tumor of bone, or other malignant neoplasia.
- Suspected fractured with retained roots of the Triadan 108.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings demonstrate a large, aggressive lesion with both intracranial and extracranial components, causing severe mass effect on the right cerebral hemisphere and significant distortion of adjacent osseous and right orbital structures. The degree of parenchymal compression and falx deviation correlates with the patient's recent onset of seizures.

The extensive periosteal reaction, osseous involvement, and infiltrative behavior are most consistent with an aggressive neoplastic process.

Considering the aggressive nature of the detected lesions, the prognosis is unfavorable; therefore, further diagnostic and therapeutic options should be discussed with caution. Palliative management may be discussed with the owner.



**PATIENT**

Joseph Schwanger

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Male

**AGE**

7Y

**WEIGHT**

76lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Burge

**HOSPITAL NAME**

Wilson Veterinary Hospital

**REFERRING VET**

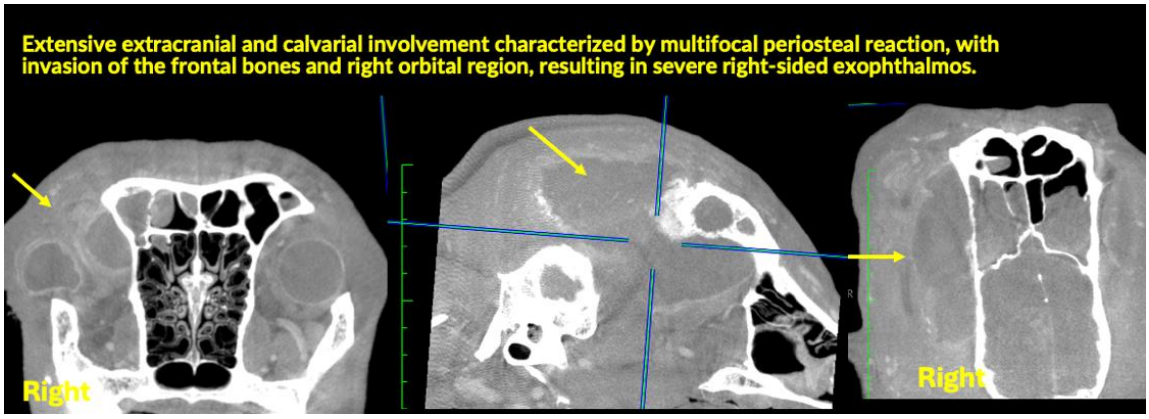
Dr. Gryspeerd

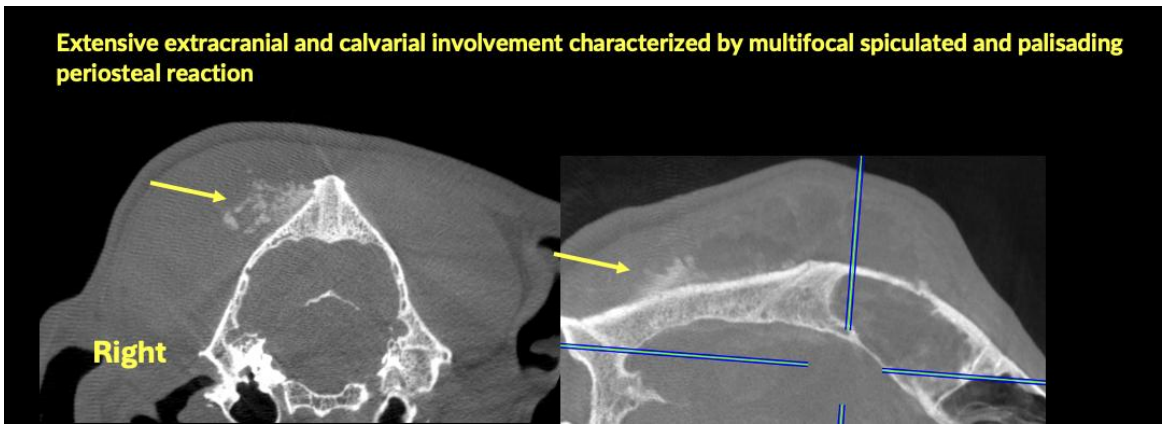
**INVOICE**

73138

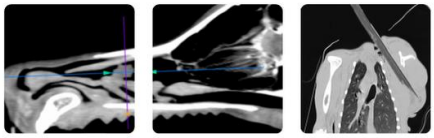
**DATE**

12-29-25




SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Teleradiology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

**PATIENT**

Joseph Schwanger

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Male

**AGE**

7Y

**WEIGHT**

76lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Burge

**HOSPITAL NAME**

Wilson Veterinary Hospital

**REFERRING VET**

Dr. Gryspeerd

**INVOICE**

73138

**DATE**

12-29-25

**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