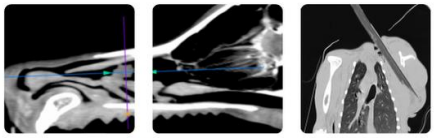


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Leo Ryan

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13Y, 1M

WEIGHT

11.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Green

HOSPITAL NAME

Healing Spirit Animal Wellness

REFERRING VET

Sarah Green

INVOICE

73701

DATE

2-11-26

PRESENTING CLINICAL SIGNS

- History of head shaking and intermittent pawing at face. Orofacial pain syndrome suspected. Partial improvement with Gabapentin, no improvement (or worsening) noted following dental extractions.
- previous scan performed 2/23/21 noted a 'suspected supranumerary tooth caudal to 209'

Abnormal PE/Chem/CBC/UA Results: Lacerated left pinna, repaired surgically prior to CT, today, NSF othrwise

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head is provided for review totaling 3 series. One pre-contrast series of the head bone algorithm. Two post-contrast series of the head, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

There is a small, extra-axial, mildly contrast-enhancing mass located along the dorsal calvarium, slightly right* of midline. The lesion causes mild focal compression of the adjacent right cerebral hemisphere and mild focal deviation of the falx cerebri. The mass measures approximately 8.0 × 3.9 mm.

A second, rounded, well-defined suspected lesion is identified in the region of the caudal cranial fossa, at the level of the pons. This lesion is best visualized on sagittal reformatted images due to beam-hardening artifact from the overlying calvarium. It measures approximately 1.0 cm in length. Assessment is mildly limited in this region.

No evidence of ventriculomegaly.

There is irregular thickening of the dorsal wall of the nasopharynx, ventral to the basihyoid bone, resulting in mild luminal narrowing. The lesion measures approximately 1.1 cm in length.

The nasal cavities, turbinates, and cribriform plate are within normal limits.

Triadans 401, 402, 403, and 407 are absent.*

Mild osseous resorption is noted in the right * incisive mandibular bone. No significant alveolar lysis, aggressive dental resorptive lesions, or enamel abnormalities are identified in the remaining region.

Caudal to the left maxilla, at the level of the left zygomatic gland and not clearly embedded within the maxillary bone, there is a mildly irregular mineral-attenuating structure measuring approximately 5.2 × 4.9 mm.

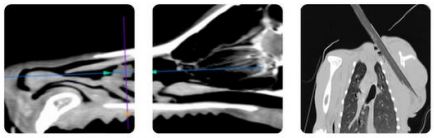
The tympanic bullae and external auditory canals are within normal limits.

The globes and retrobulbar spaces are unremarkable.

The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal and mandibular lymph nodes are within normal limits.

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



PATIENT

Leo Ryan

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13Y, 1M

WEIGHT

11.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Green

HOSPITAL NAME

Healing Spirit Animal Wellness

REFERRING VET

Sarah Green

INVOICE

73701

DATE

2-11-26

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Small extra-axial dorsal calvarial mass located slightly right *of midline, resulting in mild focal compression of the adjacent right cerebral hemisphere and mild deviation of the falx cerebri. The primary differential diagnosis is meningioma. Additional differential considerations include other extra-axial neoplasms such as lymphoma, and less likely granulomatous disease.
- A second suspected intracranial rounded lesion is identified in the region of the caudal cranial fossa at the level of the pons, best visualized on sagittal reformatted images. Differential diagnoses include additional extra-axial neoplasia, metastatic disease, or less likely artifact-related pseudo lesion.
- Irregular dorsal nasopharyngeal wall thickening resulting in mild luminal narrowing. Differential diagnoses include inflammatory nasopharyngitis, lymphoid hyperplasia lesion or infiltrative neoplasia (lymphoma).
- Mineral-attenuating structure caudal to the left maxilla measuring approximately 5.2 × 4.9 mm. Differential considerations include retained tooth fragment, ectopic or supernumerary tooth, dystrophic mineralization, or sialolithiasis. Correlation with previous imaging findings is recommended.
- Triadan 401, 402, 403, and 407 are absent. Mild mandibular incisive bone resorption without evidence of aggressive dental disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings demonstrate multiple lesions, which may or may not be associated with one another. These abnormalities could be contributing to the patient's current clinical signs and may represent potential triggers for the reported orofacial pain syndrome. Particular consideration should be given to the intracranial lesions.

The primary clinically significant finding is a small extra-axial dorsal calvarial mass, most consistent with a meningioma. The mild mass effect and focal deviation of the falx cerebri may correlate with behavioral changes, discomfort, or other neurologic manifestations.

The suspected second lesion within the caudal cranial fossa requires cautious interpretation due to regional beam-hardening artifact. MRI is recommended for improved characterization of both lesions, particularly to confirm multiplicity and to better assess potential brainstem involvement.

The mineralized structure located caudal to the left maxilla may correlate with the previously reported suspected supernumerary retained tooth. However, the lesion is not clearly embedded within the maxillary bone. Therefore, additional differential diagnoses should be considered, including sialolithiasis or dystrophic mineralization.

The nasopharyngeal wall thickening is mild but may contribute to upper airway discomfort. Endoscopic evaluation with biopsy may be considered as a next diagnostic step.

TECHNICAL COMMENTS

*The first two sequences demonstrate inversion of the lateral marker, as determined based on the clinical history of a prior dental injury. In the third sequence, the dental lesion is identified on the left side, and this sequence was therefore used as the reference for establishing the correct laterality of the examination.

PATIENT

Leo Ryan

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13Y, 1M

WEIGHT

11.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Green

HOSPITAL NAME

Healing Spirit Animal Wellness

REFERRING VET

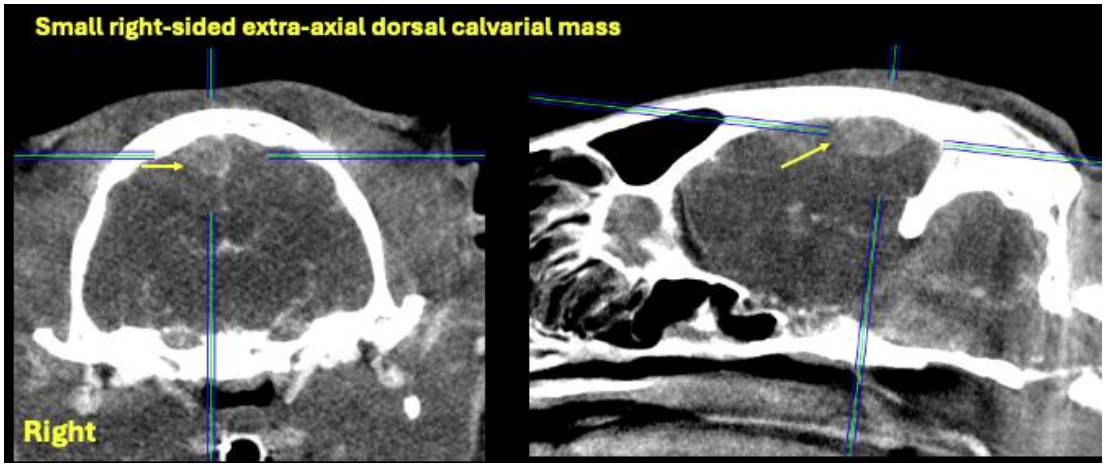
Sarah Green

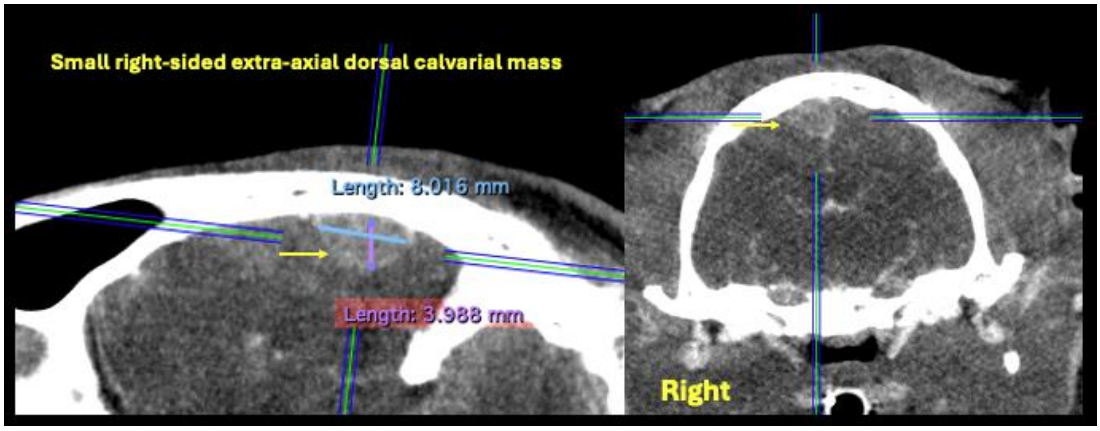
INVOICE

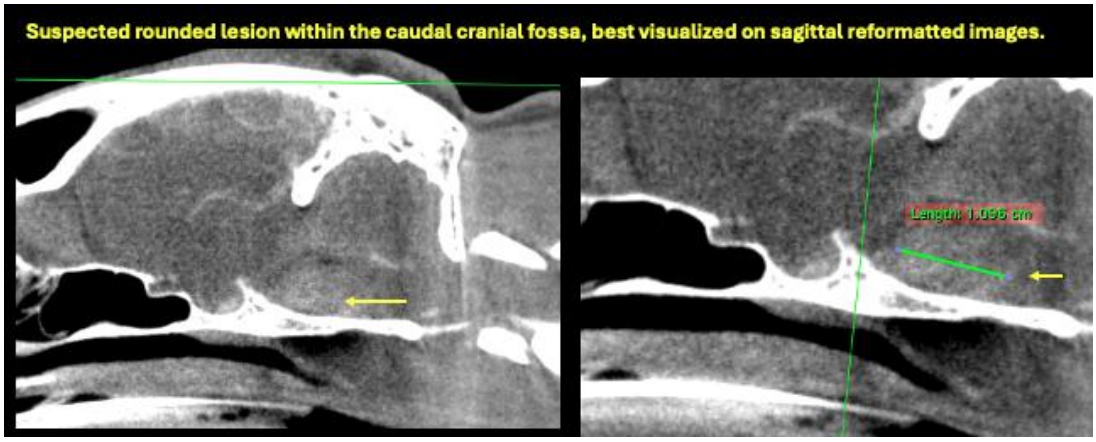
73701

DATE

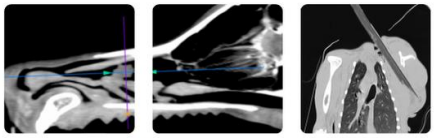
2-11-26







SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Teleradiology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Leo Ryan

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13Y, 1M

WEIGHT

11.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Green

HOSPITAL NAME

Healing Spirit Animal Wellness

REFERRING VET

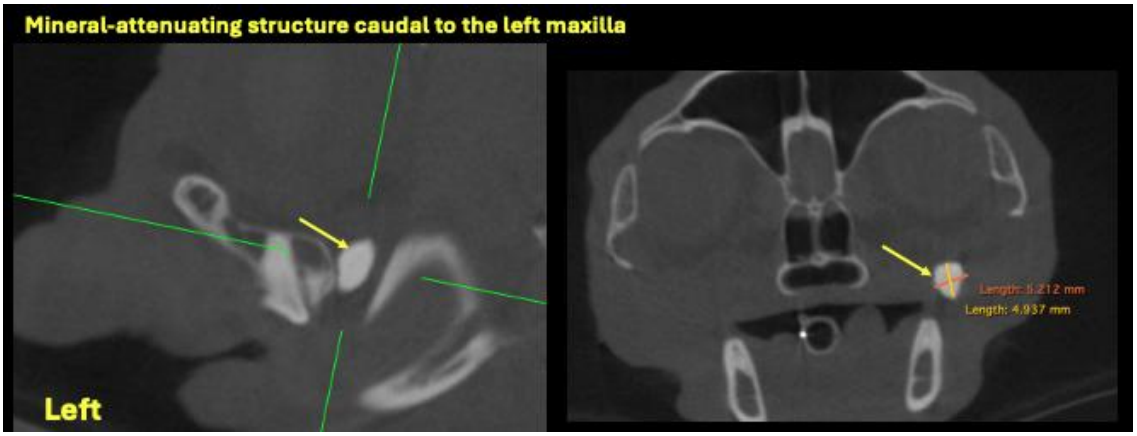
Sarah Green

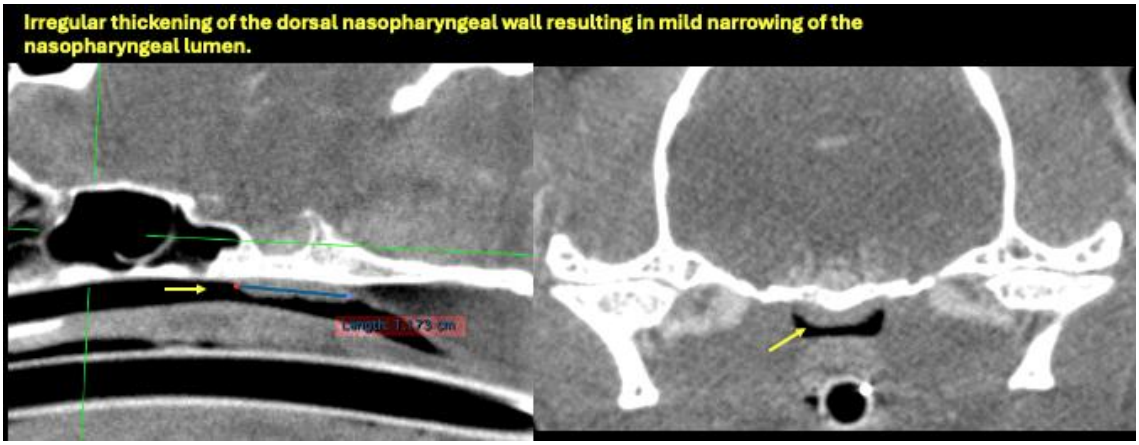
INVOICE

73701

DATE

2-11-26





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