



## PATIENT

Rex #33341C-CT Fares  
Coventry Veterinary  
Clinic

## SPECIES

Canine

## BREED

French Bulldog

## SEX

MN

## AGE

1Y, 10M

## WEIGHT

29lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Pete Bashara, DVM

## HOSPITAL NAME

Gentle Doctor Animal  
Hospitals

## REFERRING VET

Pete Bashara, DVM

## INVOICE

73724

## DATE

2-12-26

## PRESENTING CLINICAL SIGNS

- Multiple bouts of peri-ocular swelling in the last 45 days with response to NSAID and steroid therapy including topical ocular drops and non-targeted steroids.
- First on the right side - now on left side
- Most recent issue earlier this week with response to medications but not resolved at imaging
- This episode also has oral pain reluctance vs decreased ability to open the mouth
- Imaging today to assess for retro bulbar changes as well as possible myositis symptoms

Abnormal PE/Chem/CBC/UA Results: Unremarkable from RDVM IOP was initially increased but quickly normalizes with medications

## 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

The masticatory muscles are bilaterally symmetrical in size and attenuation on pre-contrast images. No focal hypoattenuation, mineralization, or asymmetry is identified. On post-contrast images, the masticatory muscles demonstrate homogeneous and symmetrical contrast enhancement. Their enhancement pattern is comparable bilaterally and similar to that of the digastric muscles.

The globes, retrobulbar spaces, and adjacent orbital soft tissues are within normal limits. No retrobulbar mass, fluid collection, or abnormal contrast enhancement is identified.

The nasal cavities and turbinates are within normal limits. Aberrant turbinates are noted within the right choana, considered an incidental finding.

The cribriform plate is intact.

Supranumerary maxillary teeth are present, possibly representing retained deciduous teeth (Triadan 501 and 601). Triadan 311 and 411 are absent.

The oropharynx and nasopharynx are within normal limits. The frontal sinuses are unremarkable.

No intracranial mass effect, falx cerebri shift, or ventriculomegaly is identified.

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

The temporomandibular joints are bilaterally congruent.

The left medial retropharyngeal lymph node and left mandibular lymph nodes are mildly enlarged compared to the contralateral side. The right medial retropharyngeal and right mandibular lymph nodes are within normal limits.

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



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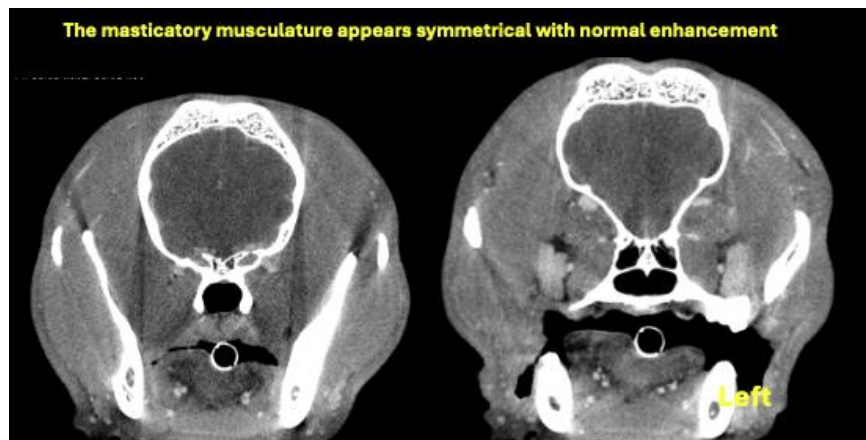
## COMPUTED TOMOGRAPHIC DIAGNOSIS

- The retrobulbar spaces and globes are within normal limits.
- The masticatory musculature appears symmetrical with normal attenuation and contrast enhancement.
- Mild enlargement of the left medial retropharyngeal and left mandibular lymph nodes, consistent with mild reactive lymphadenopathy.
- Possible retained deciduous maxillary teeth (Triadan 501 and 601).
- Absence of Triadan 311 and 411.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT examination does not demonstrate retrobulbar changes or imaging evidence of masticatory muscle inflammation. It is important to note that early or immune-mediated masticatory myositis may not produce detectable structural changes on CT. Therefore, a normal CT study does not definitively exclude this condition.

If clinical suspicion for masticatory myositis persists, serologic testing for type 2M antibodies is recommended. If clinical signs recur or worsen, MRI may be considered for more sensitive evaluation of soft tissue and muscle changes.





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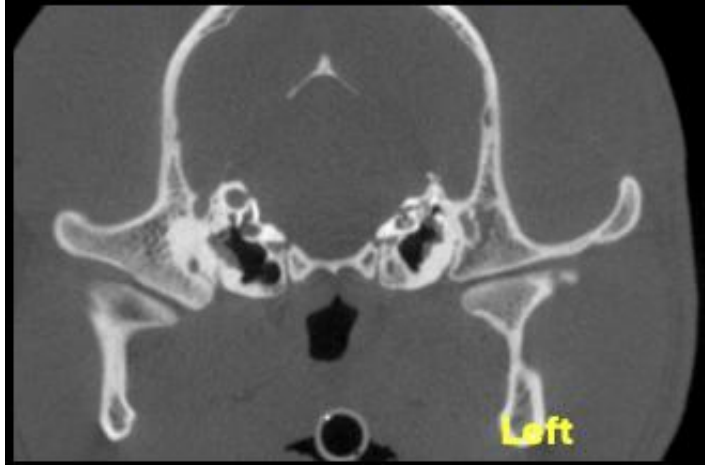
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**The left medial retropharyngeal  
lymph node is mildly enlarged**



**The temporomandibular joints are bilaterally congruent**





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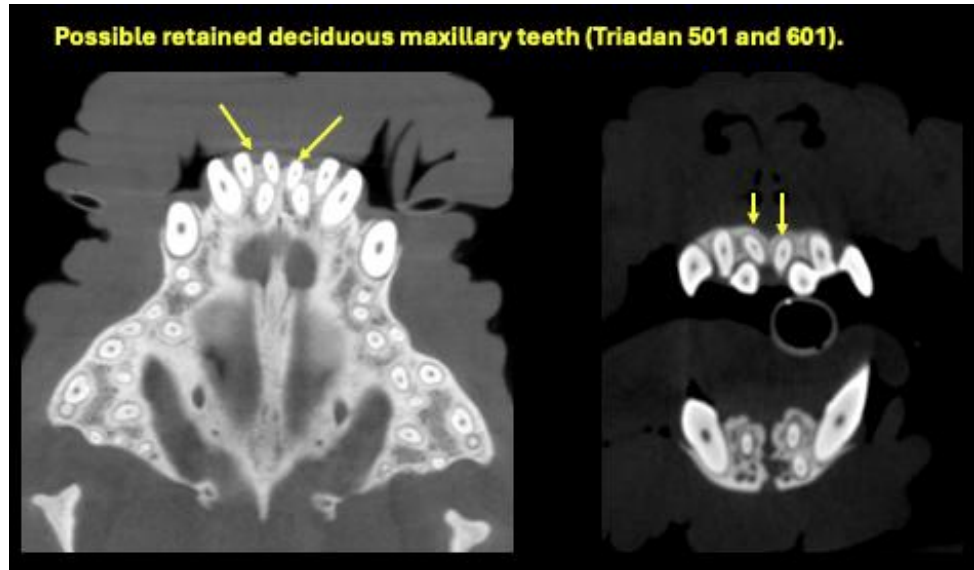
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)