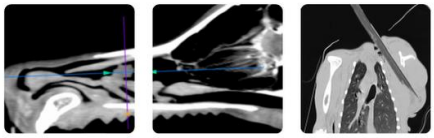

PATIENT

Diva Ortiz

SPECIES

Canine

BREED

Cane Corso

SEX

Female

AGE

5Y

WEIGHT

77lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jose Luis Alvarado Bruno, CT TV

HOSPITAL NAME

Veterinary Image Center

REFERRING VET

Dr. Carrillo, DVM

INVOICE

73817

DATE

2-18-26

PRESENTING CLINICAL SIGNS

- Possible stomach FB. Owner described since January when he came back from vacation she was drooling excessively with some blood and fetid smell. Also, she was dropping food off and gagging or chocking during chewing. Difficult swallowing. Since January there has been significant weight loss

Abnormal PE/Chem/CBC/UA Results: CBC: WBC 22.1 (4-14.1) NEU 13.7 (2.3-9.8) MONO 1 (0-0.4) EOS 6.1 (0-0.8) CHEM: GLU 112 (60-110)

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & NECK

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

COMPUTED TOMOGRAPHIC FINDINGS

HEAD & NECK

There is marked, diffuse thickening of the tongue, predominantly involving the body and root. The affected tissue demonstrates heterogeneous contrast enhancement, characterized by a thick, intensely enhancing peripheral rim and a centrally hypoattenuating, amorphous region. The normal lingual muscular architecture is effaced. No radiopaque foreign material is identified.

The soft palate, nasopharynx, tonsils, thyroid cartilage, and hyoid apparatus are unremarkable.

The temporomandibular joints are bilaterally congruent. The maxillary and mandibular osseous structures are normal in contour and mineral attenuation. No abnormalities are identified in the calvarium or other cranial bones.

Triadan 305 is absent. The remaining teeth are present and unremarkable.

There is subjective reduction in the volume of the masseter and temporal muscles, without abnormal contrast enhancement.

The nasal cavities and turbinates are within normal limits. The frontal sinuses are normally aerated. The cribriform plate is intact.

The tympanic bullae are air-filled with normal wall thickness and contour. The external auditory canals are unremarkable.

The globes and retrobulbar spaces are normal.

The brain parenchyma is symmetrical with normal attenuation. No intracranial mass effect is observed. No midline shift or ventriculomegaly is identified.

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

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

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The thyroid glands are within normal limits.

The cervical trachea and esophagus are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

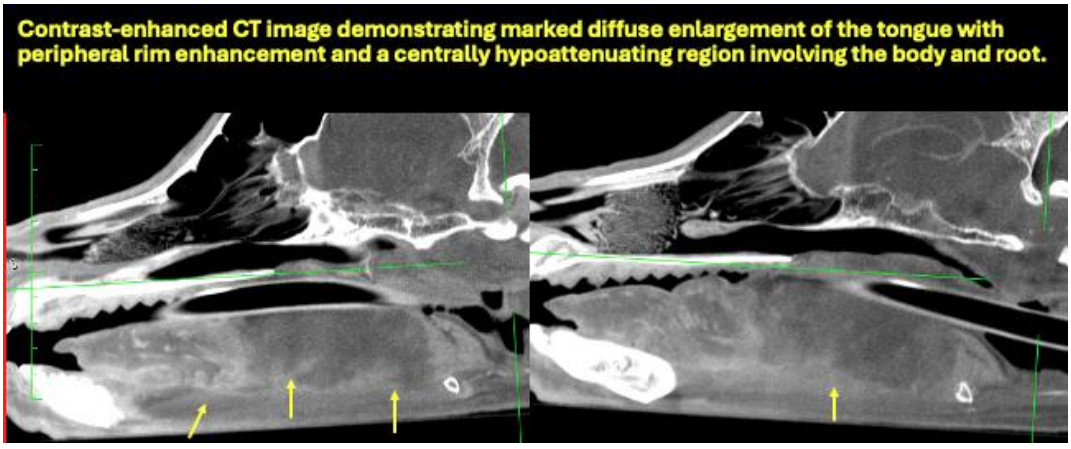
- Marked diffuse enlargement of the tongue, predominantly affecting the body and root, with heterogeneous contrast enhancement characterized by peripheral rim enhancement and a centrally hypoattenuating region. Differential diagnoses include severe glossitis (inflammatory or infectious process) and infiltrative lingual neoplasia.
- Subjective reduction in masticatory muscle volume without abnormal contrast enhancement, possibly secondary to chronic disuse and weight loss. Masticatory muscle myositis is considered less likely as a differential diagnosis.
- No evidence of regional lymphadenopathy or osseous involvement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings demonstrate marked diffuse thickening of the tongue with heterogeneous contrast enhancement and central hypoattenuation. Differential diagnoses include severe glossitis (inflammatory or infectious process) or infiltrative lingual neoplasia. Consider a fine-needle aspiration or incisional biopsy for cytology and histopathology. Consider a careful oral examination under anesthesia to evaluate for penetrating injury or mucosal disruption.

Retrospective clinical studies have demonstrated that glossitis in dogs may present either as a primary disease or as a manifestation of underlying systemic or localized medical conditions.

Although the reduction in masticatory muscle volume is most likely secondary to chronic disuse and weight loss, clinical correlation is recommended. Given the current clinical signs, masticatory muscle myositis cannot be completely excluded. Serologic testing for type 2M antibodies and/or muscle biopsy may be considered to definitively rule out masticatory muscle myositis.



Contrast-enhanced CT image demonstrating marked diffuse enlargement of the tongue with peripheral rim enhancement and a centrally hypoattenuating region involving the body and root.

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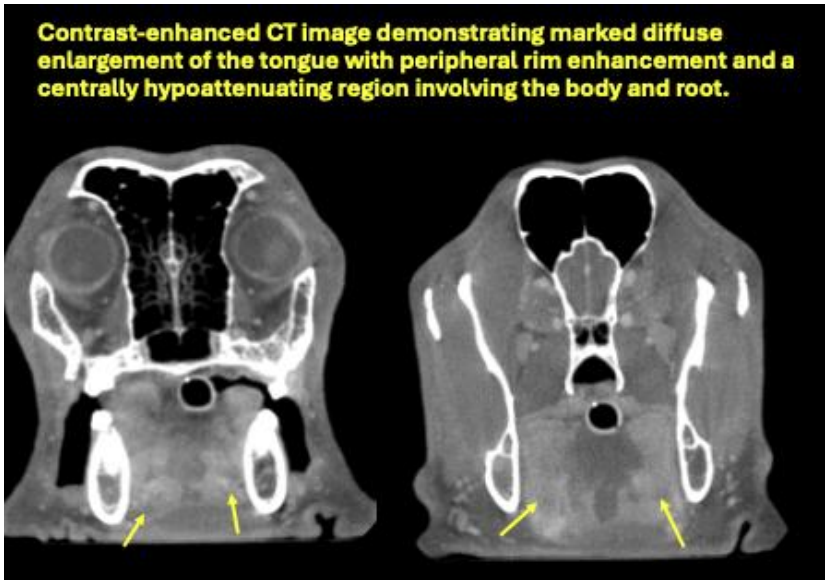

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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