



PATIENT

Pogi Koegel

SPECIES

Canine

BREED

Brussels Griffon

SEX

MN

AGE

9

INTERPRETED BY

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

HOSPITAL NAME

Advanced Animal
Imaging

REFERRING VET

Blair Hollowell

INVOICE

56615

DATE

2-7-23

PRESENTING CLINICAL SIGNS

Difficulty swallowing with possible congestion, tenses neck and head intermittently throughout the day and especially when trying to eat. Sedated exam 1/26 significant inflammation of all oropharyngeal tonsils and surrounding structures.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD AND NECK

A high-resolution pre- and post-contrast CT study of the head and cervical soft tissue are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head

Mild to moderate hypoattenuating fluid soft tissue material that is confluent to the nasal turbinates with mild loss of the turbinate architecture is seen ventrally within the nasal cavities and more prominent on the right side.

Multiple teeth are absent such as 105, 107, 108, 110, 205 and 210. Moderate horizontal and vertical bone loss is seen throughout the mandibular and maxillary arcades. More demarcated geographic lesions are evident adjacent to the tooth root of 102, 103 maxillaries incisors, 104 & 204 maxillary canine, and 206, 208 maxillary premolars.

There is an abnormal position of the 104, 204 maxillary canine roots throughout adjacent to the nasal cavity, and they have abnormal shape, however, are not presenting a widening of their periodontium.

The retrobulbar spaces normal.

Cribriform plate is normal.

Bilaterally, the temporomandibular joints are congruent.

The calvarium is dome-shaped and the frontal sinuses are absent.

The brain is normal, no mass effect.

The tympanic bullae and external auditory canal are normal.

The skull osseous bone is abnormal in shape and asymmetrical, however no signs of fracture or aggressive osseous disease are seen.

Cervical Soft Tissue

Both palatine tonsils are thickened and mildly heterogeneously enhanced in the post-contrast series. The right tonsil measures 0.68cm in thickness and the left tonsil measures 0.48cm in thickness. No mass effect is seen.

The soft palate is diffusely thickened. No mass effect is seen. The soft palate measures 0.63cm in thickness.



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The hyoid apparatus is normal.

The salivary glands are normal in size, shape and attenuation.

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The thyroid lobes are normal in size, shape, and attenuation.

The retropharyngeal lymph nodes are asymmetrical, the right is mildly enlarged and mildly heterogeneously enhanced in the post-contrast series. The left retropharyngeal lymph node is normal. RRFL measures approximately 3.3cm length x 0.67cm thickened. LRFL measures approximately 1.8cm length x 0.5cm thick.

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The right mandibular lymph nodes are mildly enlarged in comparison to the contralateral.

The cervical esophagus is moderately distended by intraluminal gas. An endotracheal tube is seen inside the proximal esophagus.

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On the edge of the exam, a mild reduction of the luminal trachea is seen in the thoracic inlet, and possible main bronchial collapse.

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The cervical spine is normal.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral tonsillar thickness and enlargement, no mass effect. Differential diagnosis includes inflammation or reaction correlated to infectious stimuli.
- Soft tissue palate thickness, pharyngitis. Differential diagnosis laryngitis, laryngeal edema.
- Mild left side retropharyngeal and mandibular lymphadenopathy, reactive.
- Severe diffuse periodontal disease, more exacerbated at Triadan 102, 103, 104, 204, 206 and 208.
- Abnormal shape of the 104, 204 root teeth, incidental, or old trauma.
- Mild destructive rhinitis and mild nasal fluid accumulation.
- Dynamic tracheal collapse and bronchomalacia.
- Esophageal intubation.
- Dome-shaped calvarium and absent frontal sinuses consistent with brachycephaly.
- Skull osseous asymmetry, congenital or post traumatic.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The tonsillar inflammation, pharyngitis, and laryngitis could be correlated to severe periodontal disease. Consider remotely an infiltrative neoplastic disease, for example, lymphoma in the palatine tonsils as a differential diagnosis. No mass effect is seen in the palatine tonsils.

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Concomitant infectious rhinitis, such as bacterial, and less likely fungal. A correlation with oral/dental exams is suggested.

Odontology consult, medical treatment with antibiotics, pain management, and esophagitis treatment are recommended.

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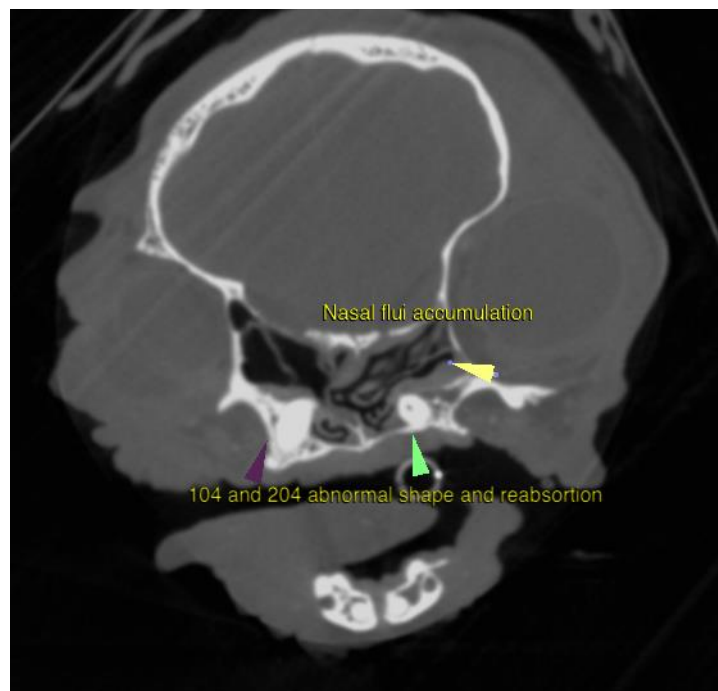
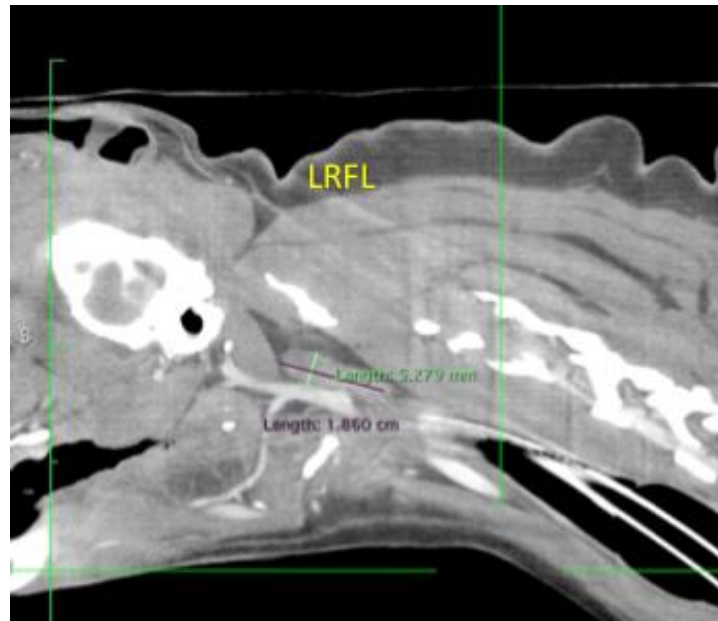
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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