



**PATIENT PRESENTING CLINICAL SIGNS**

Rue Nagy  
 Pet has a several year history of intermittent head/neck/ facial pain with reluctance to (or painful when) yawn, that always responded to steroids. 2M antibody negative. Starting about 6 weeks ago, pet developed bilateral facial paralysis. About 3 weeks ago, pet underwent a dental for full oral exam and otic exam, and a R tympanic membrane rupture was noted. Treatment for bacterial otitis was started and the infection improved, but the rupture persists. Currently pet has full bilateral facial paralysis- unable to blink (using nictitians only), lips paralyzed, no facial sensation, drooling. Primarily concerned with Primary Secretory Otitis Media, TMJ disorder, syringomyelia and/or Chiari-like malformation.  
 Abnormal PE/Chem/CBC/UA Results: NSF

**SPECIES**

Canine

**BREED**

Cavalier King Charles Spaniel

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD**

A high resolution pre- and post-contrast CT study of the head are provided for review. One pre-contrast series of head and one post-contrast series of the head.

**SEX**

FS

Moderate hypoattenuating fluid attenuating material partially fills the air space of the right tympanic bulla. In addition, there is mild thickening of the right petrous temporal bone. The horizontal and proximal portion of the right ear canal lumen is narrowed because of the thickening and irregularity of its epithelial lining.

**AGE**

9 Years, 3 Months

The left tympanic bulla and ear canal are normal.

The temporomandibular joints are congruent and normal.

**INTERPRETED BY**

Mild hypoattenuating fluid material is accumulated in the ventral portion of the nasal cavity. Nasal septum deviation is seen; incidental.

The nasopharynx and larynx are normal except for mild generalized laryngeal soft tissue thickening.

The retrobulbar spaces normal.

**HOSPITAL NAME**

Wilson Veterinary Hospital

The cribriform plate is normal.

The frontal sinuses are rudimentary as typical in brachycephalic dogs.

**REFERRING VET**

Dr. Amy Hawkins

Caudal fossa crowding, mild foraminal cerebellar herniation, steep supraoccipital bone, collapse of the cisterna magna, and medullary kinking are noted.

A 2 mm sized mineral attenuating nodule is seen superimposed onto the left frontal lobe of encephalic region and measures 0.2cm. (ring artifact due to detector miscalibration, plain and post contrast studies).

**INVOICE**

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No evidence of ventricle dilation of the brain.

Normal atlantoaxial junction. No evidence of displacement of the odontoid peg

**DATE**

2-9-23



**PATIENT**

Rue Nagy

Diffuse horizontal and vertical bone loss of the maxillary alveolar bone is noted. The triadans 101, 201, 205, 106, 206 and 210 are absent. More demarcated alveolar lysis is seen adjacent to the triadans 107, 108, 208, and 209.

The medial retropharyngeal lymph nodes present mild symmetric enlargement.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**BREED**

Cavalier King Charles Spaniel

- Right sided otitis externa and media. The thickness of the petrous portion of the temporal bone could be an indirect sign of concurrent chronic otitis interna.
- Moderate periodontal disease. Absent triadans 101, 201, 205, 106, 206 and 210.
- Normal temporomandibular joints
- Brachycephaly and Chiari like malformation with craniocervical stenosis and cerebellar herniation secondary to generalized caudal shift of the neuroparenchyma.
- No syringomyelia seen at this point – please note the limited sensitivity of CT.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

FS

Right sided chronic otitis externa, media, and indirect signs of chronic otitis interna are noted. This could correlate with the facial paralysis. However, the most common form of facial neuropathy is idiopathic which might explain the bilateral occurrence better in this patient.

**AGE**

9 Years, 3 Months

Brachycephaly and Chiari like malformation with complex craniocervical stenosis and cerebellar herniation secondary to generalized caudal shift of the neuroparenchyma are present too. Syringomyelia is not overtly seen but cannot be ruled out based on the CT study alone.

**INTERPRETED BY**

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

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Wilson Veterinary Hospital

**REFERRING VET**

Dr. Amy Hawkins

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**PATIENT**

Rue Nagy

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**BREED**

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Spaniel

**SEX**

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**AGE**

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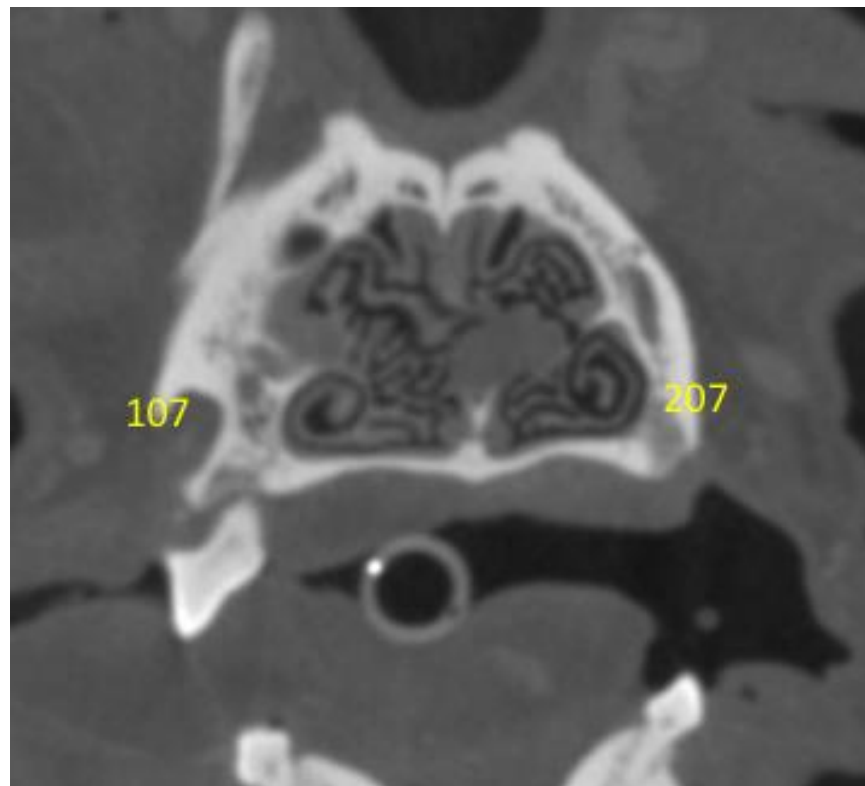
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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