



PATIENT

Gomer Akin

SPECIES

Canine

BREED

Saint Bernard

SEX

Male Neutered

AGE

7Y

WEIGHT

68.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

LAN

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Dr. Emily Riddle

INVOICE

74162

DATE

3-11-26

PRESENTING CLINICAL SIGNS

7 yo MN St Bernard presented to hospital with labored breathing and with acute history of oral pain, soft tissue firm mass effect noted in the left side of the soft palate

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & NECK

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

COMPUTED TOMOGRAPHIC FINDINGS

HEAD & NECK

The soft palate is severely thickened, measuring approximately 2.4 cm (thick), and demonstrates a marked increase in volume associated a suspect of an ill-defined soft tissue mass effect centered in the nasopharyngeal region, more pronounced on the left side, extending into the parapharyngeal space. The margins of the lesion, particularly on the left side, are poorly defined. These changes result in marked narrowing and partial obstruction of the nasopharyngeal airway.

There is no evidence of osteolytic changes involving the hyoid apparatus.

The left medial retropharyngeal lymph node is enlarged and rounded.
The left mandibular lymph nodes are mildly enlarged.

The right medial retropharyngeal and mandibular lymph nodes are unremarkable

The thyroid glands are within normal limits.

The left tympanic cavity is filled with hypoattenuating fluid material and appears mildly expanded with irregular thinning of the osseous wall, although no definite cortical disruption is identified.
The right tympanic cavity is air-filled and unremarkable.

Both horizontal portions of the external auditory canals demonstrate irregular epithelial margins, mural thickening, luminal stenosis, and multiple linear mineralized foci along the canal walls.

The temporomandibular joints are incongruent bilaterally, with subchondral microcystic changes affecting the articular surfaces.

Triadan 110 and 310 are absent.

Within the left nasal cavity, there is mild loss of turbinate architectural detail in the mid-portion, without associated fluid accumulation. The right nasal cavity is unremarkable.

The frontal sinuses are normally aerated, and the cribriform plate is intact.

There is no evidence of intracranial mass effect.

The globes and retrobulbar spaces are unremarkable.



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The mandibular, parotid, and zygomatic salivary glands are within normal limits.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Severe thickening of the soft palate. Differential diagnoses include severe pharyngitis or infiltrative disease, resulting in significant nasopharyngeal airway obstruction.
- Suspected ill-defined soft tissue mass effect in the nasopharyngeal region, predominantly on the left side, extending into the parapharyngeal space and resulting in marked nasopharyngeal airway obstruction*. Differential diagnoses include nasopharyngeal neoplasia (e.g., carcinoma, lymphoma, or sarcoma), severe inflammatory or granulomatous disease, and less likely a nasopharyngeal abscess.
- Enlargement of the left retropharyngeal and left mandibular lymph nodes, compatible with reactive lymphadenitis or metastatic lymphadenopathy.
- Left tympanic cavity fluid accumulation with mild bony expansion and thinning, compatible with otitis media, with possible chronic component.
- Chronic bilateral external otitis, characterized by epithelial irregularity, canal wall thickening, stenosis, and mineralization.
- Mild turbinate architectural loss in the left nasal cavity, nonspecific rhinitis (previous or active).
- Bilateral temporomandibular joint incongruity with subchondral microcysts, consistent with degenerative joint disease.
- Missing teeth: Triadan 110 and 310.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT examination reveals a severe thickening of the soft palate, and suspicion of a concurrent soft tissue mass effect involving the nasopharyngeal region and soft palate, predominantly affecting the left side, with extension into the parapharyngeal space and resulting in airway partial obstruction. Differential diagnoses include nasopharyngeal neoplasia (e.g., carcinoma, lymphoma, or sarcoma), severe inflammatory or granulomatous disease, and less likely a nasopharyngeal abscess.

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Further diagnostic evaluation is recommended, including endoscopic examination of the nasopharynx and biopsy or fine-needle aspiration (FNA) of the lesion for cytologic and/or histopathologic evaluation. Culture and cytology should also be considered if an infectious or inflammatory process is suspected.

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Additional findings include left-sided otitis media and chronic bilateral otitis externa.

There is also bilateral temporomandibular joint incongruity with subchondral microcysts, consistent with degenerative joint disease.

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TECHNICAL COMMENTS

*The overall quality of the examination is moderate for interpretation. Some imaging artifacts are present, along with reduced contrast enhancement in the post-contrast series, which limits the evaluation of soft tissue structures, including the nasopharyngeal lesion identified in this study.

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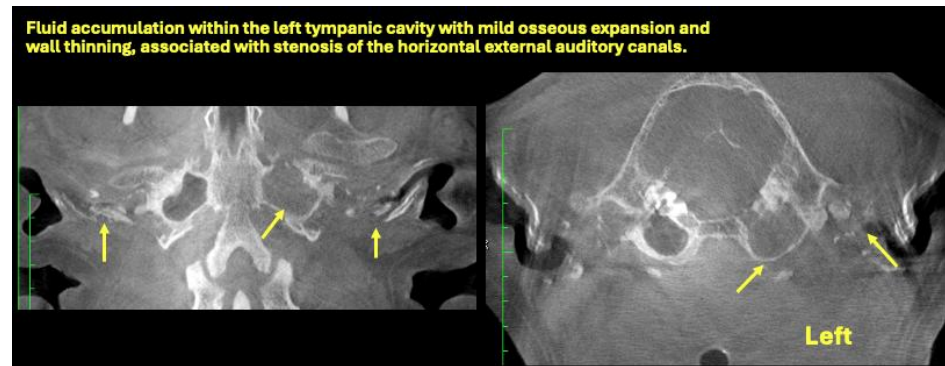
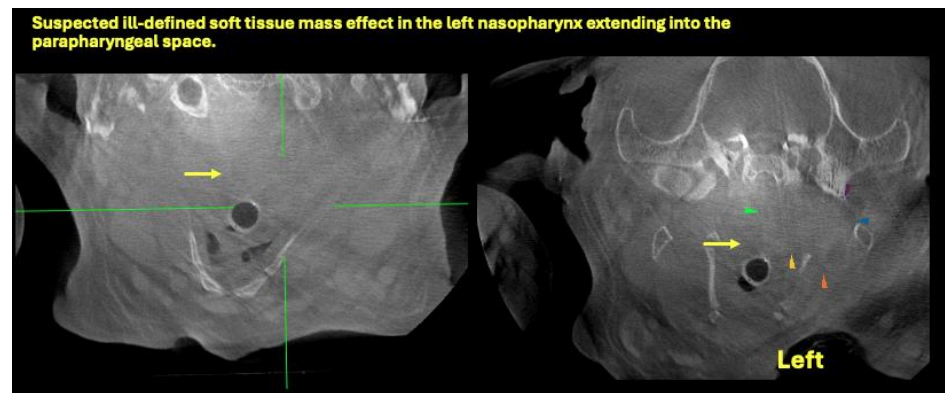
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Bilateral temporomandibular joint incongruity



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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