



PATIENT

Dixie Blinn

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

14

WEIGHT

14.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Allie

HOSPITAL NAME

Bell Parkway
Veterinary Hospital

REFERRING VET

Dr. Arianna Adams

INVOICE

14055

DATE

03/05/26

PRESENTING CLINICAL SIGNS

Acute exophthalmos right eye 5 days post dental. Dental performed 2/20/26- No improvement with anti-inflammatories. Severe dental disease and multiple teeth extracted. Sutures placed in the caudal 100 quadrant. Today 3/4- sutures removed per ophthalmologist and thick, sticky discharge from upper caudal 100 quadrant oozed out. Wanting to confirm no other causes of exophthalmos. Swelling seems to be improving post removing sutures and retropushing eye

Abnormal PE/Chem/CBC/UA Results: Exophthalmos

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

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

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

A large, multicameral, hypoattenuating structure with thin contrast-enhancing borders is identified within the ventrolateral orbital, periorbital, and retrobulbar regions of the right orbit. The lesion appears contiguous with the right zygomatic salivary gland and extends along the expected course of the zygomatic salivary ducts, tracking dorsally over the zygomatic arch.

This lesion produces marked mass effect, occupying the retrobulbar space and resulting in right-sided exophthalmos.

Due to the multicameral configuration of the lesion, precise measurement is challenging; however, the lesion measures at least 2.6 × 2.7 cm.

There is mild mediadorsal deformation of the right globe secondary to mass effect. The internal structures of the globe appear preserved.

The left retrobulbar space, left zygomatic gland, and left globe are unremarkable.

Multiple teeth are absent, associated with marked alveolar bone loss involving the maxilla and mandible, particularly in the region of Triadan 109 and 110, and within the maxillary incisor bone.

The remaining teeth identified are Triadan 304, 306, 309, 404, 407, and 409.

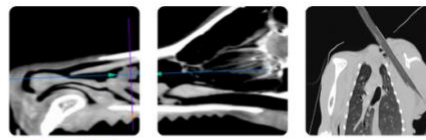
The nasal cavities and turbinate architecture are within normal limits.

The cribriform plate is intact.

The oropharynx, nasopharynx, and larynx are within normal limits.

The frontal sinuses are rudimentary, considered an incidental finding.

No evidence of intracranial mass effect, falx cerebri deviation, or ventriculomegaly.



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A discrete volume of gravity-dependent hypoattenuating fluid material is present within the right tympanic cavity. The left tympanic cavity is air-filled. The osseous contours are unremarkable. The external auditory canals are within normal limits.

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The temporomandibular joints are bilaterally congruent.

The mandibular salivary and parotid glands are within normal limits.

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The mandibular and medial retropharyngeal lymph nodes are mildly enlarged.

COMPUTED TOMOGRAPHIC DIAGNOSIS

SEX

Spayed Female

A large multicameral fluid-attenuating lesion is present within the right ventrolateral orbital and retrobulbar space, contiguous with the right zygomatic salivary gland and associated ductal system, resulting in marked mass effect and right-sided exophthalmos. The imaging features and anatomical distribution are most consistent with a right zygomatic salivary mucocele (sialocele). Differential diagnoses include associated sialadenitis, while a retrobulbar abscess is considered less likely.

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There is mild mediodorsal displacement of the right globe secondary to retrobulbar mass effect, with preservation of the intraocular structures.

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There is mild mediodorsal deformation of the right globe secondary to retrobulbar mass effect, with preservation of the intraocular structures.

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There is marked dental loss and severe alveolar bone resorption, compatible with advanced periodontal disease and prior dental extractions. Concurrent osteomyelitis cannot be completely excluded.

A small volume of fluid is present within the right tympanic cavity, most likely representing incidental fluid retention.

Mild enlargement of mandibular and medial retropharyngeal lymph nodes, most consistent with reactive lymphadenitis.

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Allie

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings demonstrate a large multicameral fluid-attenuating lesion associated with the right zygomatic salivary gland and its topographic ductal system, producing significant retrobulbar mass effect and secondary exophthalmos.

Based on the location, morphology, and topographic ductal association, the findings are most consistent with a zygomatic salivary mucocele (zygomatic sialocele). This condition may develop secondary to salivary duct obstruction, trauma, inflammation, or surgical manipulation, and the recent dental procedure and regional inflammation may represent a potential predisposing factor.

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The lesion results in extrinsic compression of the right globe, although the intraocular structures remain preserved.

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If clinically indicated, ultrasound-guided aspiration or cytologic evaluation may be performed to confirm the salivary origin of the lesion and exclude infection. Surgical management of the affected zygomatic gland may be considered.

The mild lymph node enlargement is most compatible with reactive lymphadenopathy associated with regional inflammation.



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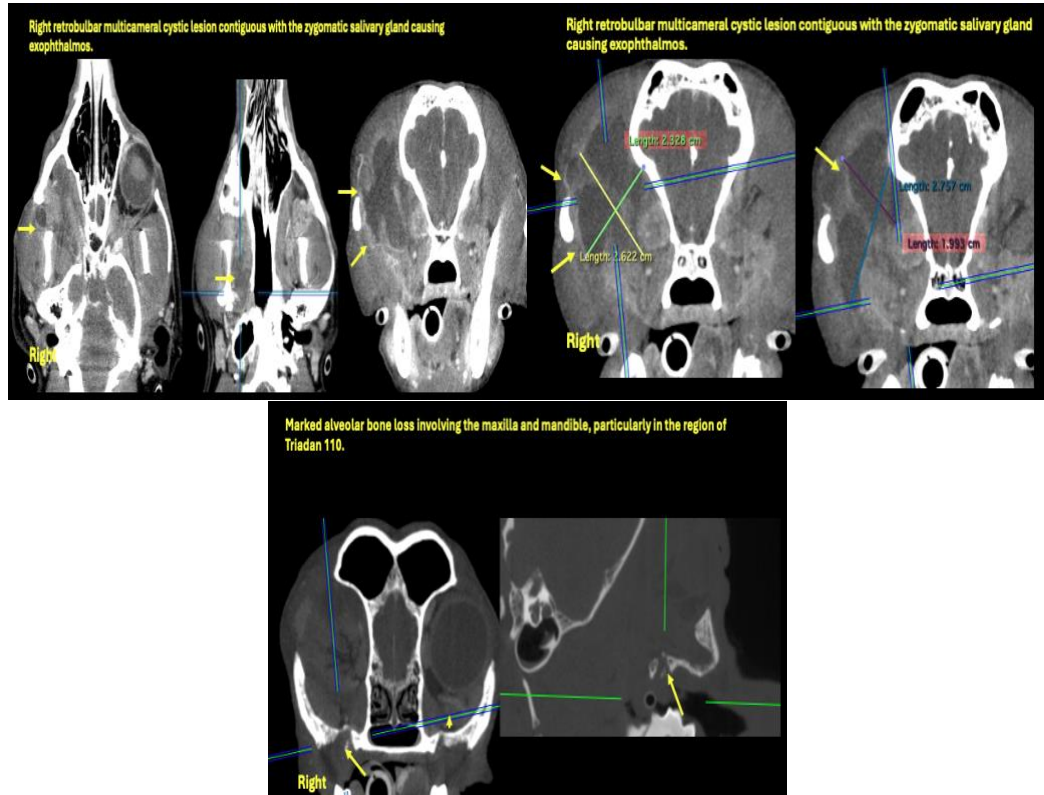
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com