



PATIENT

Zara Gran

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Spayed Female

AGE

3

WEIGHT

40 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary
Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

14047

DATE

03/04/26

PRESENTING CLINICAL SIGNS

- At the age of 1 was diagnosed with 'lock jaw' and was treated with prednisone and it 'cured' it. Then it happened again, and the prednisone did not help as much. 2mm antibody titer was recently negative. Her last steroid dose was about 3-4 weeks ago.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A pre- and post-contrast CT study of the head and thorax are provided for review totaling 3 series. One pre-contrast series of the head bone algorithm. One post-contrast series of the head, bone algorithm. One post-contrast series of the thorax, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

There is bilateral and symmetrical atrophy of the masticatory muscles, involving the masseter, temporalis, and medial pterygoid muscles. The digastric muscles are preserved. On post-contrast images, the affected muscles demonstrate mild heterogeneous contrast enhancement, most evident in the masseter muscles.

The temporomandibular joints are congruent, without evidence of subchondral sclerosis, osteophyte formation, or degenerative joint disease.

The mandible, maxilla, and zygomatic processes are intact, without evidence of osteolysis, osseous proliferation, or deformity.

No osseous lesions of the facial bones or calvarium are identified to suggest trauma or aggressive disease.

The hyoid apparatus and cricoid cartilage are unremarkable.

All teeth are present and within normal limits.

The nasal cavities and nasal turbinates are within normal limits.

An aberrant turbinate is present within the right choana, considered an incidental finding.

The frontal sinuses are unremarkable.

The cribriform plate is intact.

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

No intracranial mass effect, falx cerebri shift, or ventriculomegaly is identified.

The tympanic bullae and external auditory canals are within normal limits.

The globes and retrobulbar spaces are unremarkable.

There is mild enlargement of the medial retropharyngeal and mandibular lymph nodes, slightly more prominent on the right side.

THORAX



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The trachea and main bronchi are within normal limits.

A tiny elongated soft tissue attenuation structure is identified in the cranial mediastinum, compatible with a remnant thymus, considered incidental.

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The central tracheobronchial lymph node is mildly enlarged.

The sternal and cranial mediastinal lymph nodes are within normal limits.

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The pulmonary parenchyma demonstrates normal attenuation, with no evidence of pulmonary micronodules, nodules, or masses.

The bronchial tree demonstrates normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

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The cardiac silhouette and pulmonary vessels are within normal limits, with adequate contrast opacification.

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The pleural space, diaphragm, and thoracic wall are unremarkable.

The thoracic esophagus is unremarkable.

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There is discrete incomplete bridging vertebral endplate spondylosis deformans at C6-C7 and T4-T5.

A small metallic, non-obstructive foreign body is identified within the stomach.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

Bilateral, symmetrical atrophy of the masticatory muscles (masseter, temporalis, and medial pterygoid) with mild heterogeneous enhancement and preservation of the digastric muscles. Differential diagnoses include masticatory muscle myositis, chronic masticatory muscle myopathy.

No evidence of temporomandibular joint disease, maxillofacial osseous trauma or aggressive bone lesions.

Mild enlargement of the mandibular and medial retropharyngeal lymph nodes, likely reactive.

Mild enlargement of the central tracheobronchial lymph node, nonspecific.

Remnant thymus, incidental.

Tiny cervical and cranial thoracic spondylosis deformans.

Small metallic non-obstructive gastric foreign body.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

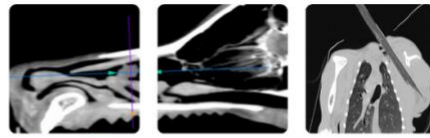
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The tomographic findings demonstrate bilateral symmetrical atrophy of the masticatory muscles, with relative preservation of the digastric muscles. This distribution is characteristic of masticatory muscle myopathy, most consistent with masticatory muscle myositis (MMM).

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Although the 2M antibody titer is reported as negative, false-negative results may occur, particularly in chronic stages of the disease or following recent corticosteroid therapy, which may suppress antibody levels.



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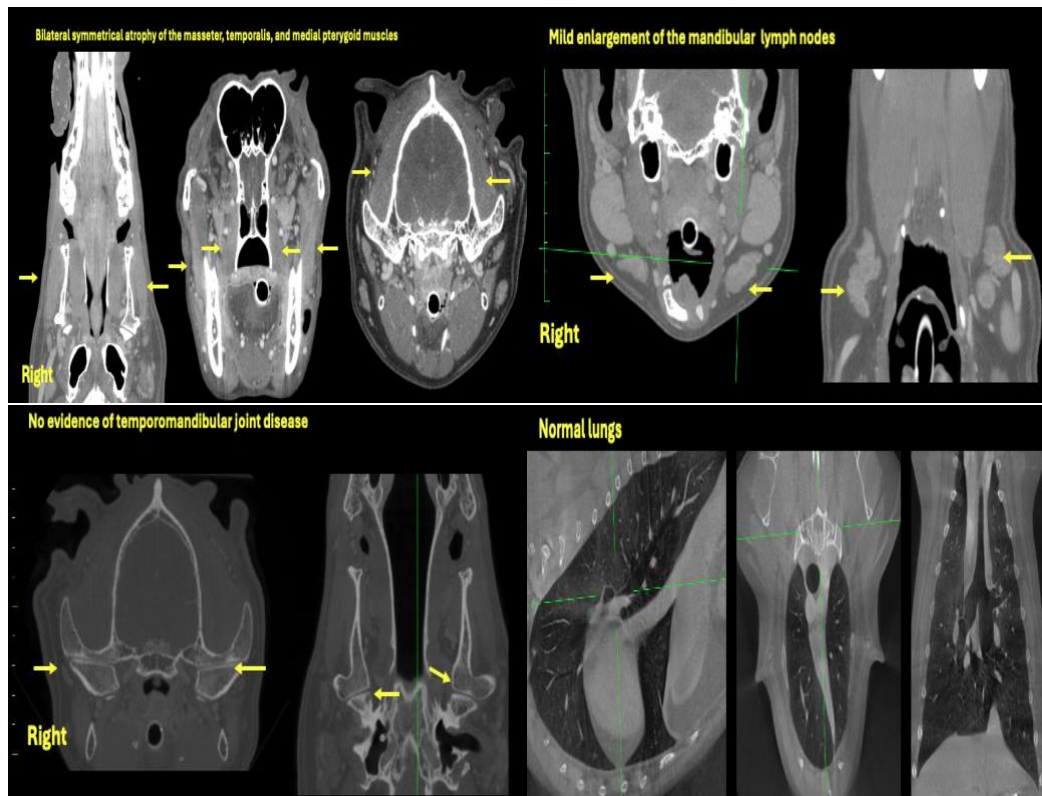
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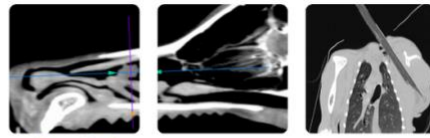
The mild heterogeneous enhancement observed in the affected muscles may reflect residual inflammatory activity or chronic fibrotic change.

Definitive diagnosis may require muscle biopsy, particularly of the temporalis or masseter muscles, if clinically indicated.

A more distant differential diagnosis includes infectious myositis, such as *Neospora caninum* or *Toxoplasma gondii*, particularly if the patient exhibits additional neuromuscular abnormalities or neurologic signs.

The thoracic findings are largely incidental, with no evidence of pulmonary metastatic disease or other significant abnormalities, except for mild, nonspecific enlargement of the tracheobronchial lymph node.





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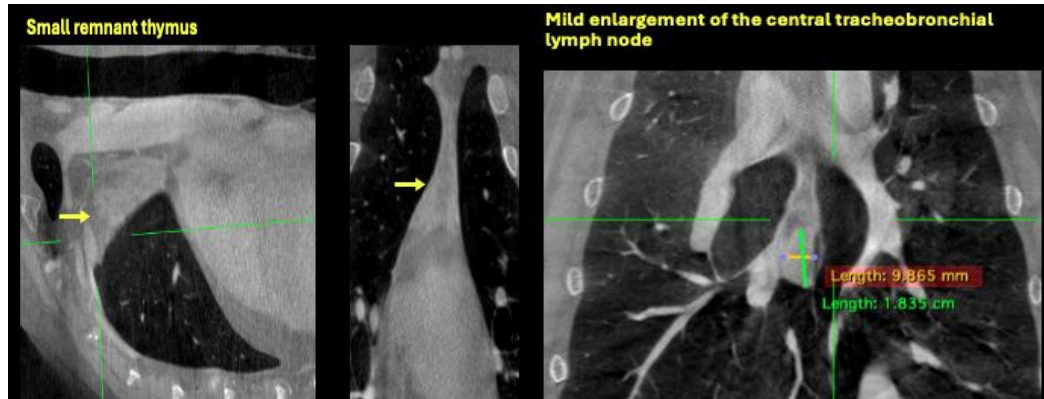
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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