



PATIENT

Bear Schiwy

SPECIES

Canine

BREED

Cavoodle

SEX

Male

AGE

10

WEIGHT

11

INTERPRETED BY

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

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary
Centre

REFERRING VET

Tania

INVOICE

74817

DATE

4-29-26

PRESENTING CLINICAL SIGNS

recent history of inability to blink LEFT eye and droopy muzzle and drooling LEFT side. May have improved slightly in the last week, started approximately 2 weeks ago, was drooling saliva from left side of mouth initially. Keeps opening and closing his jaw- otherwise well in himself. STS removed from LEFT axilla with very close margins likely incomplete, however was grade 1. does shake his head often but no overt history of ear disease or previous ear infections. no apparent pain
Clinical Examination: LEFT unilateral facial nerve paresis- slight blink present only with palpebral reflex, droopy muzzle on LEFT side appears to have resolved now and no longer drooling. BAR. slightly prominent salivary gland, opening and closing his jaw around once every 10 minutes in consult room- not yawning. very comfortable, no evidence of pain, oral exam normal. no evidence of blepharospasm or increased tear production LEFT eye. examination of ear canals under sedation- normal.
Assessment: LEFT unilateral facial nerve paresis

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head was provided for review, totaling three series: Two pre-contrast series of the head (bone and soft tissue algorithm) and one post-contrast series of the head (soft tissue algorithm). Additionally, four CT series of the thorax and abdomen were provided.

COMPUTED TOMOGRAPHIC FINDINGS

The brain parenchyma is normal in attenuation and symmetric. No evidence of intracranial mass effect is identified.

There is no midline shift or evidence of ventriculomegaly.

The tympanic cavities are bilaterally air-filled, with normal wall thickness and contour.

The external auditory canals are within normal limits.

The nasal cavities, paranasal sinuses, nasopharynx, and oropharynx are unremarkable.

The globes and retrobulbar spaces are within normal limits.

The medial retropharyngeal and mandibular lymph nodes are within normal limits.

The salivary glands (mandibular, parotid, zygomatic, and thyroid) are symmetric and unremarkable.

The temporomandibular joints are bilaterally congruent.

The dentition and adjacent alveolar bone are unremarkable within the collimated field, caudal to Triadan 104.

Additional series:

Incomplete bridging spondylosis deformans is noted at L1-L2, consistent with an incidental age-related finding.



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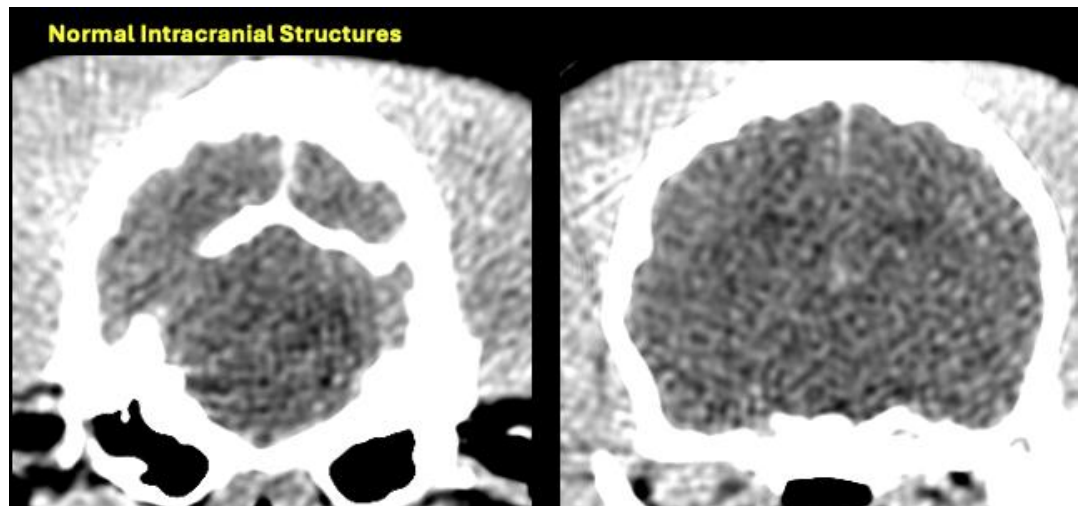
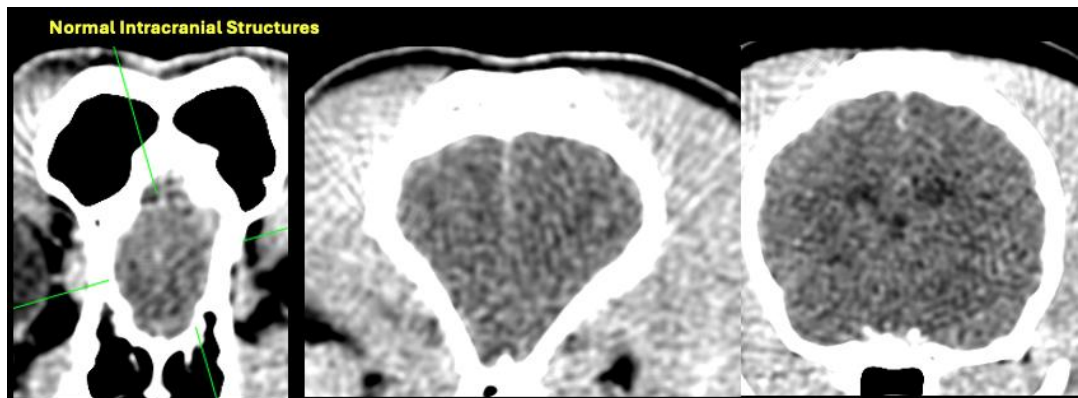
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Unremarkable computed tomographic study of the head.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No tomographic abnormalities are identified to explain the reported left-sided facial nerve paresis. In cases of facial nerve dysfunction with normal CT findings, differential diagnoses include idiopathic facial neuropathy, inflammatory or infectious neuritis, and less likely early neoplastic disease not detectable on CT.

Further evaluation with magnetic resonance imaging (MRI) is recommended for better assessment of the facial nerve and brainstem if clinical signs persist or progress.





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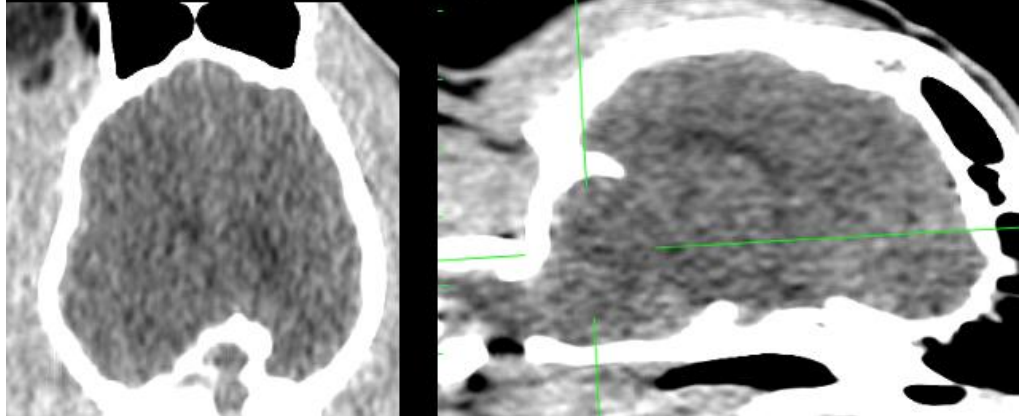
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Normal Intracranial Structures



Normal Tympanic cavities



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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