



PATIENT

T Monkey Rickard

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9Y

WEIGHT

13lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Nicholas Vitale

HOSPITAL NAME

Wilson Veterinary
Hospital

REFERRING VET

Dr. Lucretia Greear,
Woodhaven Animal
Hosp

INVOICE

74509

DATE

4-7-26

PRESENTING CLINICAL SIGNS

- Presenting for:
- T monkey, presenting for recheck due to persistent and worsening pruritus with head shaking and bilateral ear scratching
- T monkey Rickard, species not specified, presenting for evaluation of intermittent episodes of head movement while eating with subsequent intense facial/auricular grooming and bilateral ear scratching; owner concerned about pain versus neuropathic cause related to a palpable osseous prominence near the left TMJ
- Medical History:
- Owner reports ongoing head shaking and intense pruritus with scratching of ears and both sides of body; initially affected one side and now both sides
- Owner reports pinnal alopecia
- Owner reports T monkey will stop mid-meal, jump down, and run as if shocked when pruritic episodes occur
- Owner reports no noticeable aural malodor or cerumen observed at home
- Owner reports eating okay but not acting like himself
- Owner reports urinating and defecating
- Owner reports when eating, T monkey will jump down, shake his head, then intensely lick the left side of the face and scratch AU; episodes recur and he sometimes hides under the bed and appears not to feel well.
- Owner notes behavior changes including being jumpy and occasionally gently chewing at the owner with the front teeth and near the face, interpreted by owner as a possible pain signal.
- Owner reports issue appears centered near the back of the jaw close to the TMJ; a prior broken tooth on the left had been bonded; owner wonders if it could have re-cracked.

Abnormal PE/Chem/CBC/UA Results: BW mild increase protein, CBC WNL Prior radiographs shows bony growth off of the left transverse process of C1.

COMPUTED TOMOGRAPHIC STUDY OF THE NECK

Pre- and post-contrast computed tomographic study of the neck and head, including one pre-contrast series with a bone algorithm and one post-contrast series are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

NECK & HEAD

A small, rounded, well-defined proliferative osseous lesion is present at the apex of the left transverse process of C1, measuring approximately 5.2 × 4.9 mm. There is no associated cortical destruction, no adjacent soft tissue swelling, and no abnormal contrast enhancement identified in the surrounding tissues.

The remaining cervical vertebral bodies, cervical spinal alignment, intervertebral disc spaces, and vertebral canal are within normal limits.

A tiny soft tissue attenuating thickening/material is present adjacent to the right tympanic membrane, measuring approximately 1.6 mm.

The external ear canals are otherwise normally aerated, with preserved luminal diameter and no appreciable mural thickening or epithelium line enhancement.



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The tympanic bullae are air-filled and maintain normal osseous contours bilaterally.

The temporomandibular joints are bilaterally congruent and within normal limits.

The calvarium, maxilla, mandible, and remaining facial osseous structures are within normal limits.

The nasal cavities and turbinates are within normal limits. The cribriform plate is intact. The frontal sinuses are unremarkable.

The globes and retrobulbar spaces are within normal limits.

The oropharynx, nasopharynx, and soft palate are unremarkable.

No evidence of intracranial mass effect or falx cerebri shift is identified within the imaged intracranial structures.

The teeth are unremarkable; all teeth are present. No evidence of root fracture or major enamel fracture is identified.

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

The mandibular, parotid, and zygomatic salivary glands are unremarkable.

The thyroid glands are unremarkable.

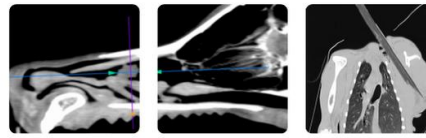
COMPUTED TOMOGRAPHIC DIAGNOSIS

- A small, well-defined proliferative osseous lesion is present at the apex of the left transverse process of C1 (5.2 × 4.9 mm), without associated adjacent soft tissue swelling or abnormal contrast enhancement. Differential diagnoses include a benign osseous proliferative lesion such as osteoma, osteochondroma, and less likely parosteal osteosarcoma. Chronic osseous proliferative change secondary to previous trauma is also considered.
- A tiny nodular soft tissue thickening / material is present adjacent to the right tympanic membrane. Differential considerations include incidental focal ceruminous or debris accumulation, or a small aural polypoid / inflammatory soft tissue lesion.
- No CT evidence of otitis media or clinically significant external ear canal disease is identified.
- No tomographic abnormality is identified involving the temporomandibular joints, dentition, or intracranial structures.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings reveal a small, well-defined proliferative osseous lesion at the apex of the left transverse process of C1. This lesion demonstrates non-aggressive tomographic features, with no adjacent soft tissue swelling, no abnormal contrast enhancement, and no evidence of locally invasive behavior. Its imaging appearance favors a chronic benign proliferative osseous process, such as an osteoma or reactive osseous proliferation, with early-stage neoplasia considered less likely.

This lesion may correlate with the patient's discomfort and pain. No additional lesions or abnormalities were identified in the region of the caudal mandible or temporomandibular joints. Follow-up imaging



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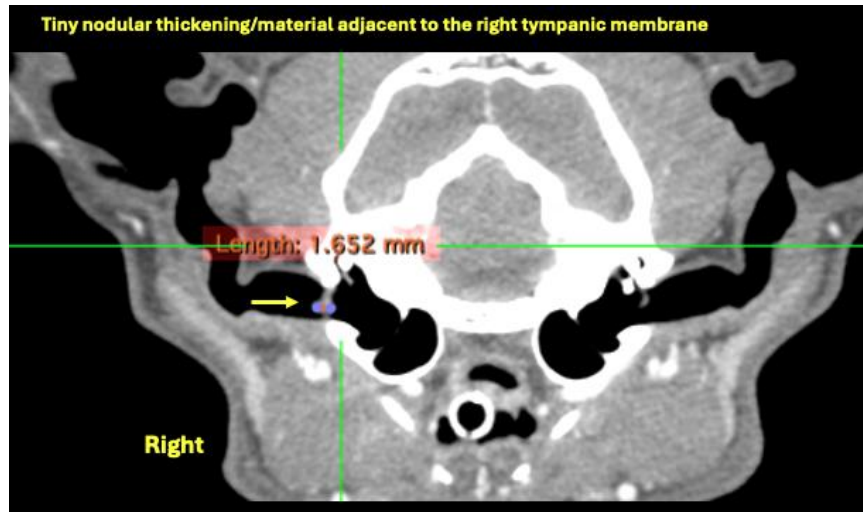
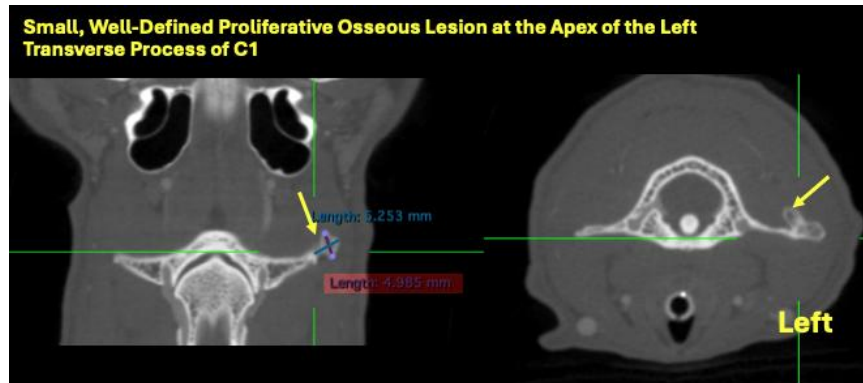
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may also be considered to assess stability and if necessary, biopsy is suggested. However, a biopsy is required for definitive diagnosis.

A second lesion is considered likely incidental, consisting of a very small focal nodular change adjacent to the right tympanic membrane, without evidence of associated otitis media or significant otitis externa. Differential considerations include focal ceruminous/debris accumulation, a tiny aural polypoid lesion, or a small inflammatory soft tissue lesion.





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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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com