



PATIENT

Elton Betancourt

SPECIES

Canine

BREED

Schnauzer Mix

SEX

MN

AGE

8Y

WEIGHT

11kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Amanda Causey

HOSPITAL NAME

Veterinary Specialty
Hospital

REFERRING VET

Dr. Valeria Colberg

INVOICE

75088

DATE

5-21-26

PRESENTING CLINICAL SIGNS

8-year-old neutered male miniature schnauzer mix presenting with a history of recurrent right facial swelling. Per owner, epistaxis was first noted approximately late March 2026, with a subsequent episode of profuse nasal hemorrhage approximately one week later. The patient was evaluated at a prior veterinary clinic where allergic etiology was suspected and an injection was administered. Approximately one to two weeks following that visit, a firm, marble-sized subcutaneous mass developed beneath the right eye. The patient was treated with a course of antibiotics, which resulted in temporary reduction of the swelling; however, the mass recurred within days of completing treatment. A tooth root abscess of the fourth premolar was suspected. Dental prophylaxis and surgical exploration were performed; dentition was reported as normal intraoperatively. Fluid aspirated from the mass was described as granular in character and not consistent with an abscess.

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, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

A mildly expansile cystic structure is identified rostral to the right globe at the infraorbital margin, centered in the region of the right nasolacrimal duct and extending into the adjacent maxillary recess. The lesion contains predominantly hypoattenuating material and is surrounded by a thin hyperattenuating capsule. The lesion measures approximately 1.5 × 1.7 cm.

Associated with this lesion, there is smooth, well-organized, and sharply marginated osteolysis involving the right lacrimal bone and a small adjacent portion of the maxilla, forming an osseous defect measuring approximately 1.4 cm in length. Through this osseous defect, the lesion extends into the rostral aspect of the right nasal cavity, causing mild focal loss of turbinate definition.

No aggressive periosteal reaction is identified. No irregular or permeative bone destruction is observed.

The adjacent right maxillary teeth, including Triadans 107 and 108, show no evidence of apical lysis, periapical lucency, or alveolar bone reaction. Caudal to the lesion, the right maxilla, Triadans 109 and 110, zygomatic process, retrobulbar space, pterygoid musculature, right zygomatic salivary gland, and right globe are preserved.

Mild periodontal disease is present at Triadan 106, characterized by mild alveolar bone loss and furcation exposure.

Triadan 306 is absent.

The remaining portions of the right nasal cavity and the entire left nasal cavity are well aerated, with preserved turbinate architecture.

The left globe and left retrobulbar and periorbital soft tissues are unremarkable.

The remaining osseous structures of the skull and face are preserved.



PATIENT

Elton Betancourt

SPECIES

Canine

BREED

Schnauzer Mix

SEX

MN

AGE

8Y

WEIGHT

11kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Amanda Causey

HOSPITAL NAME

Veterinary Specialty
Hospital

REFERRING VET

Dr. Valeria Colberg

INVOICE

75088

DATE

5-21-26

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

The medial retropharyngeal and mandibular lymph nodes are unremarkable.

The bulla cavities and external auditory canals are within normal limits.

The cribriform plate is intact.

The oropharynx, nasopharynx and larynx are within normal limits.

The frontal sinuses are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- A well-defined mildly expansive cystic lesion centered at the region of the right nasolacrimal duct/infraorbital region, associated with smooth, sharply marginated osteolysis of the right lacrimal bone and adjacent maxilla, extending focally into the rostral right nasal cavity. Primary differential diagnoses include dacryocystocele / nasolacrimal duct mucocele, chronic retention cyst secondary to dacryocystitis, epithelial-lined inclusion or dermoid cyst, chronic granulomatous inflammatory process (less likely)
- Mild periodontal disease involving Triadan 106. Absent Triadan 306.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings correlate well with the history of recurrent right infraorbital/ facial swelling and intermittent epistaxis. The lesion appears centered on the right nasolacrimal drainage system and demonstrates chronic, slowly progressive behavior based on the smooth osseous remodeling pattern.

The absence of aggressive bone destruction, significant soft tissue invasion, or associated dental pathology supports a chronic benign obstructive or cystic process rather than an invasive neoplasm or odontogenic abscess.

Correlation with dacryocystography, surgical exploration, histopathology, and/or cytologic evaluation is recommended for definitive characterization. Culture may also be considered if infectious or inflammatory components remain clinically suspected.

Ophthalmology consultation is advised given the proximity to the nasolacrimal apparatus and right globe. Dacryocystorhinography or nasolacrimal duct flush may be considered pre-operatively to assess duct patency.



PATIENT

Elton Betancourt

SPECIES

Canine

BREED

Schnauzer Mix

SEX

MN

AGE

8Y

WEIGHT

11kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Amanda Causey

HOSPITAL NAME

Veterinary Specialty
Hospital

REFERRING VET

Dr. Valeria Colberg

INVOICE

75088

DATE

5-21-26

Fig. 1. Mildly expansile cystic structure centered at the right nasolacrimal duct/infraorbital region with thin peripheral capsule formation.

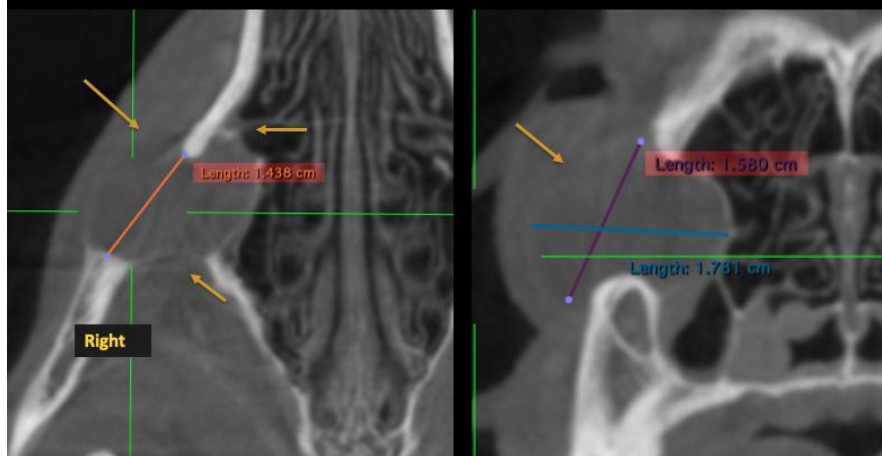
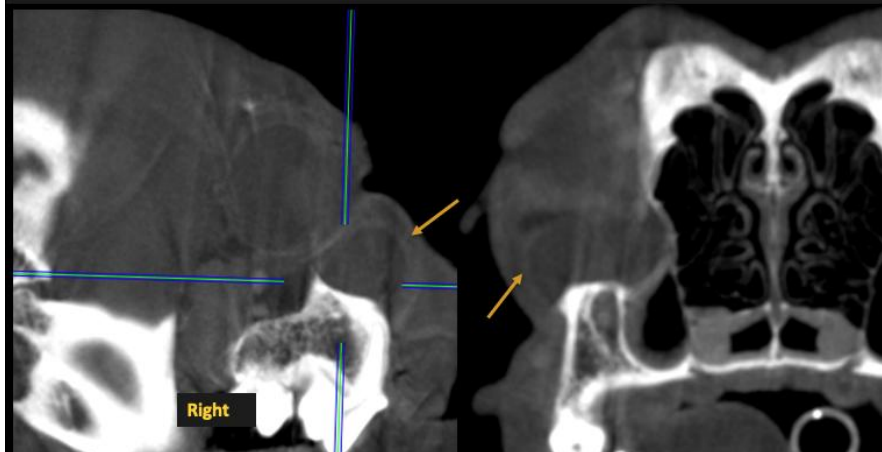


Fig. 2. Mildly expansile cystic structure centered at the right nasolacrimal duct/infraorbital region with thin peripheral capsule formation.



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