



PATIENT

Jackson Flinn

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

8Y

WEIGHT

74.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Aly/Ally

HOSPITAL NAME

Animal Clinic
Northview

REFERRING VET

Derek Howell, DVM

INVOICE

75133

DATE

5-26-26

PRESENTING CLINICAL SIGNS

Acute onset left sided facial nerve paralysis. Lab work including thyroid unremarkable.

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

No intracranial mass effect is identified. The sellar region is preserved. No evidence of falx cerebri deviation is observed.

The tympanic bullae are bilaterally air-filled with preserved osseous margins. The external ear canals are within normal limits.

The globes and retrobulbar spaces are unremarkable.

No aggressive osseous lesion is identified involving the skull or facial bones.

Multiple dental abnormalities are present, including multifocal tooth loss, dental root resorption, alveolar bone loss, and enamel/dentin crown fractures.

The following teeth are absent: TRIADAN 105, 203, 205, 208, 302, 309, 402, 404, 406, 407, and 408.

Additional multifocal dental lesions affect TRIADAN 103, 104, 106, 109, 302, 310, 402, 408, and 409, characterized by varying degrees of root resorption, reduction and hypoattenuation of the dental roots and crowns, and multifocal dentinal thinning. Multifocal crown fractures involving the enamel and dentin are also noted.

The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal lymph nodes and mandibular lymph nodes are unremarkable.

The salivary, parotid and zygomatic glands are unremarkable.

The nasal cavities and turbinates are within normal limits.

The cribriform plate is intact.

The oropharynx and nasopharynx are within normal limits.

The frontal sinuses are unremarkable.

There are two small rounded subcutaneous soft tissue nodules in the dorsal cervical region, measuring 8.1 mm and 9.3 mm.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- No CT evidence of intracranial mass effect, otitis media, aggressive osseous lesion, or other structural abnormality identified to explain the reported left facial nerve paralysis.
- Severe multifocal dental disease characterized by multiple absent teeth, multifocal tooth root resorption, alveolar bone loss, and complicated crown fractures.
- Two well defined soft tissue subcutaneous nodules in the cervical region. Differential diagnosis granuloma or soft tissue neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No tomographic abnormality is identified involving the tympanic bullae, intracranial compartment, skull base, or adjacent osseous structures that would explain the acute onset facial nerve paralysis.

Possible considerations include facial nerve dysfunction include idiopathic neuropathy or non-CT-detectable inflammatory, infectious, or neurologic disease. Correlation with neurological examination findings is recommended. MRI may be considered if clinical signs persist or progress.

Multiple dental abnormalities are identified, consistent with severe chronic multifocal dental disease. Differential diagnoses include tooth resorption disease. A complete oral and dental examination is recommended if not already performed.

Two well defined soft tissue subcutaneous nodules in the cervical region. Differential diagnosis granuloma or soft tissue neoplasia. Consider a fine needle aspiration for cytology.

Fig. 1. No intracranial abnormality





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Fig. 2. No intracranial abnormality

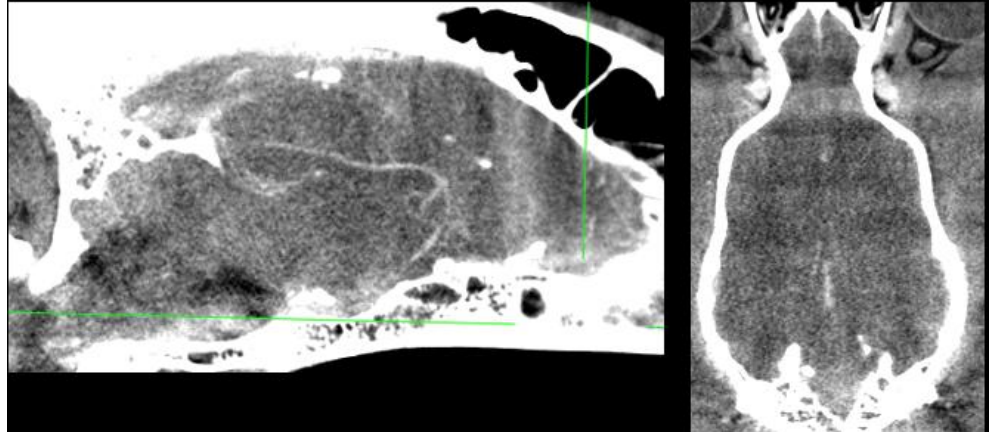


Fig. 3. Normal tympanic bullae





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Fig. 4. Severe multifocal dental disease
Multiple absent teeth with multifocal root resorption, alveolar bone loss, and dentinal thinning are present.

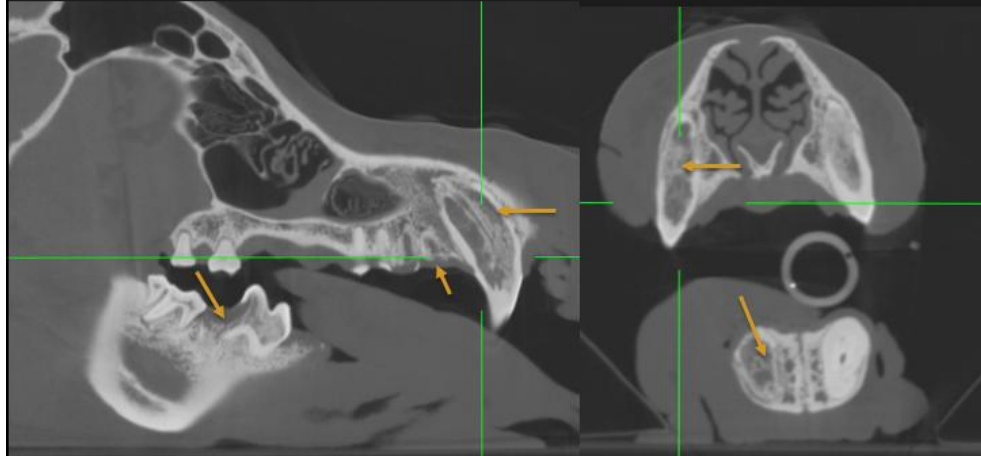
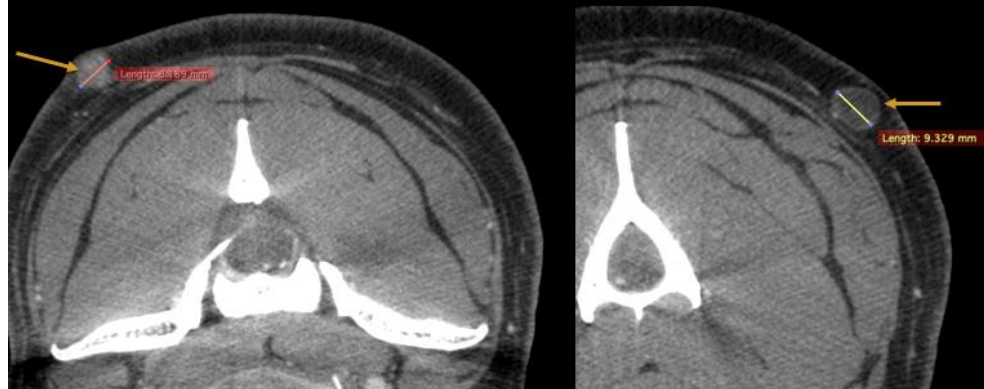


Fig. 5. Cervical subcutaneous nodules



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
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