



PATIENT

Cooper Bossier

SPECIES

Canine

BREED

Cur Black Mouth

SEX

MN

AGE

10Y

WEIGHT

89.5lbs

INTERPRETED BY

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

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Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Armstrong

INVOICE

74925

DATE

5-6-26

PRESENTING CLINICAL SIGNS

Left vestibular signs, facial paralysis, masticatory muscle atrophy and epistaxis.
Abdominal ultrasound: Left-sided liver mass in a deep location (unable to be aspirated). Gallbladder debris.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & ABDOMEN

A pre- and post-contrast CT study of the head and abdomen are provided for review totaling 4 series. One pre-contrast series of the head bone algorithm. Three post-contrast series of the head, bone algorithm. One pre-contrast series of the abdomen soft tissue algorithm. One post-contrast series of the abdomen soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

There is a moderate-sized, extra-axial, amorphous-shaped, contrast-enhancing lesion located in the left caudal cranial fossa, associated with mild regional mass effect. The lesion measures approximately 2.2 × 0.7 cm and is best identified on transverse images. Evaluation of this region is partially limited by beam-hardening artifact from the adjacent skull base osseous structures.

There is marked reduction in muscle volume affecting the left temporalis, masseter, and pterygoid muscles, consistent with muscular atrophy.

The tympanic bullae are air-filled and within normal limits. Mild fluid retention is present within the left external auditory canal. The right external auditory canal is unremarkable.

The globes, orbital structures, and retrobulbar spaces are within normal limits.

The nasal cavities are aerated, and the turbinate architecture is preserved.
The cribriform plate is intact.

The oropharynx and nasopharynx are within normal limits.

The frontal sinuses are unremarkable.

Triadan teeth 311 and 411 are absent.

The salivary glands are unremarkable.

The temporomandibular joints are bilaterally congruent.

ABDOMEN

Within the left medial liver lobe, there is a moderate in size mildly hypoattenuating, poorly marginated lesion containing a central cystic/fluid-attenuating region. The lesion demonstrates mild heterogeneous contrast enhancement. Due to the indistinct margins, accurate measurement is difficult; however, it measures at least approximately 3.5 cm in diameter.

The remaining hepatic parenchyma demonstrates preserved attenuation and contrast enhancement.



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The gallbladder contains moderate gravity-dependent hyperattenuating material admixed with hypoattenuating bile content. The cystic duct and common bile duct are within normal limits.

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The spleen is homogeneously soft tissue attenuating and uniformly contrast-enhancing, with normal size and shape

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No evidence of enlargement of the periportal, mesenteric, or other abdominal lymph nodes is observed.

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The serosal fat shows normal attenuation.

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The stomach is mildly distended with fluid and gas.

The gastrointestinal tract demonstrates normal distribution and luminal distension, without evidence of focal mural thickening or abnormalities.

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The descending colon contains a moderate amount of heterogeneous fecal material admixed with gas. The colonic wall is within normal limits.

The kidneys are normal in size, shape, contour, attenuation, and contrast enhancement. The renal pelvises and ureters are within normal limits.

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The urinary bladder is moderately distended by hypoattenuating fluid content and is partially collimated.

The prostate is not included in the field of view.

The included thoracic and lumbar vertebral structures are unremarkable.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Moderate-sized, extra-axial, contrast-enhancing lesion within the left caudal cranial fossa (left cerebellopontine angle) associated with mild mass effect. Differential diagnoses include meningioma, peripheral nerve sheath tumor, other extra-axial neoplasia, or less likely granulomatous/inflammatory disease.
- Marked left-sided atrophy of the temporalis, masseter, and pterygoid musculature, likely secondary to denervation neurogenic atrophy.
- Mild fluid retention within the left external auditory canal.
- Triadan teeth 311 and 411 are absent.
- Poorly defined hypoattenuating hepatic lesion with central cystic component affecting the left medial liver lobe. Differential diagnoses include complex cystic lesion, or nodular hyperplasia with cystic degeneration. primary hepatic neoplasia, metastatic lesion.
- Moderate gallbladder sludge/debris without evidence of biliary obstruction.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The head CT findings show an extra-axial contrast-enhancing lesion centered in the left caudal cranial fossa. Given the patient's history of vestibular signs, facial paralysis, and ipsilateral masticatory muscle



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atrophy, the lesion likely involves regional cranial nerves at the skull base, particularly the trigeminal and facial nerves. Differential diagnoses favor an intracranial neoplastic process such as meningioma or peripheral nerve sheath tumor. Due to the location and beam-hardening artifact, MRI is recommended for confirmation, improved characterization of the lesion and assessment of adjacent neural structures.

Normal nasal cavities with no identified cause of epistaxis.

The hepatic lesion identified within the left medial liver lobe remains indeterminate on CT imaging alone. Differential diagnoses include complex cystic lesion, or nodular hyperplasia with cystic degeneration, primary hepatic neoplasia, or metastatic lesion.

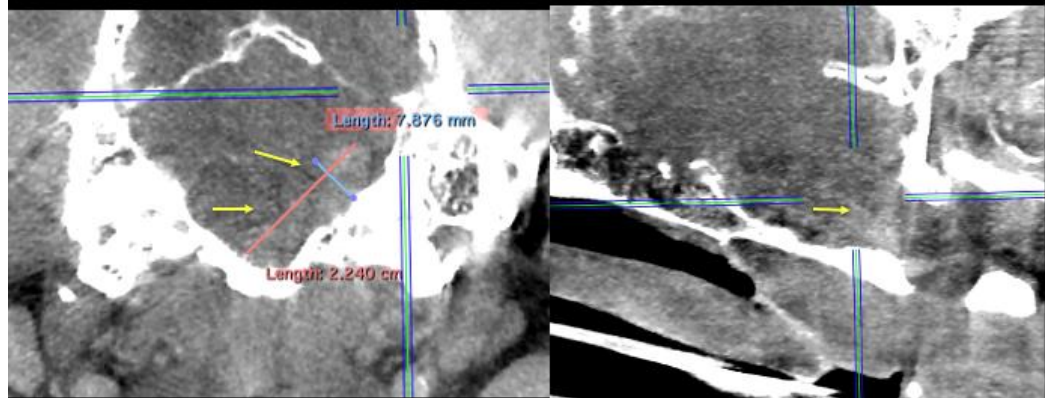
Given the deep location and poorly defined margins, ultrasound-guided biopsy or aspirates may remain technically challenging. Follow-up ultrasonographic evaluation is suggested, and depending on lesion progression or evolution, histopathology or cytology may be required for definitive diagnosis, if clinically indicated.

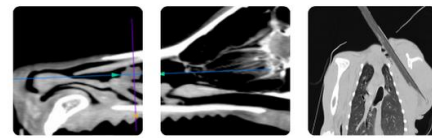
Moderate gallbladder sludge is present without CT evidence of extrahepatic biliary obstruction.

TECHNICAL COMMENTS

Assessment of the caudal cranial fossa is limited by marked beam-hardening artifact from the skull base bones. MRI is recommended for confirmation and better characterization of the suspected lesion.

Fig. 1. Moderate-sized extra-axial contrast-enhancing lesion within the left caudal cranial fossa causing mild mass effect.





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Fig. 2. Moderate-sized extra-axial contrast-enhancing lesion within the left caudal cranial fossa causing mild mass effect.

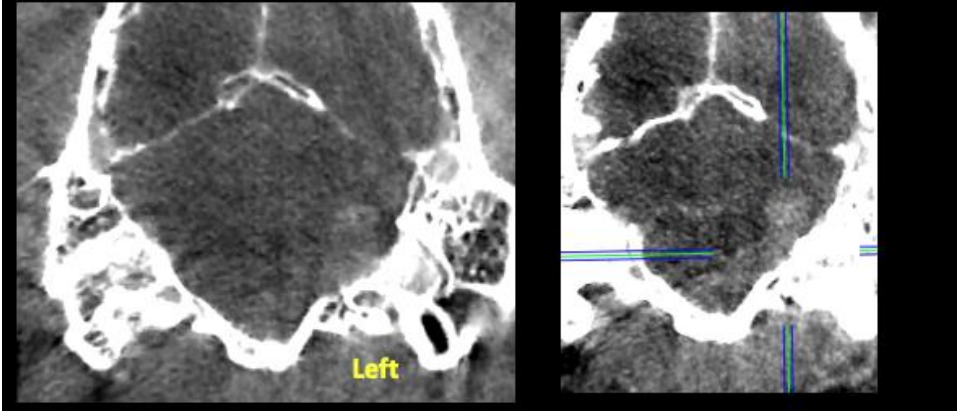


Fig. 3. Marked unilateral atrophy of the left temporalis and masseter musculature.

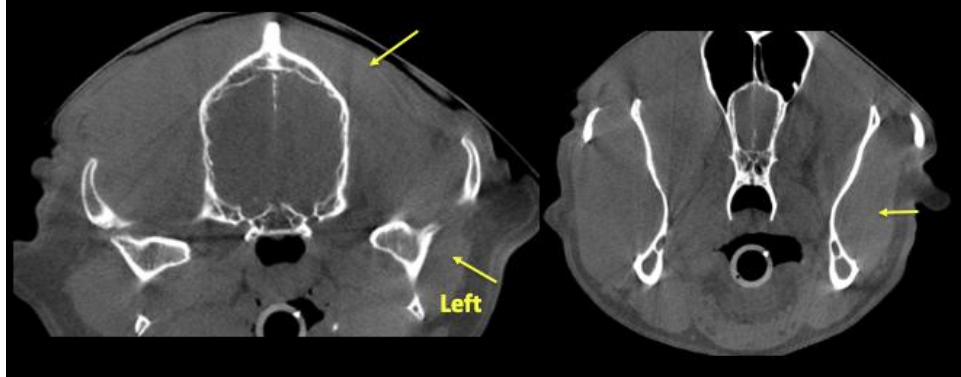
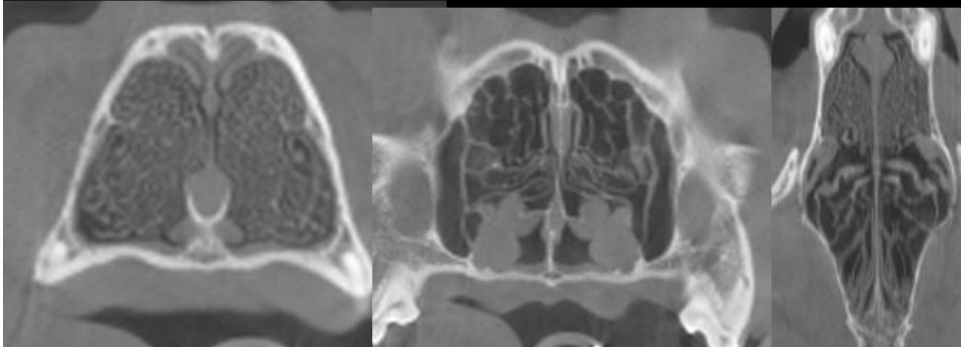
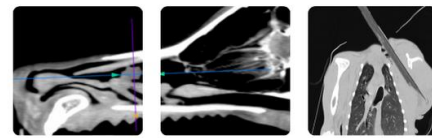


Fig. 4. Normal nasal cavity.





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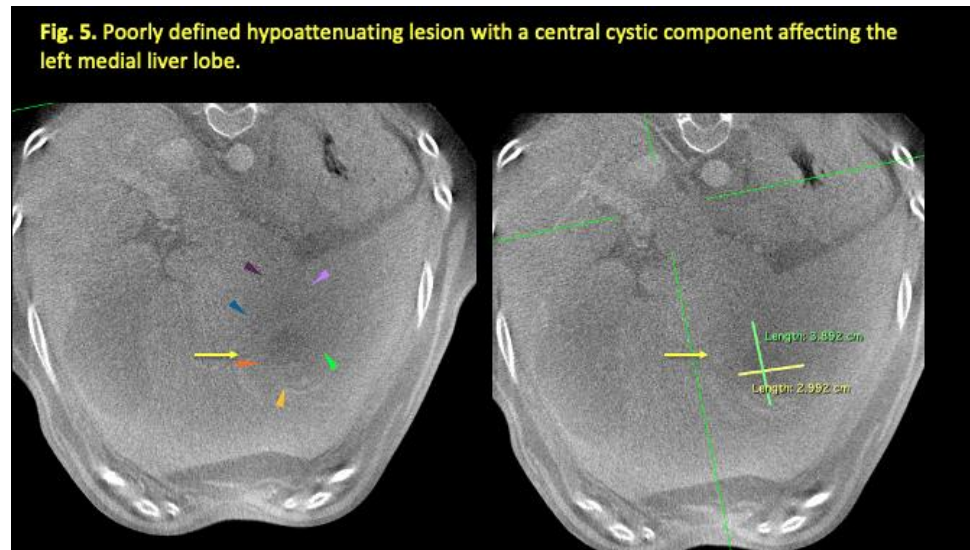
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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