



PATIENT

Luther Heppner

SPECIES

Canine

BREED

Pitbull

SEX

MN

AGE

9Y

WEIGHT

35kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Janice

HOSPITAL NAME

Bridgwater Veterinary
Hospital and Wellness
Centre

REFERRING VET

Dr. Tim Cloutier

INVOICE

75530

DATE

6-17-26

PRESENTING CLINICAL SIGNS

5/21/26 acute onset L sided facial nerve paralysis. Unable to chew effectively, but can swallow & eat. Actively lack blinking & remaining droopy lips. Treated with Amox/clav empirically for inner ear infection, no improvement.

6/1/26 rigid stance/gait, difficult to flex/ROM testing, L side facial droop - lip drooping asymmetrically lower compared to right side of face. Negative palpebral reflex present left eye; delayed right eye, absent menace response. Very slight persistent left side head tilt, barely noticeable so unsure on significance. Generalized negative PLR of left eye - there is negative direct & indirect response of left eye, right eye has very sluggish PLR present on direct light. Indirect, right is negative too.
Abnormal PE/Chem/CBC/UA Results: Increased Alb (41) and Alt (132)

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

No evidence of an intracranial mass effect, or abnormal intracranial contrast enhancement. Ventricular system is normal in size and configuration. No hydrocephalus or midline shift. The Sella turcica region is unremarkable.

Calvarium, skull base, and visualized osseous structures are intact.

Tympanic bullae are bilaterally well aerated with no evidence of middle or inner ear disease. External ear canals and middle ear structures are unremarkable.

Nasal cavities, paranasal sinuses, nasopharynx, and soft palate are unremarkable.

Orbital structures, including the globes and retrobulbar tissues, are within normal limits.

Triadan teeth 107, 308, and 408 are absent.

There is focal periapical alveolar bone resorption associated with Triadan tooth 404. Temporomandibular joints are bilaterally congruent.

Salivary glands (parotid, mandibular, and zygomatic) are unremarkable.

Medial retropharyngeal and mandibular lymph nodes are unremarkable.

Masticatory and facial musculature are symmetric without evidence of atrophy or abnormal enhancement.

No abnormality is identified within the visualized extracranial soft tissues.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Unremarkable contrast-enhanced CT examination of the head with no imaging evidence of a structural intracranial or otic lesion to explain the reported neurological deficits.



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- Focal periapical alveolar bone resorption associated with Triadan 404, consistent with focal apical periodontal/endodontic disease.
- Absence of Triadan teeth 107, 308, and 408.

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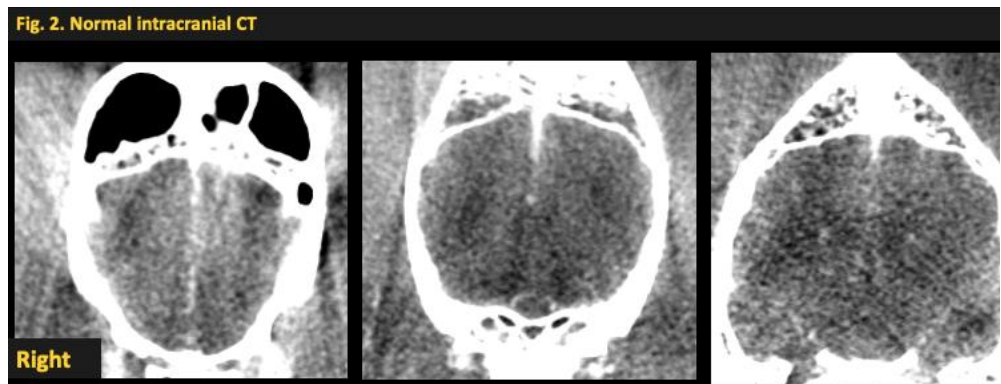
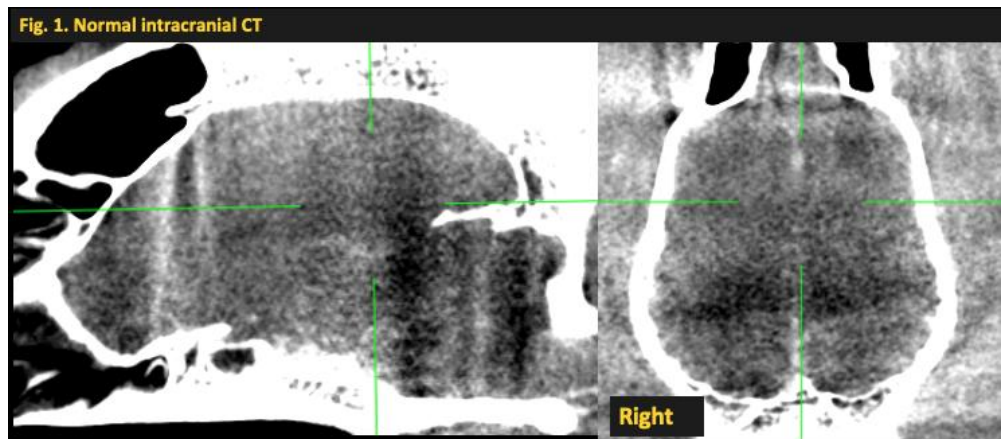
6-17-26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No CT abnormality is identified to explain the patient's facial nerve paralysis or the additional cranial nerve deficits. Specifically, there is no evidence of otitis media, skull base abnormality, intracranial mass, or other structural lesion detectable on CT.

Given the multifocal cranial nerve abnormalities, MRI of the brain is recommended if clinical signs fail to improve with medical management, given its superior sensitivity for detecting inflammatory, ischemic, infiltrative, and cranial nerve disorders. Correlation with neurological examination, cerebrospinal fluid analysis (if appropriate), and infectious disease testing should also be considered.

The focal periapical alveolar bone resorption associated with Triadan 404 is a finding unrelated to the neurological presentation. Correlation with dental examination and intraoral radiography is recommended if clinically indicated.





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Fig. 3. Normal tympanic bullae.

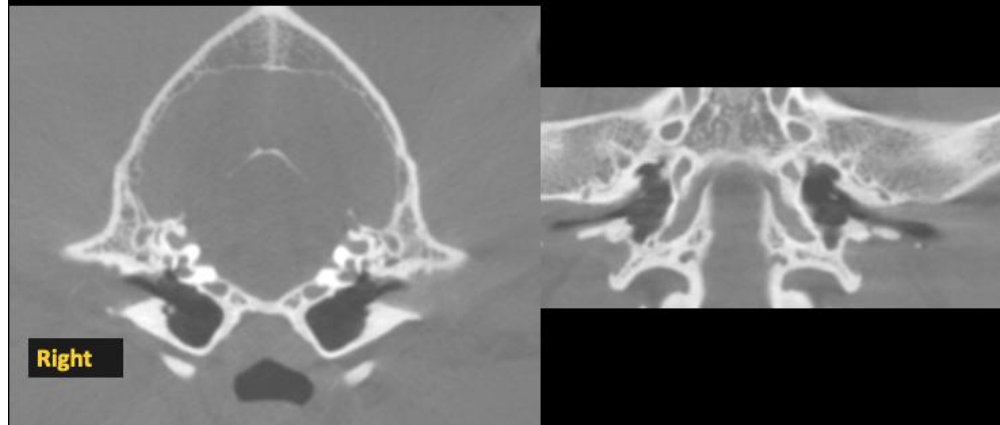
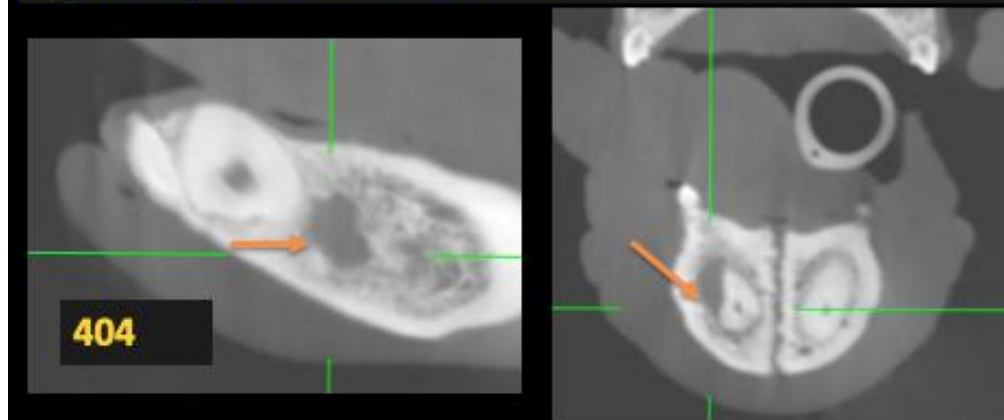


Fig. 4. Periapical disease of Triadan 404



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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info@sonopath.com