



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
 Surly Higgins

SPECIES
 Canine

BREED
 Border Collie

SEX
 Male Neutered

AGE
 6

"Surly" presented for oral examination for an oral mass noted by the Higgins family 1/2/23. "Surly" is fed Natures Recipe dog food. The Higgins family do not currently practice regular home dental care. Surly has no known previous history of professional dental cleaning, maxillofacial trauma or oral surgery per the Higgins family. "Surly" medical history is quiescent per the Higgins family. Clinical records are pending. Dr. Phillip evaluated "Surly" on 1/2/23 and noted a Large gingival mass just distal to the left maxillary canine tooth and recommended a referral to the Florida Animal Dentistry & Oral Surgery Center. Surly was placed on Simplicef 200 mg SID and Carprofen 50 mg BID On 1/5/23 a complete chemistry panel, CBC and T4 was performed and the bloodwork results were unremarkable other than ALP 18 (20-150), Creat 1.5 (0.3-1.4), Retic 113.4 (10-110), MPV 14.3 (8.7-13.2). Despite the oral mass "Surly" is currently eating, drinking and acting normally.

Abnormal PE/Chem/CBC/UA Results: Oral Mass 25 x 25 x 20 mm oval ulcerated friable pink pale attached gingival mass with advanced root resorption and dorsolateral displacement of the left maxillary first premolar tooth (205). The mass extends from the distal left maxillary canine to the mesial root of the second premolar tooth (204-206), medial to include 1/3 of the horizontal maxilla and 2 mm dorsal to the mucogingival junction. Treatment: Cone Beam CT Scan and Incisional Biopsy of the soft tissue and tooth. Histopathology is currently pending. Tooth-External Root Resorption: Type 2 root replacement/resorption Right maxillary first premolar (105). Treatment: Modified Crown Root Amputation.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A 23mm long, 20mm high, and 15mm wide soft tissue attenuating ovoid mass is emerging from the left rostral gingivostomal margin. The mass extends from the distal margin of the triadan 204 up to the mesial margin of the triadan 206. Focal invasion of the alveolar bone with a full thickness defect is seen level with the dental alveolus of the triadan 205 connecting to the floor of the left nasal cavity. At this time, there are no regional changes noted within the left nasal cavity. Distal deviation and advanced root resorption of the triadan 205 are noted. The aggressive osteolytic changes appear to be limited to the area of the dental alveolus of the triadan 205. The lesion margins of the soft tissue mass are ill-defined and blend into the soft palate as well as into the buccal gingivostomal margin of the left maxilla. Moderate nonuniform contrast enhancement is noted within the soft tissue mass.

There is focal lateral deviation of the left upper lip.

The submandibular and retropharyngeal lymph nodes are not included in the collimated field of view.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass meeting neoplastic criteria in the left rostral maxillary gingivostomal margin with secondary aggressive local invasion of the alveolar crest.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

HOSPITAL NAME

Florida Animal
 Denistry

REFERRING VET

Mike Wiegand

INVOICE

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DATE

1-9-23



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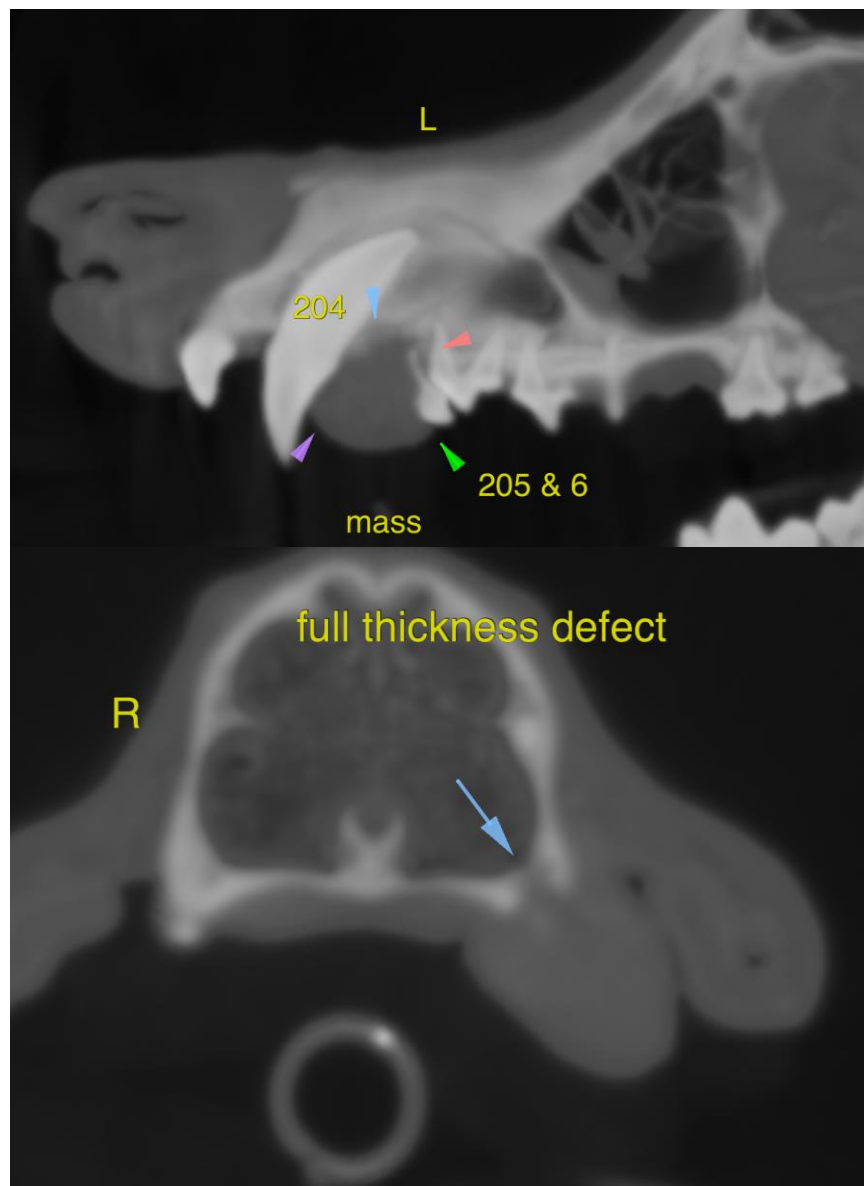
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The aggressive osteolytic changes appear to be limited to the dental alveolus of the triadan 205 where a full thickness defect with short transition zone is seen and connects the oral with the nasal cavity. The lesion margins of the soft tissue component of the mass are ill-defined and blend into the palatal as well as into the gingivostomal soft tissues. The maximum extent appears to be from the triadan 204 up to the triadan 206.





PATIENT

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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.

SPECIES

Canine

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