



PATIENT

Chilli Flaherty

SPECIES

Canine

BREED

Golden Retriever

SEX

MI

AGE

6

WEIGHT

34

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Infernuso

INVOICE

72969

DATE

12-11-25

PRESENTING CLINICAL SIGNS

Left facial mass hot spot right frontal bone mass

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Post contrast study available for review.

COMPUTED TOMOGRAPHIC FINDINGS

There appears to be a 30 x 20mm sized soft tissue density along the left facial region. Appearance is superficial and may represent either soft tissue mass or folded labial tissue. No clear evidence of deep invasion into underlying bone is seen.

A 12 x 7mm sized osseous mass is present in the dorsal contour of the outer lamina of the right frontal bone. No associated soft tissue mass is noted. There is no evidence of frontal sinus invasion.

Nasal cavities, orbits, and brain parenchyma present unremarkable.

Mild left retropharyngeal and submandibular lymphadenomegaly is noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left facial soft tissue lesion - could represent labial tissues folds vs soft tissue mass, clinical correlation recommended.
- Right frontal bone osseous mass - likely benign but cannot rule out parosteal or multilobulated osteosarcoma.
- Left retropharyngeal and submandibular lymphadenomegaly compatible with reactive lymphadenitis.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The right frontal bone lesion is well circumscribed and does not invade the sinus at this point which favors a benign process such as osteoma or osteochondroma. Osteosarcoma such as multilobulated or parosteal cannot be excluded. Biopsy is indicated for definitive diagnosis.

The left facial soft tissue prominence could be anatomical such as folded labial tissue or a soft tissue mass. Careful physical examination and eventual biopsy are recommended.

The left retropharyngeal and submandibular lymph node enlargement is mild and indicative of reactive hyperplasia. Early metastatic disease cannot be excluded. FNA is recommended for further definition.



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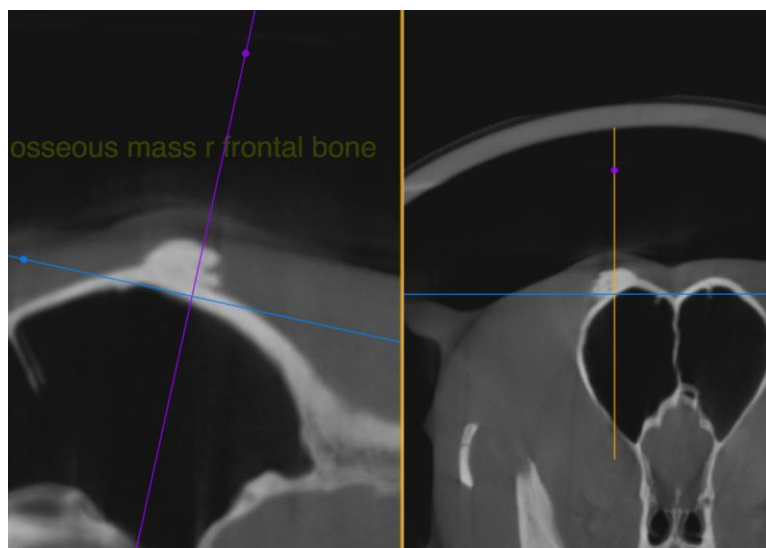
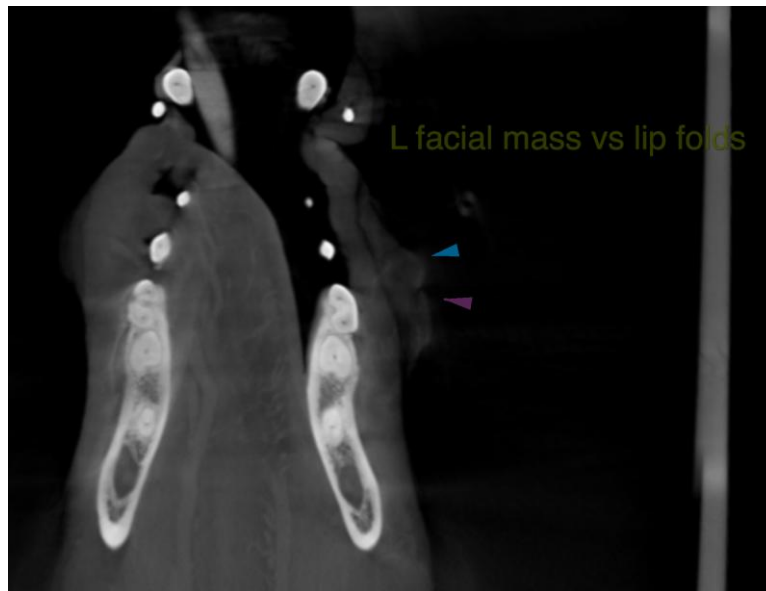
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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