



**PATIENT**

Tank White

**PRESENTING CLINICAL SIGNS**

Persistent osteonecrosis L maxilla with oronasal fistula. 1 year duration. C&S at rDVM = actinomyces. Historical antibiotic use (clindamycin, amoxicillin) resulted in temporary relief but signs continued after antibiotic finished

**SPECIES**

K9

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD**

Plain and post contrast studies available for review.

**BREED**

Shepherd X

**COMPUTED TOMOGRAPHIC FINDINGS**

Patient has a history of left maxillary osteonecrosis.

**SEX**

MN

An extensive and relatively well delineated defect of the alveolar margin of the left maxilla is seen extending from the triadan 202 up to the triadan 207. Partial loss of the cortical outline and trabecular bone is noted. The defect is filled with soft tissue with proliferative appearance accentuating the incisor region of the left maxilla. Multifocal interruptions of the osseous lining between the oral and left nasal cavity is seen. At this time, only mild mucosal swelling of the turbinate lining is noted within the left nasal cavity. The nasal turbinates are intact and in situ.

**AGE**

8 Years

The triadans 202-206 are absent.

No discrete soft tissue mass is seen.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The left submandibular lymph node is minimally enlarged.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Extensive alveolar margin defect of the left maxilla covering from the former triadan 202 up to the former triadan 206 with multifocal small dental-nasal fistulae.
- Mild left hand sided nondestructive rhinitis.
- Minimal left submandibular lymphadenomegaly suggestive for reactive lymph node hyperplasia.

**HOSPITAL NAME**

Southern Oregon  
Veterinary Specialty  
Center

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A discrete soft tissue mass and definitive aggressive osteolysis are not seen. The findings are compatible with the history of osteonecrosis. Nevertheless, tissue sampling for histology is strongly recommended in order to rule out neoplasia such as oral fibrosarcoma, squamous cell carcinoma, melanoma, or other even though considered less likely than chronic inflammation / necrosis. Fine needle aspiration of the left submandibular lymph node could be considered as well.

**REFERRING VET**

Fugazzi

**INVOICE**

56771

**DATE**

2-15-23



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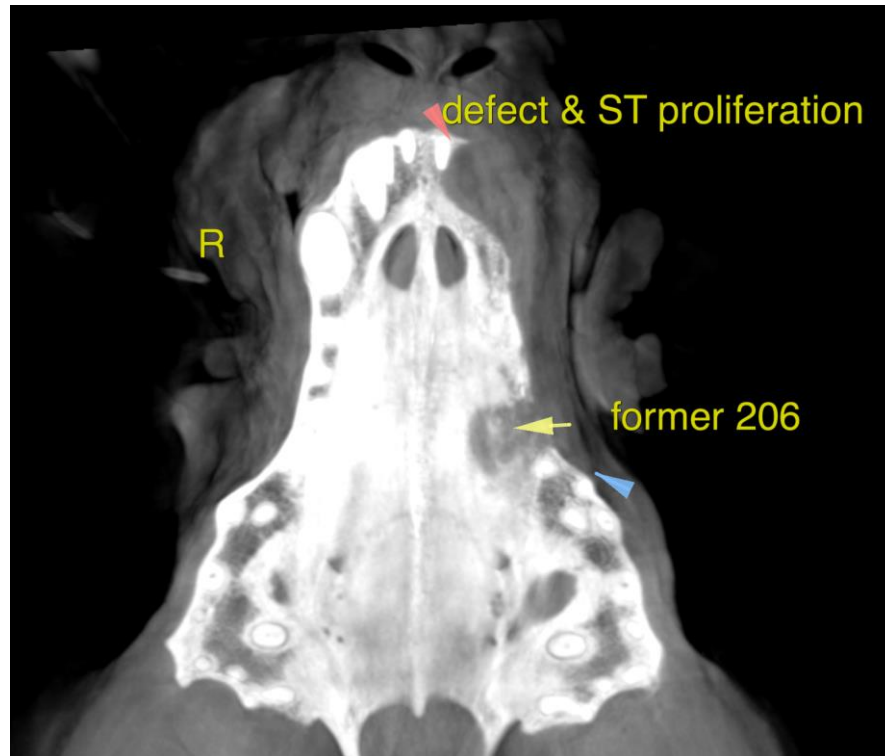
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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