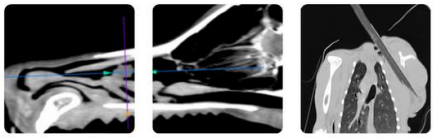

PATIENT

Zara Taylor

SPECIES

Feline

BREED

Domestic Short Hair

SEX

Female

AGE

5

WEIGHT

4.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Joana Montero

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Joana Montero

INVOICE

74173

DATE

3-12-26

PRESENTING CLINICAL SIGNS

- right side jaw lump, with scab/wound treated with Atb and nsaids not responding.

Abnormal PE/Chem/CBC/UA Results: Mild anaemia. Neutropenia and low ALT

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain study available for review only.

COMPUTED TOMOGRAPHIC FINDINGS

There is extensive periosteal new bone formation along the lateral aspect of the right mandibular body extending along most of its length. The periosteal reaction is thick, irregular, and brush bordered in appearance consistent with chronic periosteal proliferation.

At approximately the level of the tooth 409, there is a focal defect in the lateral mandibular cortex that appears to communicate with the mandibular canal. The mandibular medullary cavity is diffusely sclerotic in this region consistent with chronic intramedullary bone reaction. Two lucent linear tracts extend from the defect in the lateral cortex to the adjacent lateral soft tissues compatible with drainage tract/fistulous pathways. The surrounding soft tissues are markedly thickened. No discrete aggressive bone destruction or expansile mass typical of primary bone neoplasia is identified.

The right submandibular lymph nodes are moderately enlarged.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe chronic proliferative osteomyelitis of the right mandibular body with cortical defect level with tooth 409 communicating with the mandibular canal.
- Two drainage tract emanating from the lateral cortex into the lateral soft tissues.
- Suspect marked regional cellulitis and reactive lymphadenitis.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The findings are suggestive for chronic mandibular osteomyelitis with fistulation. A likely initiated cause is prior trauma or penetrating injury. Another important possibility is infection or associated dental or periodontal disease which, however, is not strongly indicated by the CT findings. Clinical correlation is required. The drainage tracts extending into the soft tissues appear to explain the external wound described clinically. Primary bone neoplasia is considered very unlikely based on the CT findings. Surgical exploration of the affected mandibular region is recommended for debridement, removal of potential sequestrum, excision of fistulous tracts, sampling for culture and sensitivity, and histopathology of bone and soft tissue. Dental evaluation and potential extraction of involved teeth is recommended as well.

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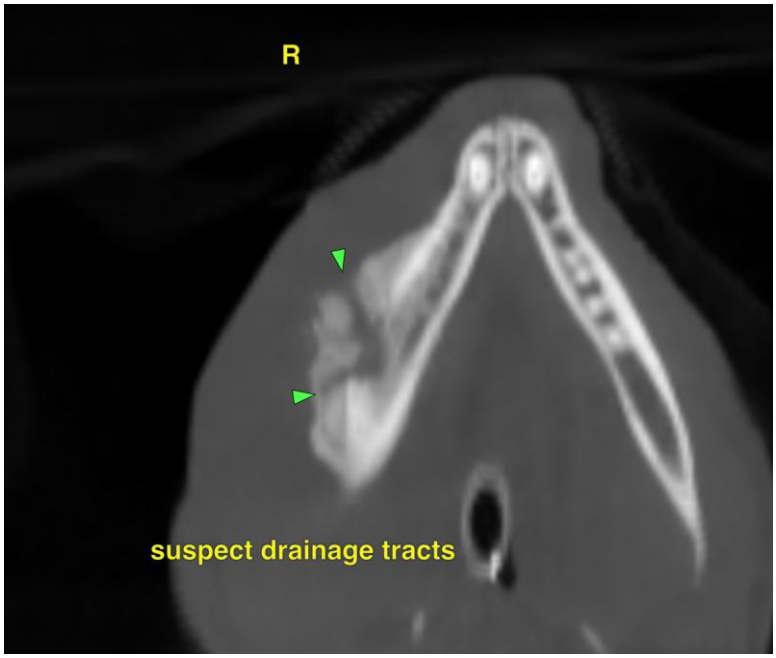

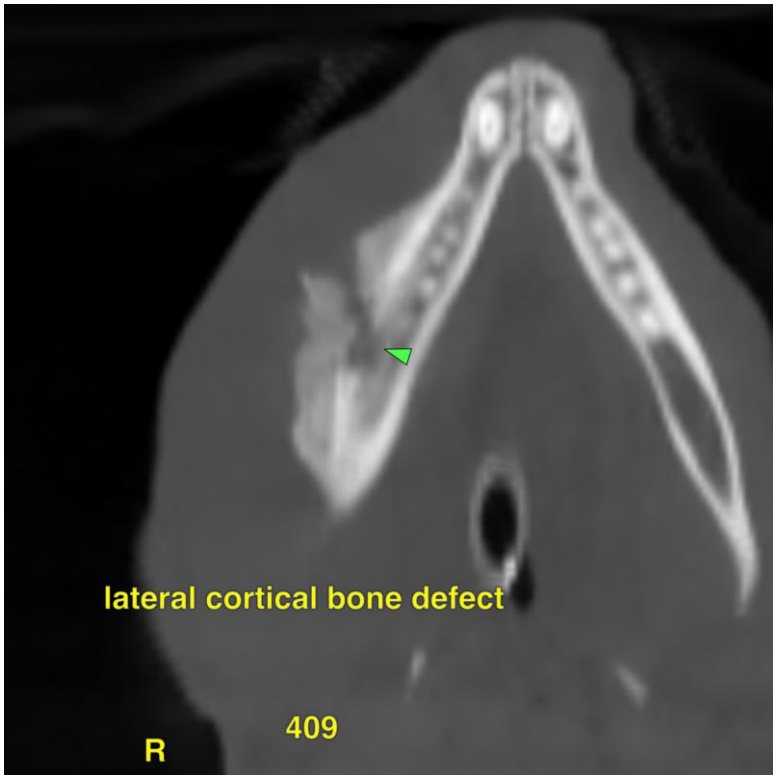

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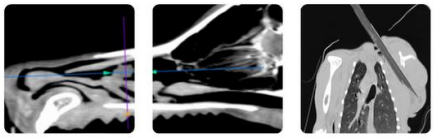

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
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