



## PATIENT

Sherlock Hall

## SPECIES

Feline

## BREED

DSH

## SEX

Male Neutered

## AGE

16Y, 8M

## WEIGHT

11.58lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

JRD/CAB

## HOSPITAL NAME

Parrish Creek  
Veterinary Clinic

## REFERRING VET

Dr. Jennifer Shuck

## INVOICE

74642

## DATE

4-16-26

## PRESENTING CLINICAL SIGNS

Pt presents for left mandibular swelling, noticed in February with associated discomfort and decreased ease of eating. Swelling onset and duration not precisely stated but noted to have improved with prior treatment. History of multiple tooth extractions on contralateral side. Current medications are gabapentin, and clavamox which improved swelling and eating. Hard mass palpated in the jaw by referring veterinarian. No other medical problems reported or hx of major illness. Chronic kidney disease suspected; prior bloodwork showed elevated kidney values, with improvement noted in more recent labs.

Abnormal PE/Chem/CBC/UA Results: Previous BW completed on 4/14/26- SDMA 17 ug/dL, Creatinine 2.4 mg/dL

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

At the level of the left mandible in the region of missing tooth 307, there is marked circumferential soft tissue swelling. Associated irregular periosteal new bone formation is present. The underlying mandibular bone shows remodeling and bone loss, however, no discrete mass is identified, and no definitive aggressive cortical bone lysis is observed.

Resorptive changes are affecting multiple teeth including tooth 308.

The right mandible demonstrates smooth osseous thickening and osseous remodeling with no associated soft tissue swelling and no periosteal reaction.

Teeth 407-409 are absent consistent with prior extractions.

The regional lymph nodes are within normal limits.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left mandibular osteopathy characterized by periosteal new bone formation, circumferential soft tissue swelling, and underlying bone remodeling.
- Multifocal dental disease with tooth resorption including 308.
- No discrete neoplastic mass identified at this time.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging findings favor a chronic inflammatory/infectious process rather than a primary neoplasm such as chronic osteomyelitis in conjunction with severe periodontal disease and resorptive dental lesions. Aggressive cortical bone destruction is not seen, and discrete soft tissue mass is not present. However, given the patient's age and imaging findings, early infiltrative neoplasia cannot be completely excluded, particularly if clinical progression occurs. Dental/oral surgical evaluation is recommended with extraction of affected teeth, debridement if osteomyelitis is confirmed, and biopsy and histopathology as well as continuation of antibiotic therapy. Follow up imaging can be considered if clinical signs persist or worsen.



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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  
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