



**PATIENT PRESENTING CLINICAL SIGNS**

Bebe Wei Large gingival mass effect upper left maxilla region extending to and possibly crossing over midline

**SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX**

Canine Post contrast studies available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**BREED Head**

Golden Retriever An irregular shaped and ill-defined soft tissue attenuating mass of approximately 4.5 cm length, 3.5 cm width, and 1.5 cm height is seen in the left maxillary gingival stomal margin and extends medially up to the midline of the soft palate. Nonuniform contrast enhancement is noted. There is mild permeative osteolysis of the left maxillary alveolar margin starting from the triadan 205 up to the triadan 207.

**SEX** FS The left medial retropharyngeal and submandibular lymph nodes present mild symmetric enlargement.

**AGE** 9 Years Multifocal moderate to severe periodontal disease is noted accentuating the triadans 103 and 208. A dental nasal fistula is associated with the periodontal disease of the triadan 208 and regional soft tissue swelling as well as fluid accumulation within the left nasal cavity is noted.

**INTERPRETED BY Thorax**

Nele Eley, DVM There are moderate cranial lumbar spondyloses.  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME** The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

Animal Surgical Center The cardiovascular structures including the pulmonary vasculature are within normal limits.

**REFERRING VET** The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

Great Neck AH A 4mm sized polygonal shaped interstitial soft tissue attenuating structure is seen within the cranial aspect of the right caudal lung lobe. The remainder of the lung presents within age related normal limits. Occasional interstitial bands and pulmonary osteomas are seen.

**INVOICE** 52137 Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

**DATE**

5-12-22



**PATIENT**                      **COMPUTED TOMOGRAPHIC DIAGNOSIS**

Bebe Wei

- Soft tissue mass with presumed aggressive biological behavior in the left maxillary gingival stomal margin and soft palate.

**SPECIES**

Canine

- Left medial retropharyngeal and submandibular lymphadenomegaly.
- Single “nodular” soft tissue structure within the right caudal lung lobe.
- Multifocal periodontal disease with dental nasal fistula and regional rhinitis associated with the triadan 208.
- Spondyloses.

**BREED**

Golden Retriever

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals a soft tissue mass in the left maxillary gingival stomal margin and soft palate. Secondary aggressive bone lysis of the left maxillary alveolar margin from the triadan 205 to the triadan 207 is noted. Differential diagnosis includes fibrosarcoma, other soft tissue sarcoma, squamous cell carcinoma, melanoma, and round cell neoplasia. Final diagnosis would require sampling.

**SEX**

FS

The soft tissue changes extend up to the level of the midline of the soft palate. No aggressive lysis of the hard palate is seen, however, there are aggressive osteolytic changes of the left maxillary alveolar crest even though they are mild at this point. Consider partial or radical left hemimaxillectomy depending on the tumor type and surgical safety margins.

**AGE**

9 Years

The lymph node changes are suggesting reactive hyperplasia, however, early metastatic disease should be ruled out by means of fine needle aspiration.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Consider dental extractions of the triadans 103 and 208 with revision of the dental nasal fistula associated with the triadan 208.

**HOSPITAL NAME**

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The single “nodular” soft tissue structure within the pulmonary interstitium of the right caudal lung lobe is less likely to represent metastatic disease than fibrotic nodule / interstitial scarring. However, metastatic disease cannot be ruled out entirely.

**REFERRING VET**

Great Neck AH

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**SEX**

FS

**AGE**

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**REFERRING VET**

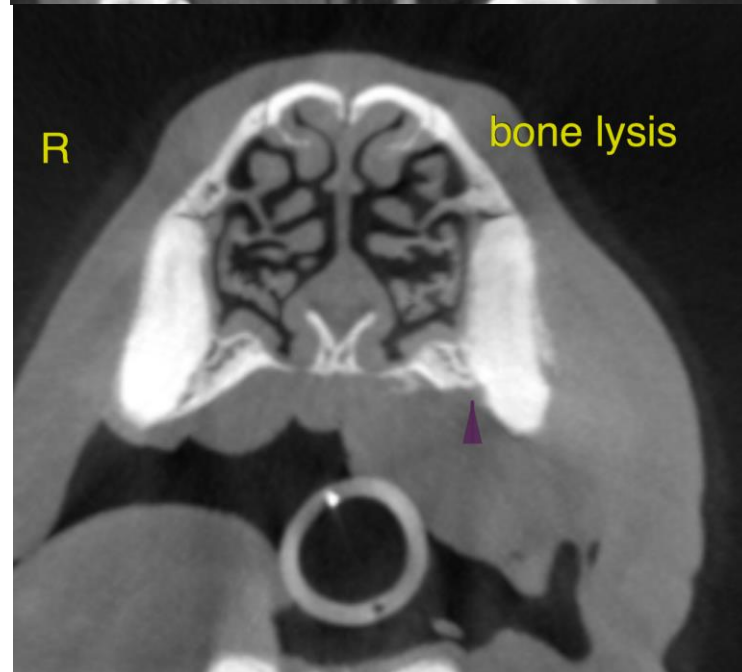
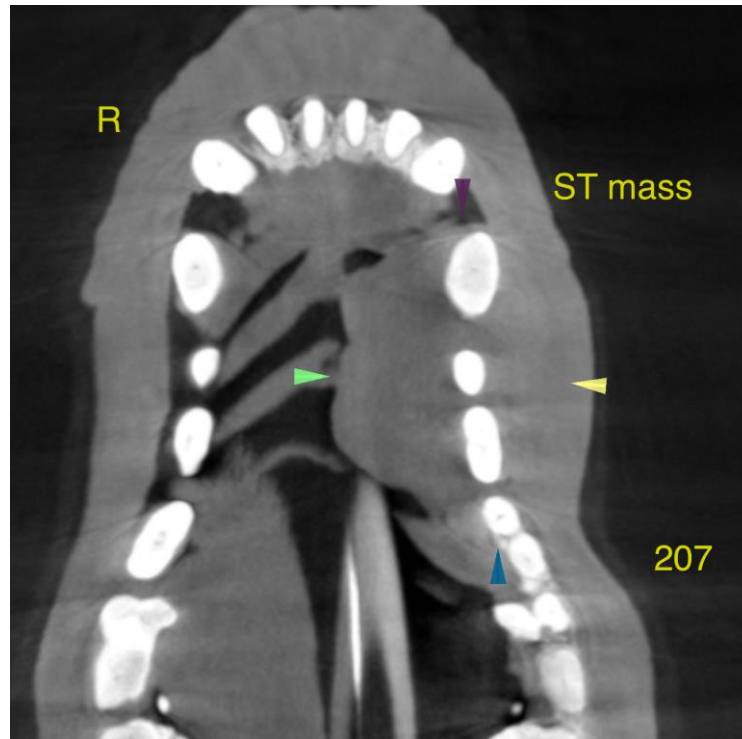
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**AGE**

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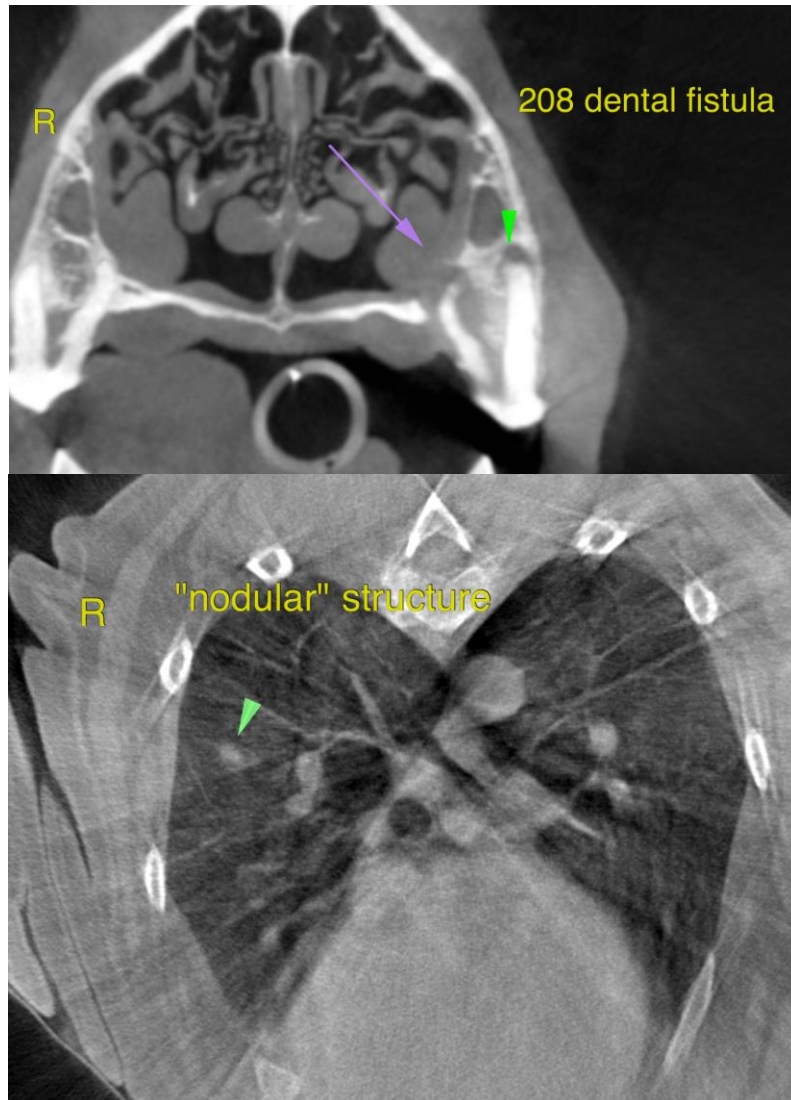
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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