

**PATIENT**

Shelby Wigder

PRESENTING CLINICAL SIGNS

Presented to dentist. Previously (5/13/21) incompletely excised left rostral maxillary mass mesiopalatal to the left maxillary canine tooth. Diagnosis: canine acanthomatous ameloblastoma. Margins were not present in report.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Oro-Nasal: Calculus index 1/3, Plaque index 2/3, Gingivitis index 2/3. Minimal halitosis. Sporadic left maxillary lip entrapment. Anterior crossbite right and left mandibular first incisors, left mandibular second incisor (301, 302, 401). Missing left maxillary third incisor, canine and first premolar teeth (203, 204, 205). Left rostral maxillary mucogingiva WNL no overt masses noted.

BREED

Lab Mix

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Pre/post contrast studies provided for review.

SEX

Female Spayed

COMPUTED TOMOGRAPHIC FINDINGS

The left maxillary bone at the level of the former 204 and caudal to that shows a subtle irregular surface without evidence of relevant periosteal reactions or bone lysis. The adjacent soft tissues (soft palate, subcutaneous region and lip, nasal mucous membranes) are unremarkable without signs of a swelling or pathologic contrast enhancement.

AGE

7 Years, 1 Month

A bone defect of the maxillary bone dorsal to 205/206 of 6.4 mm is recognized. Bony margins are smooth and regular at this level.

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

The adjacent left nasal cavity is inconspicuous.

HOSPITAL NAME

Mobile Pet Imaging

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Status after excision left rostral maxillary mass without CT-morphologic signs of recurrence
- Small maxillary defect dorsal to 205/206

REFERRING VET

Meaux

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Appearance and texture of the left rostral maxillary bone do not show signs of an aggressive lesion. Especially the adjacent soft tissues are unremarkable from a CT perspective. The maxillary defect dorsal to 205/206 appears non-aggressive as well. Nasal structures are inconspicuous.

INVOICE

47218

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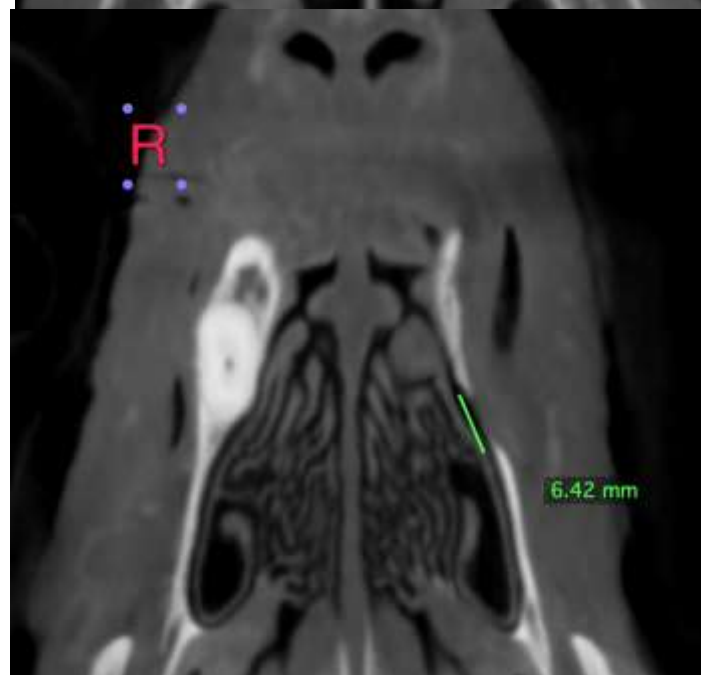
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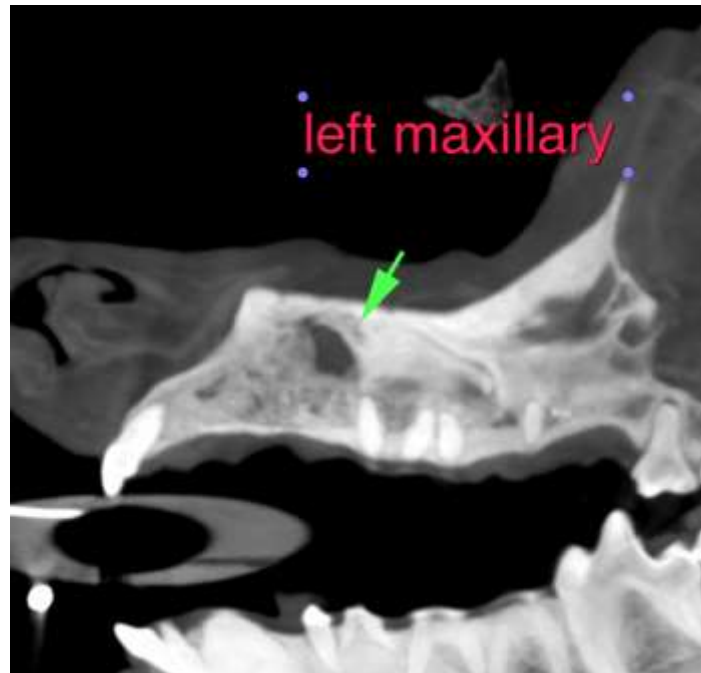
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
Sebastian.Jawinski@sonopath.com

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