



**PATIENT PRESENTING CLINICAL SIGNS**

Chief Hovde Presented to primary veterinarian on October 26, 2021 for a swollen muzzle especially on left side. Was first noticed at the boarding facility. Gum tissue bruised but deciduous teeth appeared fine. Ddx: trauma =started on Cephalexin & Carprofen for 10 days. Returned on November 9, 2021 still swollen muzzle. Head radiographs: remodeling visible over swollen area. Deciduous left upper canine surrounded by fluid swollen over. Deciduous tooth was extracted-as soon as gum was punctured, profuse blood began spurting out with the heart beat. The extraction site was closed with vicryl suture and the patient was sent home on Simplicef. At recheck appointment 9 days later the area was still swollen. O reports the swelling decreases and increases in size but never fully goes away. O reports the patient has been feeling normal otherwise, but will exhibit bleeding from the mouth when anything hard is placed in it-including hard kibble.

**SPECIES** Canine

**BREED** Newfoundland

**SEX** M

**AGE** 23 Weeks

**INTERPRETED BY** Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

Abnormal PE/Chem/CBC/UA Results: Chemistry was within normal limits today. CBC results: decreased hematocrit -22.8 (37.3-61.7); decreased RBC =4.82 (5.65-8.87); Decreased hemoglobin = 7.3 (13.1-20.5); on blood smear rbc morphology: increased central pallor, hypochromasia and target cells, normal platelet/white blood cell morphology. Profuse bleeding during adult canine extraction/bone biopsy.

**COMPUTED TOMOGRAPHY OF THE SKULL**

A high resolution pre- and post-contrast CT study of the skull is provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

The left maxillary bone, level with triadan 202/203 to 207 presents with an expansile mineralizing lesion presenting a coarse trabecular pattern and small osteolytic lesions of the lateral cortex. The expansile mineralizing mass of the left maxillary bone is impacting triadan 204 and causes deviation of triadan 203 and 205-207

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Expansile monostotic semiaggressive osteoproliferative lesion rostral segment left maxillary bone, impacting triadan 204



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**HOSPITAL NAME**

Casselton Vet Service

**REFERRING VET**

Brad Bartholomay

**INVOICE**

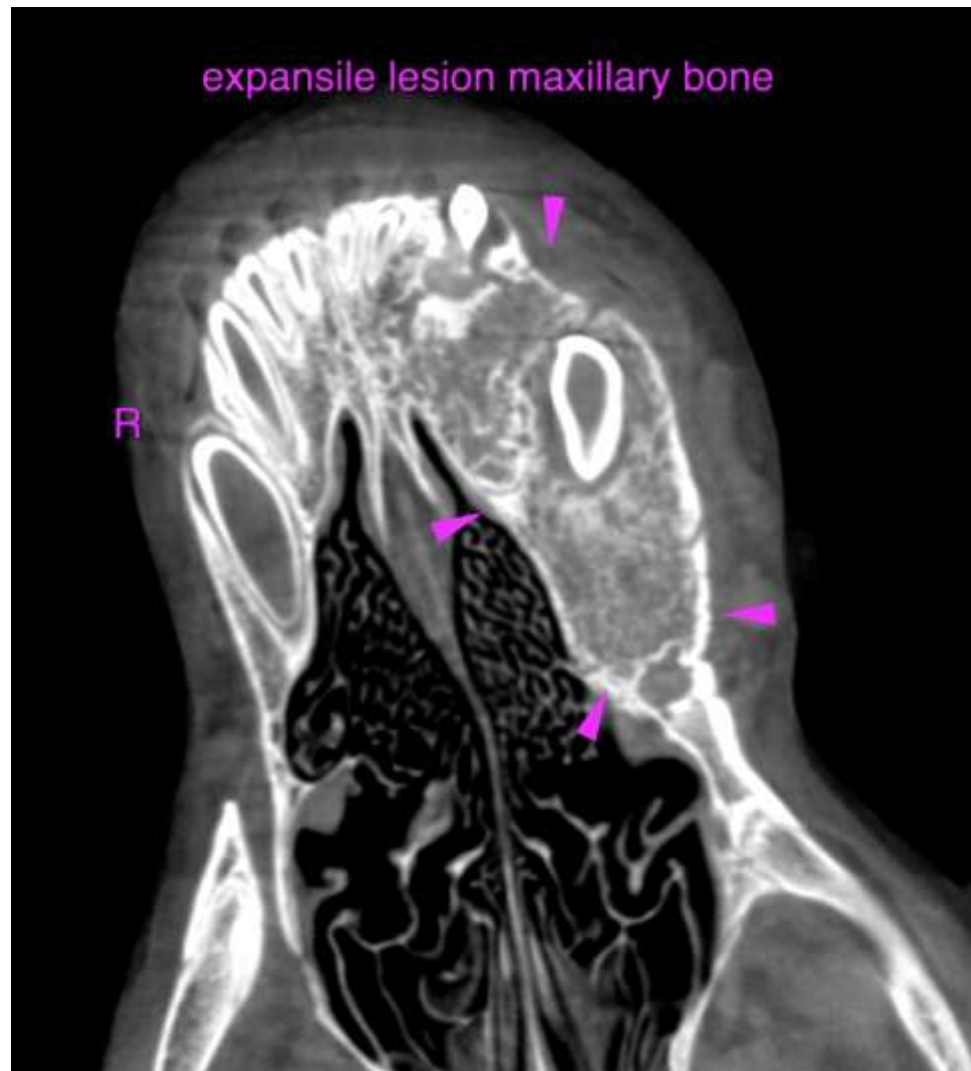
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**DATE**

1-4-22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Differentials for the expansile lesion of the left maxillary bone are fibrous dysplasia or less likely infectious bone disease (hematogenous osteitis). Fibrous dysplasia is very rare in companion animals and is a congenital disorder with a defect in localized osteoblastic differentiation and maturation. A low grade neoplastic transformation like osteosarcoma, chondrosarcoma are potential considerations as well.





**PATIENT**

Chief Hovde

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.

**SPECIES**

Canine

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 Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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