



PATIENT

Dutch Malpas

SPECIES

Canine

BREED

Flat Coat Retriever

SEX

MN

AGE

8Y

WEIGHT

72.2lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

MH

HOSPITAL NAME

Animal Medical Center
of Mt. Pleasant

REFERRING VET

Steven Epstein

INVOICE

73204

DATE

1-6-26

PRESENTING CLINICAL SIGNS

Abnormal gulping

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The post contrast series of the skull presents generalized mild motion artefacts.

The pictured parts of the dentition are complete. The alveolar bone at the labial aspect of triadan 301 to 304 and 401/402 presents an expansile geographic osteolytic lesion with multifocal perforations of the cortex – the expansile geographic lesion has a diameter of approximately 19 mm.

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 submandibular and 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.

Thorax

Along the thoracic spine, multifocal spondylosis formation is seen.

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 is uniform and considered within normal limits.

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

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.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Polyostotic semiaggressive expansile osteolytic lesion rostral segment left mandible
- Multifocal spondylosis deformans thoracic spine
- No evidence of pulmonary metastatic disease



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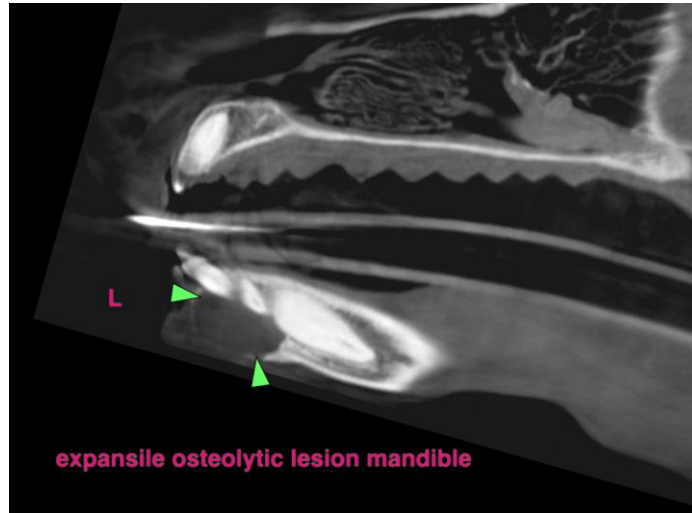
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The expansile osteolytic lesion of the rostral segment of the left mandible can present benign osseous cyst or lateral periodontal cyst or cystic osseous neoplasm – such as squamous cell carcinoma, fibrosarcoma, other. Biopsy can be performed for specification. Complete surgical resection via rostral hemimandibulectomy is considered feasible, if applicable.

No additional abnormalities are appreciated that may explain the presenting clinical signs.





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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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com