



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Benjamin Royer  
**SPECIES** Canine  
**BREED** Boxer  
**SEX** Neutered Male  
**AGE** 5  
**INTERPRETED BY** Sebastian Schaub, DVM Dr. med. vet. DipECVDI  
**HOSPITAL NAME** Southern Oregon VSC  
**REFERRING VET** Dr. Fugazzi

History: Mass at mand incisors removed 1/22 by rDVM. Histopath from Oregon St Univ DX Lab: 7/21/22 "Upon preliminary review we did find an odontogenic neoplasm. We will be consulting other pathologists for tumor classification. We expect this lesion will display local tissue compression or even destruction, but likely has low metastatic potential. Excision is incomplete and there could be high risk of recurrence." Histopath dated 7/25/22: "We have completed add'l review of this case, and also consulted with our colleague Dr Williams. Overall we suggest a primary diff DX of ossifying epulis. This particular mass is more cellular than many ossifying epulides that we encounter and we have only a moderate degree of confidence in this DX. If this DX is correct, we expect excision to be associated with long remission. Regrowth, if it occurs, might be slow and non-invasive."  
 Abnormal PE/Chem/CBC/UA Results:

**COMPUTED TOMOGRAPHIC STUDY OF THE SKULL**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

A moderate bradygnathia superior is appreciated. A supernumerary triadan 205 is appreciated. Triadan 311 and 411 are absent. Between triadan 402 and 403, a heterogeneous mineralizing mass is originating from the alveolar bone, measuring 1.6 x 1.3 x 1.4 cm in size. The mass between triadan 402 and 403 causes splaying of the respective teeth and the associated alveolar bone presents with moth eaten osteolytic lesions.

Triadan 305 and 411 are impacted within the alveolar bone. Level with triadan 305, a geographic, osteolytic lesion of the mandible is appreciated measuring 9 mm in size.

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.

18139 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.

**DATE**

11/17/22



**PATIENT COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Benjamin Royer
- Monostotic semi-aggressive mixed osteolytic and osteo-proliferative lesion right mandible, alveolar bone of triadan 402 and 403
  - Impacted triadan 305&405 with retention cyst formation level with triadan 305
- SPECIES**
- Supernumerary triadan 205
  - Absent triadan 311 and 411

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED** The expansile mass at the rostral aspect of the right mandible, situated between triadan 402 and 403 is fitting the history of odontogenic tumor – regarding the history the presumptive diagnosis is peripheral odontogenic fibroma, given the local invasive appearing growth acanthomatous ameloblastom should be considered as well. Complete surgical excision of the mass will likely warrant right rostral hemimaxillectomy

Boxer

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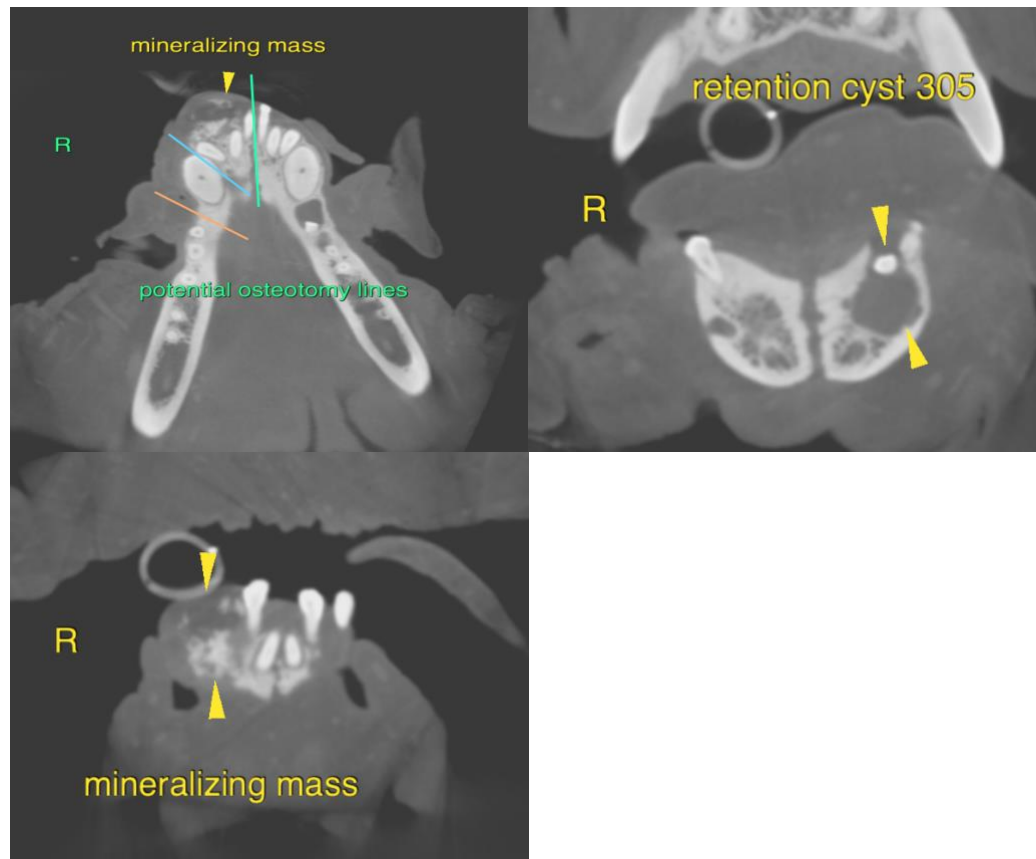
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Benjamin Royer

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.

**SPECIES**

Canine

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