



PATIENT PRESENTING CLINICAL SIGNS

Milo Schiavo Referral patient for second opinion of mass on mandible that grew over last few months
 Abnormal PE/Chem/CBC/UA Results: CT to determine where to perform Mandibulectomy-
 performed just caudal to canines. Chest CT performed as met check

SPECIES COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

BREED COMPUTED TOMOGRAPHIC FINDINGS

English Bulldog Skull

A significant bradygnathia superior is appreciated. The tooth elements 207, 308, 408 are absent.

SEX The rostral segment of the right mandible, level with the incisor teeth, presents with a
 multicameral, expansile bone lesion and associated mild heterogeneous contrast enhancing soft
 tissue mass. The right mandibular incisor teeth are displaced by the mandibular mass. The soft
 tissue component is crossing the mandibular symphysis and pressure erosion of the alveolar bone
 level with triadan 301 and 302 is visible. The multicameral mandibular mass is measuring
 approximately 2.6 x 1.8 x 3.7 cm in size.

Male Neutered

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

4 Years

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

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

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.

HOSPITAL NAME 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.

Catskill Veterinary
 Services, PLLC

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.

REFERRING VET Thorax

Dr. Joseph Multifocal spondylosis formation is seen along the thoracic spine.
 D'Abbraccio

INVOICE 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.

54950 The cardiovascular structures including the pulmonary vasculature are within normal limits.

DATE 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.

11-2-22



PATIENT

Milo Schiavo

The cranioventral aspects of the lung parenchyma are hypoinflated and multiple regions with dystelectasis are appreciated. The remainder of 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.

SPECIES

Canine

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Polyostotic aggressive mixed osteolytic and osteoproliferative lesion rostral segment right mandible, including the left mandible
- Absent triadan 207, 308, 408
- Atelectasis cranioventral aspects of the lung
- Hemivertebra thoracic spine
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

BREED

English Bulldog

SEX

Male Neutered

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right rostral mandibular mass is compatible with neoplastic disease and primary neoplasia of bone (e.g. osteosarcoma, chondrosarcoma), odontogenic tumor or soft tissue neoplasm (e.g. fibrosarcoma, squamous cell carcinoma, melanoma) are considerations. Complete surgical excision of the mass by rostral mandibulectomy is considered feasible – osteotomy line should be distal to triadan 406 (lytic lesions can be appreciated up to triadan 405) and distal to triadan 304.

AGE

4 Years

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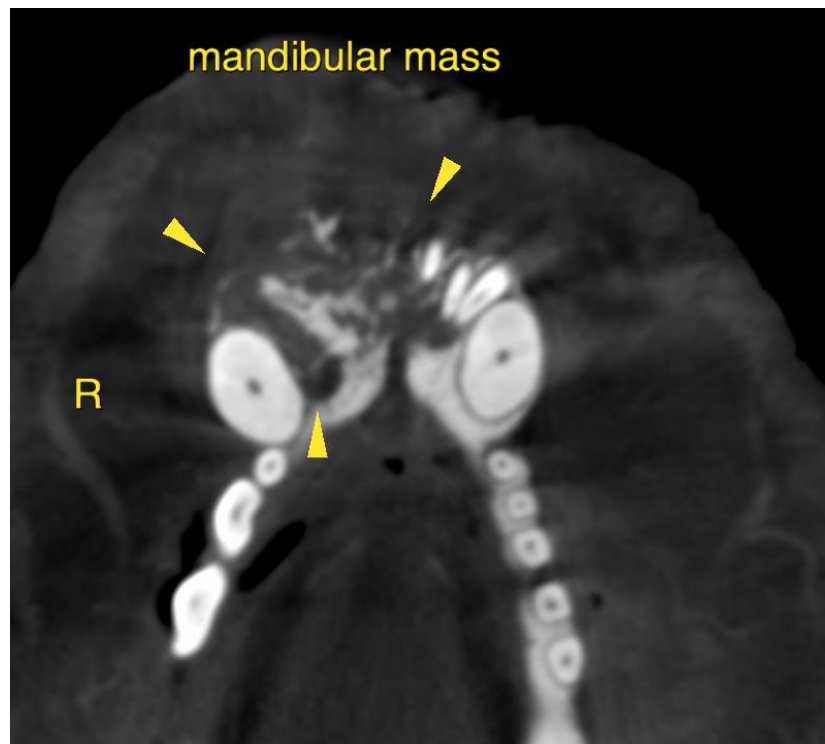
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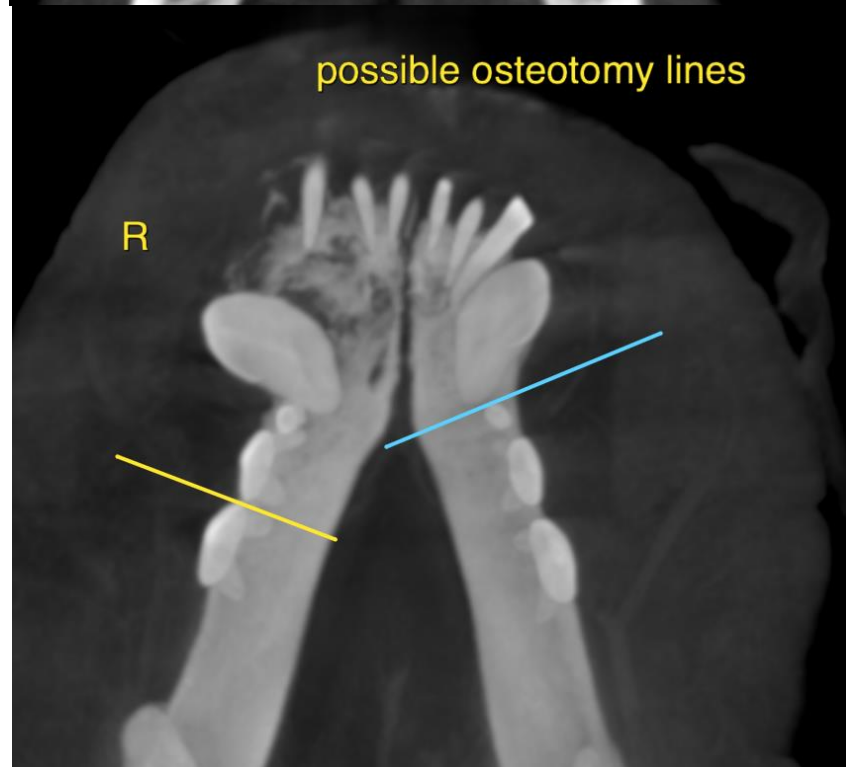
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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