

PATIENT

Lucy Campbell

SPECIES

Canine

BREED

Chihuahua

SEX

Intact Female

AGE

10 Years

WEIGHT

15 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Dr. Armstrong

INVOICE

35613

DATE

11/22/25

PRESENTING CLINICAL SIGNS

History: Presenting complaint or concern (brief) Mass growing on lower left jaw Please list any current medications none.

Abnormal PE/Chem/CBC/UA Results: Swelling over the left mandible, proximally. All else wnl BW-creat 1.4

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Triadan 311 and 411 are absent. The crown of triadan 302 is absent. Triadan 207 and 208 present a periapical widening of the periodontal space. The mesial root of triadan 207 is perforating the left nasal cavity – at the same level a mild intranasal soft tissue swelling is visible. A part of the crown of triadan 309 is absent. The roots of triadan 309 present a periapical widening of the periodontal space with a draining tract coursing from the mesial alveolar crest ventrally, perforating the ventral cortex of the body of the left mandible. Level with triadan 309, the body of the left mandible presents solid periosteal new bone formation, and a diffuse subcutaneous soft tissue swelling is seen ventral to the mandible at the same level.

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.

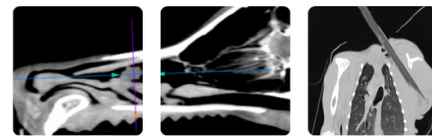
The left mandibular lymph nodes are prominent.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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.



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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, but small zones with dystelectasis.

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

A small amount of sedimented mineral attenuating material is appreciated in the gallbladder.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Complicated dental fracture 309
- Periapical abscess formation triadan 207, 208 and 309
- Fistulous tract roots triadan 309 with subcutaneous soft tissue swelling
- 207 is perforating the nasal cavity
- Lymphadenopathy left mandibular lymph nodes – consistent with secondary reactive lymphoid hyperplasia
- Cholecystolithiasis without mechanical obstruction
- Normal thorax, no evidence of pulmonary metastatic disease

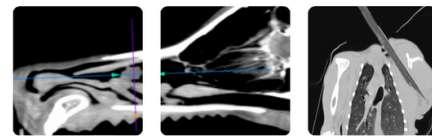
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinically appreciated swelling along the left mandible is caused by subcutaneous septic cellulitis due to periapical dental abscess of triadan309 – secondary to complicated dental fracture. A complete dental work up with extraction of the affected teeth is beneficial.

I do not see signs for underlying neoplastic disease.



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.



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