



## PATIENT

Buggy Cvetanovic

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Male Neutered

## AGE

6Y, 4M

## WEIGHT

4.6kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

CC/AS

## HOSPITAL NAME

Green Dog Dental and  
Wellness

## REFERRING VET

Dr. Celestine Hoh &  
Ren Garcia

## INVOICE

72729

## DATE

11-24-25

## PRESENTING CLINICAL SIGNS

- Cytology on 11/19/24: Spindloid cell proliferation with atypia-concerning for sarcoma. Neutrophilic inflammation. (truecareforpets) - Bone bx performed 12/2024 - revealed Osteomyelitis of the left mandibular ramus with overlying soft tissue ulceration. - p had rounds of radiation therapy from dec 2024 to mid 2025. - diagnosis on oct 21, 2025 L mandibular osteolytic and proliferative lesion concerning for OSA - 10/25- had feeding tube placement - current meds: antibiotics based on culture results (clavamox, rifampin), gabapentin, zorbium, cisapride.

## COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

Multiple teeth are absent.

The entire left mandible presents advanced permeative osteolysis along with amorphous periosteal new bone formation and loss of the normal anatomy. Multifocal interspersed gas inclusion are appreciated along the remnants of the body of the left mandible. The soft tissues overlying the left mandible present a large defect.

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 medial retropharyngeal lymph node is prominent.

An esophagostomy tube is entering the esophagus from the left cranial aspect of the neck.

### 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.

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.



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

### Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

### COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of osteosarcoma left mandible treated with stereotactic radiotherapy
- Polyostotic aggressive mixed osteolytic and osteoproliferative lesion left mandible and rostral segment right mandible with loss of normal anatomy of the entire left mandible and secondary malocclusion
- Secondary left sided exophthalmos
- Suspect multiple zones with osteonecrosis left mandible
- Mild lymphadenopathy left medial retropharyngeal lymph node
- Normal thorax, no evidence of pulmonary metastatic disease
- Normal abdomen

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are consistent with reoccurrence of the mandibular osteosarcoma that crossed the mandibular symphysis and is involving the rostral segment of the right mandible as well. The osteonecrosis and cutaneous necrosis may be a sequela to a combination of tumor reoccurrence and radiotherapy.

The prominent left medial retropharyngeal lymph node is equivocal for reactive lymphoid hyperplasia versus metastatic disease.



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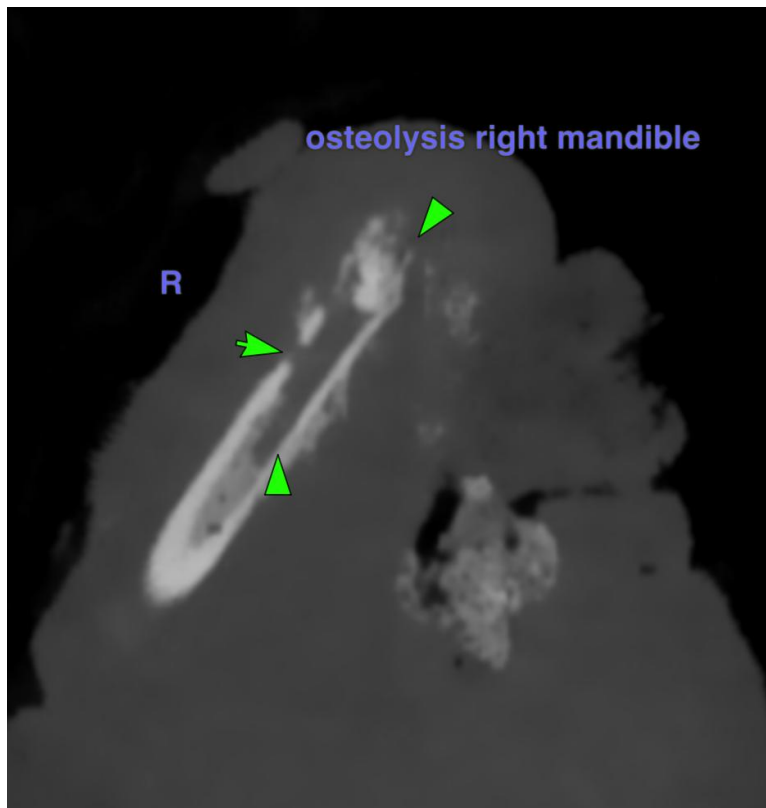
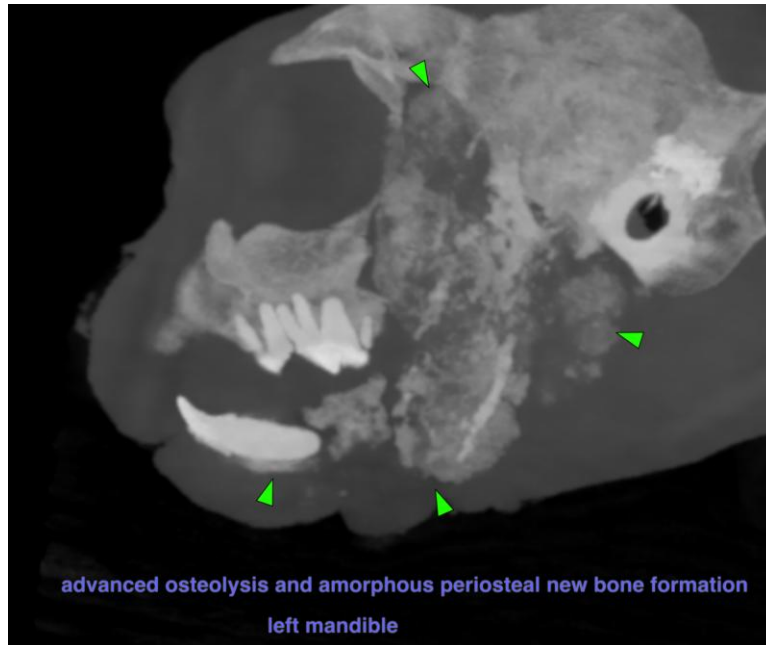
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)