



PATIENT

Oxxos Parra

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

6.2 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

MR

HOSPITAL NAME

Green Dog Dental and
Wellness

REFERRING VET

Dr. Hoh

INVOICE

35891

DATE

12/12/25

PRESENTING CLINICAL SIGNS

History: Owner first noticed oral mass adjacent to the left mandible approximately 3 weeks ago. The mass has increased in size over the past few days. Past is currently eating well. Heart murmur Grade2/6 parasternal, recent CardioProBNP-WNL

COMPUTED TOMOGRAPHIC STUDY 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 tooth elements 106, 206 are absent.

The rostral half of the body of the left mandible – up to the level of triadan 308/309 – presents advanced aggressive osteolysis with complete loss of the normal anatomy of the affected osseous segment. Along ventral aspect of the caudal segment of the body of the left mandible, amorphous periosteal new bone formation is appreciated. A circumferential soft tissue mass with a mild irregular contrast enhancement pattern is centered on the body of the left mandible – extending from the level of the mandibular symphysis up to the rostroventral aspect of the ramus of the left mandible. Triadan 307 and 308 present advanced resorptive lesions.

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

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 – but zones with mild dystelectasis of the ventral dependent aspects of the lung.

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



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic aggressive osteolytic lesion with associated soft tissue mass body left mandible
- Absent triadan 106 and 206
- Normal thorax, no evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinically appreciated swelling of the left mandible is a sequela to primary osseous neoplasia – such as osteosarcoma, chondrosarcoma, fibrosarcoma, squamous cell carcinoma, other. Biopsy can be performed for specification.



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