



PATIENT

Jacqueline Hands

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Spayed Female

AGE

7 Years

WEIGHT

16.6 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. Maria Georvasili

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Dr. Maria Georvasili

INVOICE

72758

DATE

12/24/25

PRESENTING CLINICAL SIGNS

Oral gingival mass removal R maxilla over 1st premolar performed the 28-11-2025. Histology results: Squamous cell carcinoma Mitotic count (per 2.37 sq. mm): 12 Margins: Not clear, neoplastic cells are extending into available tissue borders Vascular invasion: Not observed Full body CT performed today for metastatic check.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, NECK, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull & Neck

Triadan 105 is absent; the alveolar bone presents mild immature periosteal new bone formation along with moth eaten osteolysis.

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 right mandibular lymph nodes are prominent.

The osseous and soft tissue structures of the neck are within normal limits.

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 dystelectasis.

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



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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.

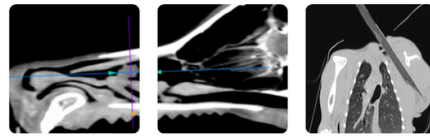
COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of excised squamous cell carcinoma level with triadan 105 with osseous involvement
- Lymphadenopathy right mandibular lymph nodes
- Normal thorax, no evidence of pulmonary metastatic disease
- Normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are fitting the history of excision of a squamous cell carcinoma level with absent triadan 105 – the underlying bone presents aggressive lesions indicative for osseous involvement. Right sided rostral maxillectomy is considered beneficial as a more aggressive surgical treatment option – possible osteotomy lines are mesial to triadan 104 and distal to triadan 106.

Recommend FNA sampling of the right mandibular lymph nodes to screen for metastatic disease.



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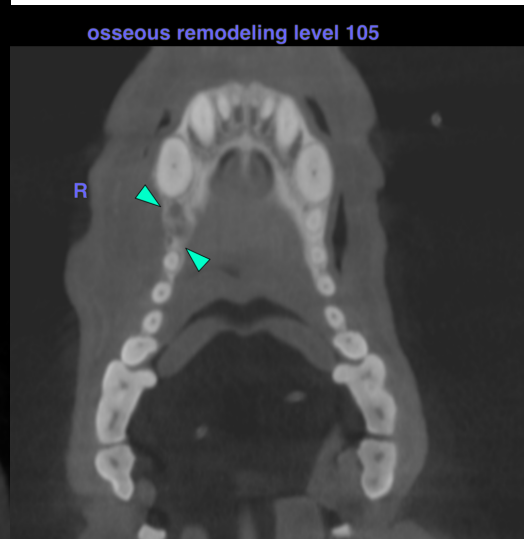
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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