



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Milo Bustamante
SPECIES Canine
BREED Golden Retriever
SEX Male

History: Subjective/Complaints: "Milo" presented for oral examination for oral mass first noted 2/18/23. "Milo" is fed Whole Hearted dry dog food. The Bustamante family do not currently practice regular home dental care and the last professional dental cleaning was performed 2/18/23. Milo has no known previous history of maxillofacial trauma or oral surgery per the Bustamante family. "Milo" medical history is quiescent other than stress colitis that has responded to 750 mg Flagyl BID, 60 mg Cerenia SID, and Provable Forte Sprinkle Capsules, Otitis externa (ciocci and yeast) managed with Surolan Otic Suspension per the Bustamante family and presented clinical records. Milo is not currently on any regular medications other than heartworm prevention per the Bustamante family. Dr. Johnson evaluated "Milo" on 2/18/23 for annual professional dental cleaning. At that time a rostral right maxillary mass was identified and radiographed. Dr. Johnston recommended immediate referral to the Florida Animal Dentistry & Oral Surgery Center. "Milo" is currently eating, drinking and acting normally. On 2-18-23 a complete chemistry CBC was performed and the results were unremarkable other than: RBC 9.33 (5.5-8.5), HGB 18.3 (12.0-18.0), HCT 59.57 (37.0-55.0), MCHC 30.7 (31.0-39.0), MPV 11.5 (3.90-11.10), Urine Specific Gravity 1.012 free catch 10+ occult blood, trace protein, Urine Leukocytes 250+, bacteria +.

AGE 6

Abnormal PE/Chem/CBC/UA Results: : Oral Mass 30 x 22 x 18 mm firm oblong pink pale attached gingival mass with osteolytic bone expansion extending from and including the distal right maxillary canine to the distal right maxillary third premolar (104-106), ½ the distance to the palatal midline and dorsal to the mucogingival junction. Marked Root Resorption of the right maxillary first premolar tooth. Treatment: Advanced Imaging Cone Beam CT and Incisional Biopsy from center of mass to prevent cellular transfer or marginal alteration. This will determine type of neoplasia and all potential treatment options and prognosis to extend Milos quality Life.

INTERPRETED BY

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

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

HOSPITAL NAME

Florida Animal
 Dentistry and Oral
 Surgery Center

COMPUTED TOMOGRAPHIC FINDINGS

Triadan 105 and mesial aspect of triadan 106, an expansile, multicameral geographic osteolytic lesions of the right maxillary bone is seen – encompassing triadan 105. Post contrast administration, the mass has a mild heterogeneous contrast enhancement pattern. The expansile bone lesion does not perforate the nasal cavity.

REFERRING VET

Mike Weigand, DVM,
 DAVDC

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic expansile semi aggressive bone lesion level with triadan 105

INVOICE

21297

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

2/25/23



PATIENT

Milo Bustamante

The expansile osteolytic mass level with triadan 105 is concerning for primary neoplasia either due to odontogenic tumor, squamous cell carcinoma, fibrosarcoma, osteosarcoma, other. Biopsy has already been performed for further definition and results are pending. Complete surgical excision of the mass is considered feasible – possible osteotomy lines are mesial to triadan 104 and distal to triadan 106.

SPECIES

Canine

BREED

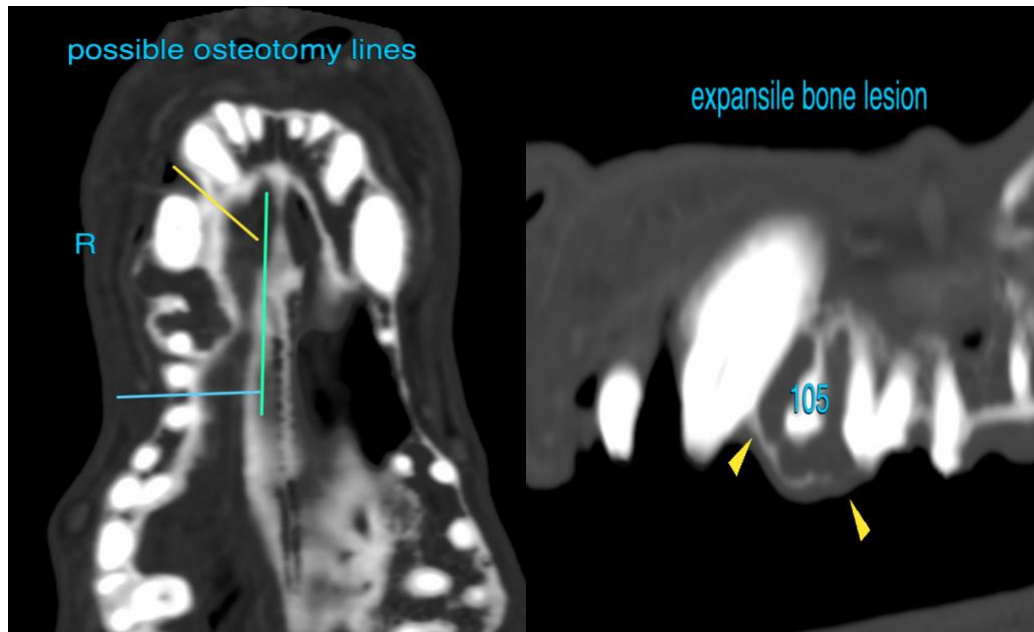
Golden Retriever

SEX

Male

AGE

6



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Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

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.

HOSPITAL NAME

Florida Animal
Dentistry and Oral
Surgery Center

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
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REFERRING VET

Mike Weigand, DVM,
DAVDC

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