



PATIENT

Willie Dinsmore

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

52kg

WEIGHT

8

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

MP

HOSPITAL NAME

Green Dog Dental and
Wellness

REFERRING VET

Dr. Alzate

INVOICE

74148

DATE

3-11-26

PRESENTING CLINICAL SIGNS

Per owner patient has history of oral cysts. ulcerated lesion noted rostral to 303-304 on 2/9/26. Presented today 3/11/26 with a 4-5cm oral mass of the rostral mandible with bleeding ulcerations.

COMPUTED TOMOGRAPHY OF THE SKULL

A high resolution plain CT study of the viscerocranium is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Triadan 301, 302, 401 and 402 are absent. Triadan 303 and 403 are displaced from the alveolar bone rostrally. The rostral segment of the body of the mandible bilaterally – including the alveolar crest of triadan 304 and 404 and alveolar bone up to triadan 306 and 405 – presents advanced permeative osteolysis. A uniform soft tissue attenuating mass is centered on the body of the mandible bilaterally.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Polyostotic aggressive osteolytic lesion rostral aspect body of the mandible bilaterally with associated soft tissue mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with primary mandibular soft tissue neoplasia and secondary aggressive osteolysis of the mandible – differentials include fibrosarcoma, melanoma, squamous cell carcinoma, other. Surgical management via bilateral rostral mandibulectomy appears feasible – possible osteotomy lines are distal to triadan 307 and distal to 406.

Consider full tumor staging.





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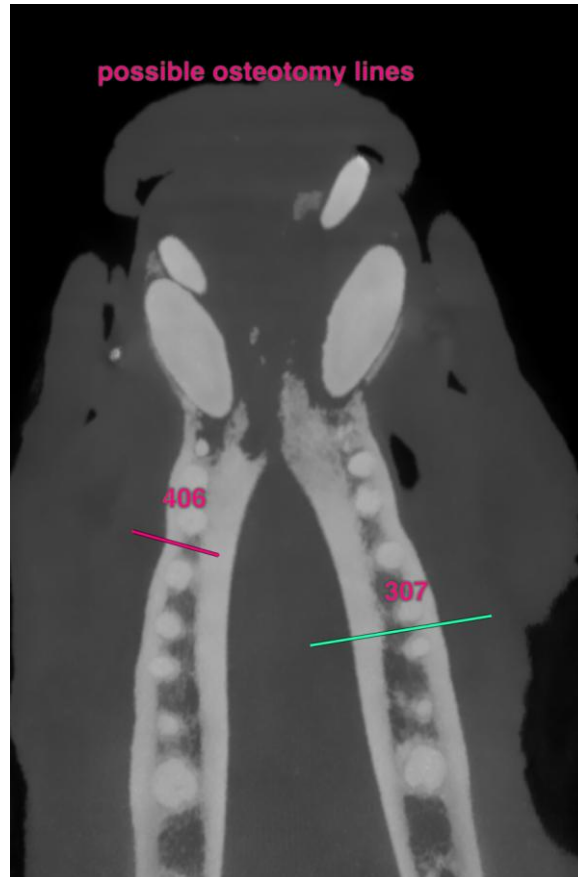
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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