



## PATIENT

Cholo Ortiz

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

NM

## AGE

11Y

## WEIGHT

9.6lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

José L. Alvarado Bruno,  
CVT - CT Scan Technician

## HOSPITAL NAME

Veterinary Image  
Center

## REFERRING VET

Dr. F. Ortiz, DVM/Dr. C.  
Mongil, DVM, DACVS

## INVOICE

74176

## DATE

3-13-26

## PRESENTING CLINICAL SIGNS

- (1/22/2026): Patient has a multilobulated mass on the right mandible arising from the mucosal tissues around 409 buccal and lingual side the mass was grossly debrided and excised trying to clean as much as possible but complete excision is no possible radiograph - no evidence of bone involvement.
- (3/9/2026): the mass in the right lower mandible has grown and is extremely large and aggressive.... needs oncology consult for possible tx or consider euthanasia.
- unable to debulk the mass to make him more comfortable.

Abnormal PE/Chem/CBC/UA Results: CBC --- UNREMARKABLE CHEM --- TP mild increased (8.3), GLOB mild increased (4.7) and ALP mild increased (345)

## COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

All teeth are absent and atrophy of the alveolar bone in all jaw quadrants is seen.

Centered on the caudal half of the body of the right mandible and the rostroventral aspect of the ramus of the right mandible, an irregular marginated, uniform soft tissue attenuating and peripherally accentuated contrast enhancing mass is appreciated; measuring approximately 3.2 x 2.7 x 3.3 cm. The affected segment of the right mandible presents mild moth eaten osteolytic lesions along with immature periosteal new bone formation.

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. In the most medial aspect of the left external ear canal, a small amount of soft tissue material is appreciated.

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 and the right medial retropharyngeal lymph node are prominent.

### Thorax

The vertebral endplates T5/T6 present mild spondylosis formation.

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.



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The lung parenchyma presents the expected architecture and attenuation behavior.

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

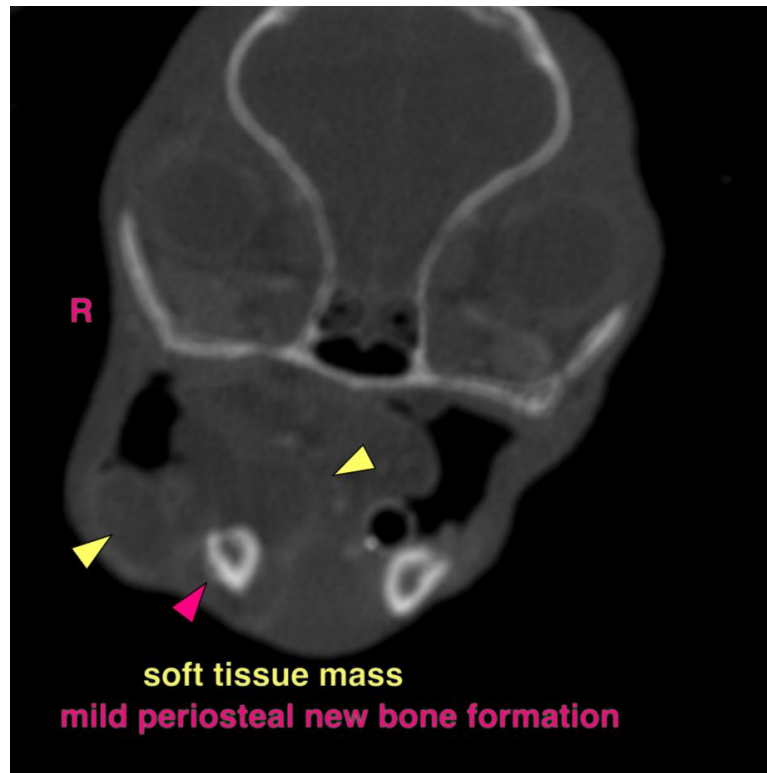
## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass centered on caudal segment of the right mandible with monostotic semiaggressive mixed mild osteolytic and osteoproliferative lesions
- Mild lymphadenopathy right mandibular lymph nodes and right medial retropharyngeal lymph node
- History of full mouth dental extraction and secondary atrophy of the alveolar bone in all jaw quadrants
- Spondylosis deformans T5/T6
- No evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right mandibular soft tissue mass is consistent with primary oral neoplasia – such as squamous cell carcinoma, melanoma, fibrosarcoma, other. Discussing the chances of surgical management via right sided hemimandibulectomy – including the ramus of the right mandible caudally, the rostral osteotomy line should be distal to the level of absent 404 – with oncologist/surgeon appears beneficial.

Recommend FNA sampling of the prominent right mandibular/medial retropharyngeal lymph nodes to differentiate between reactive lymphoid hyperplasia versus metastatic spread.





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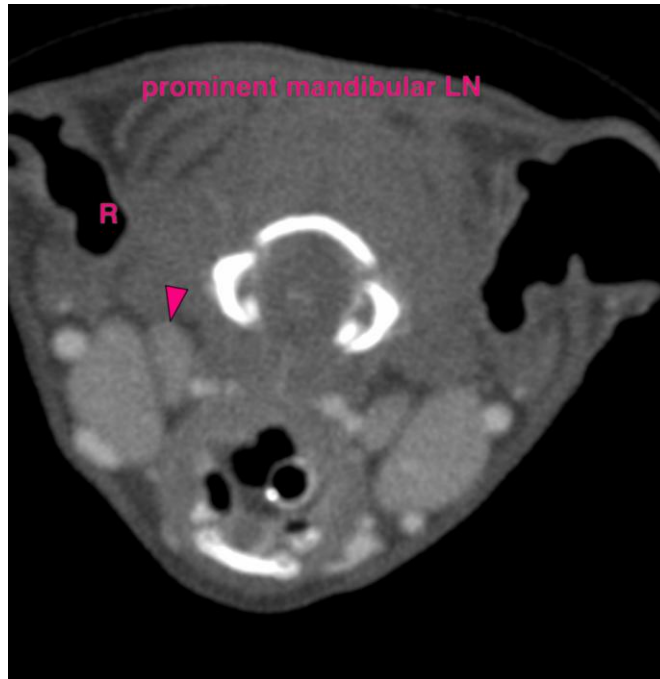
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)