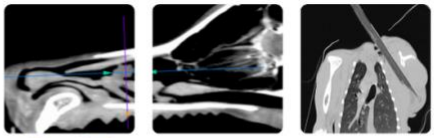

PATIENT

Gigi Moschos

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed Female

AGE

5 Years 5 Months

WEIGHT

25.6 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Lisa S.

HOSPITAL NAME

ASC Oceanside

REFERRING VET

Dr. Jennifer Short

INVOICE

36226

DATE

3/13/26

PRESENTING CLINICAL SIGNS

- MCT inside mouth (right side)
- mm pink/moist, CRT < 2 sec; 2- 3cm raised gingival mass around right upper canine- palpable mass effect in overlying lip as well
- Right maxillary/facial mass (consistent with mast cell tumor)

COMPUTED TOMOGRAPHIC STUDY 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

The skull has a brachycephalic conformation with crowding maxillary premolar teeth and a moderate brachygnathia superior.

Multiple teeth are absent.

In the rostral aspect of the right upper lip an ill-defined, uniform soft tissue attenuating and peripherally accentuated contrast enhancing mass is seen, measuring approximately 3.5 x 3.9 x 4.1 cm. The labial soft tissue mass is in contact with the right maxillary bone level with triadan 103 and 104 – presenting localized permeative osteolysis. Caudally the mass is merging with the right ventrolateral aspect of the base of the nasal planum.

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 filled with non-contrast enhancing soft tissue material. The external ear canals are aerated and present moderate mineralization of the wall.

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 lateral of the right mandibular lymph nodes is moderately enlarged, uniform soft tissue attenuating and contrast enhancing. The right medial retropharyngeal lymph node is mildly prominent.

Thorax

T4 to T10 present as hemivertebra.

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.

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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 with multiple zones of dystelectasis.

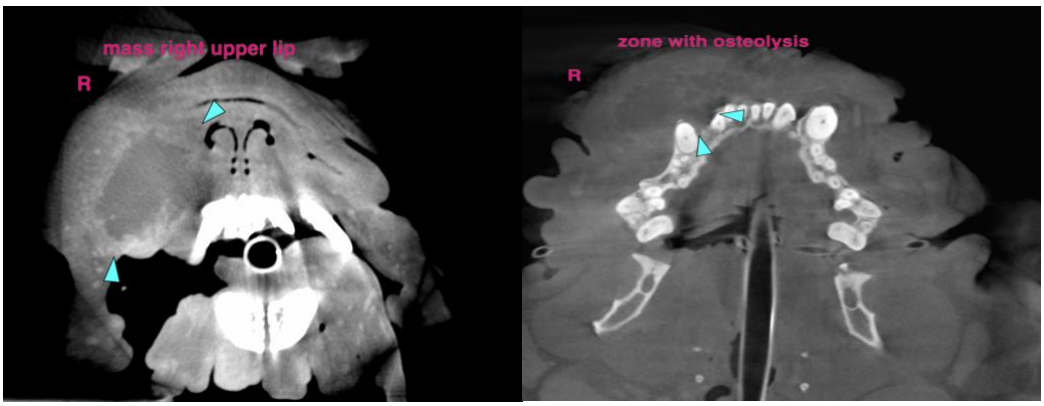
Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of mast-cell tumor right upper lip with osseous involvement
- Lymphadenopathy right mandibular lymph node and right medial retropharyngeal lymph node
- Bilateral otitis media
- Dystrophic mineralization external ear canals
- Multiple absent teeth
- Congenital malformation multiple thoracic vertebra
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass in the rostral aspect of the right upper lip is fitting the history of mast-cell tumor. The odds for metastatic spread into the regional lymph nodes are high.



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