



PATIENT

Titi Mirabal

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Female

AGE

9Y, 5M

WEIGHT

14.2lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Monika Salgado

HOSPITAL NAME

Westchester Animal
Hospital

REFERRING VET

Randy Dominguez

INVOICE

74079

DATE

3-5-26

PRESENTING CLINICAL SIGNS

Presented with a bump in left nose area. Owner states dog has been sneezing and having foam through the ipsilateral side of the nose. Left maxillary canine loose with an evident oronasal fistulae. Owner reported intermittent outbreaks of coughing. Dental cleaning performed after CT scan with canine extraction, oronasal fistula repair, and rhinoscopy.

COMPUTED TOMOGRAPHY OF THE SKULL, NECK AND THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull & Neck

Triadan 311, 401 and 411 are absent. Triadan 109 and 209 present significant widening of the periodontal space and a fracture buccal distal root.

Centered on the alveolar bone of triadan 204 a uniform soft tissue attenuating and peripherally accentuated mild contrast enhancing mass is seen – protruding into the subcutaneous tissue and the nasal cavity at the same level. The associated segment of the left maxillary bone presents aggressive osteolysis and with advanced destruction – extending caudally up to the level of triadan 206 and to the midline of the hard palate.

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 left mandibular lymph nodes are prominent.

Surrounding the cranial segment of the right jugular vein, localized soft tissue striation of the fat is appreciated – considered as a sequela to preceding venipuncture.

Thorax

In the left axillary region, a lipoma is seen, measuring approximately 4.0 x 1.7 x 5.2 cm.

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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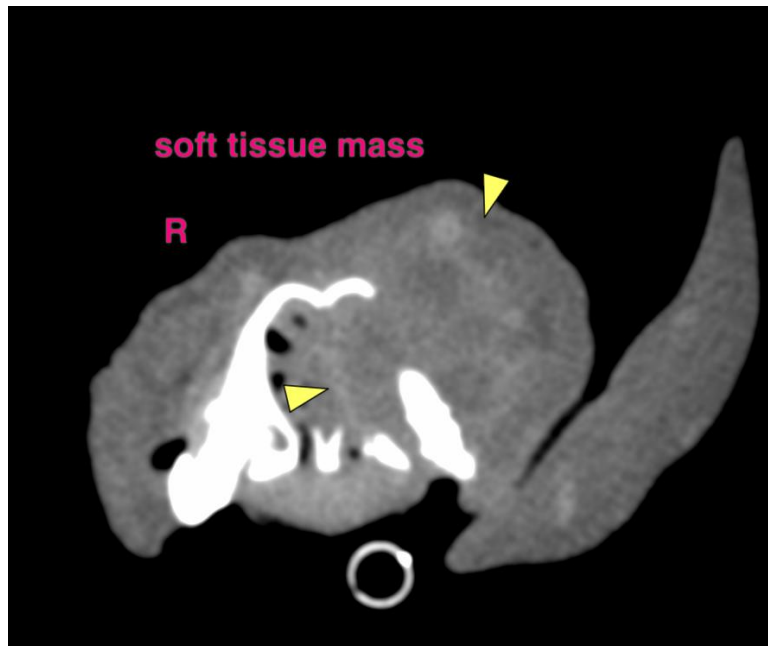
3-5-26

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass centered on alveolar bone of triadan 204 with polyostotic aggressive osteolysis of the associated osseous structures
- Lymphadenopathy left mandibular lymph nodes
- Advanced periodontal disease 109 and 209
- Fractured buccal distal root triadan 109 and 209
- Lipoma left axillary region
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue mass centered on the alveolar bone of triadan 204 along with the aggressive osteolytic lesions is highly concerning for underlying primary soft tissue neoplasia – such as fibrosarcoma, melanoma, squamous cell carcinoma, other. Due to the extent of the osteolysis I consider the odds for odontogenic granuloma low here. If not done so yet, biopsy of the appreciated soft tissue swelling is mandatory along with FNA sampling of the enlarged left mandibular lymph nodes.





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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