



PATIENT

Gemini Ancona

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

13

WEIGHT

10.2

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. Megan Presutti

HOSPITAL NAME

Catskill VS, PLLC

REFERRING VET

Dr. Megan Presutti

INVOICE

36644

DATE

4/19/26

PRESENTING CLINICAL SIGNS

History: Dental cleaning and assessment, Gingivitis

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

Triadan 304 is absent. The body of the left mandible presents advanced permeative osteolysis. A mild soft tissue swelling is centered on the left mandible.

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. 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 submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic aggressive osteolytic lesion body left mandible
- Absent triadan 304

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The aggressive osseous lesion of the body of the left mandible is highly concerning for underlying neoplastic disease – such as squamous cell carcinoma, fibrosarcoma, melanoma, osteosarcoma, other. Theoretically osteomyelitis is a differential, but the changes are unusual. If not done so yet, FNA sampling/bone biopsy can be performed for specification.





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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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com