



PATIENT

Perla Santa

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

14 Years

WEIGHT

11.7 Pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

José L. Alvarado Bruno,
CVT

HOSPITAL NAME

Veterinary Image
Center

REFERRING VET

Carlos Ortiz, DVM

INVOICE

36808

DATE

4/26/26

PRESENTING CLINICAL SIGNS

History: Patient initially presented in February for evaluation of an oral mass located in the right hard palate region, involving teeth 108, 109, and 110. A debulking procedure was performed, with plans for adjunctive electrochemotherapy, as a maxillectomy was not considered feasible at that time. Postoperatively, the patient developed an oronasal fistula, confirmed under sedation, with communication between the oral and nasal cavities. Management options discussed included an acrylic obturator or surgical flap closure.

Histopathology (delayed approximately three weeks) confirmed an oral neoplasm. At re-evaluation today, there is evidence of aggressive local recurrence, with suspected lytic bone involvement. The oronasal fistula persists with mild granulation tissue. Recommendation:

- A CT scan of the head and thorax is strongly recommended to:
- Assess the full extent of the primary oral/maxillofacial lesion
- Evaluate degree of bone invasion
- Stage for potential metastatic disease (pulmonary involvement)
- Assist in determining further treatment options and prognosis

Abnormal PE/Chem/CBC/UA Results: CHEM --- AMYL mild increased (1721) and LIPA mild increased (2973).

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

All teeth but triadan 104, 203, 204, 304 and 404 are absent. Atrophy of the alveolar bone in all jaw quadrants is seen.

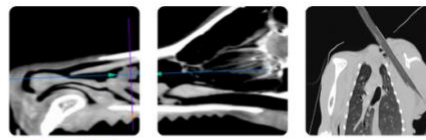
Centered on the caudal aspect of the caudal half of the right maxillary bone, a uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen that is extending caudally into the ventral aspect of the right orbital cavity. The associated osseous structures – including the right maxillary bone, right palatine bone, right zygomatic bone and presphenoid bone – present advanced aggressive osteolysis. The maxillary mass is perforating the right nasal cavity. The right ocular bulb is displaced rostr dorsally by the mass effect. At the right aspect of the base of the soft palate, a defect is appreciated, measuring approximately 8 x 11 mm.

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 and contrast enhancement pattern is uniform.



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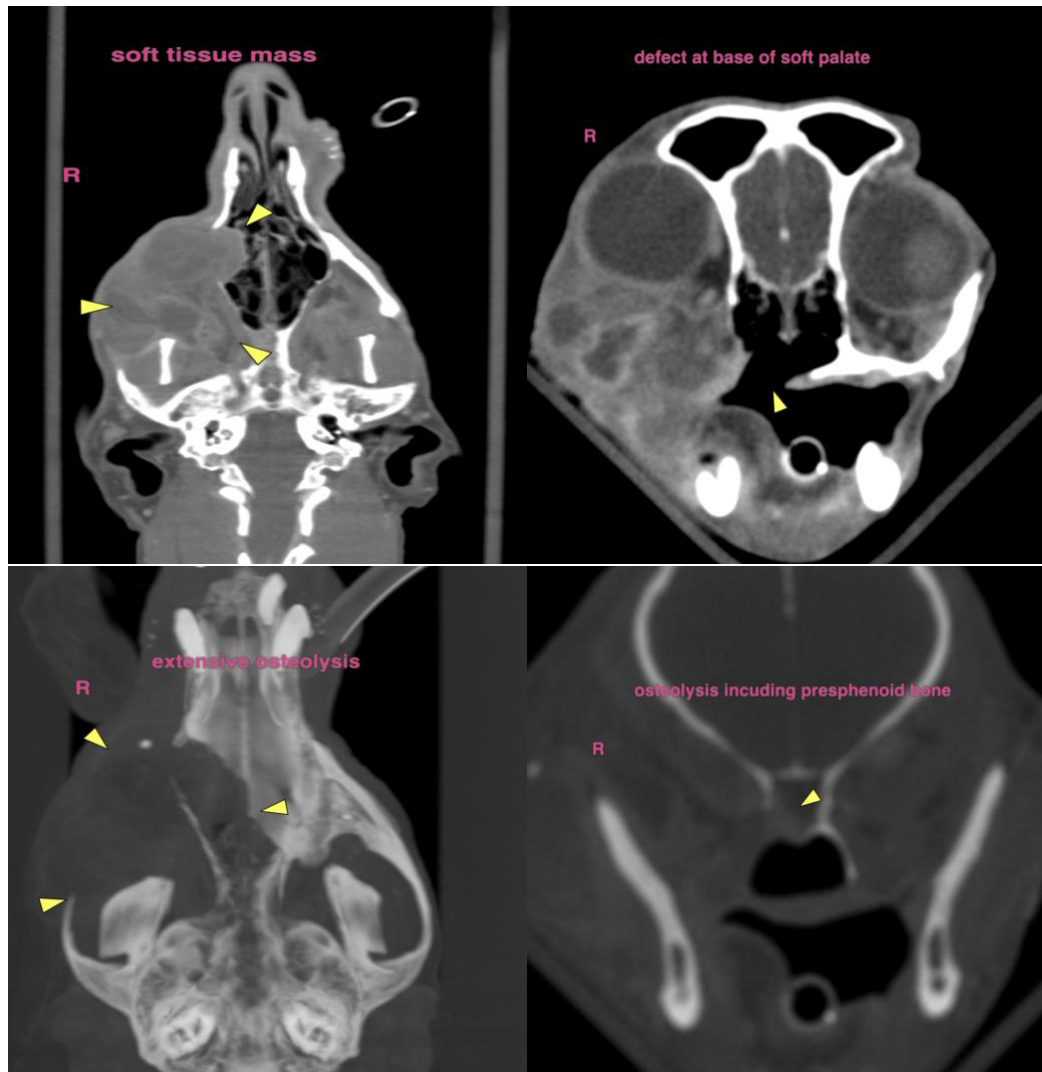
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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Biologically aggressive primary soft tissue neoplasia centered on right maxillary bone with local invasive growth and polyostotic aggressive osteolytic lesions of the associated osseous structures
- Secondary right sided exophthalmos
- History of defect at the base of the hard palate
- Multiple absent teeth

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are fitting the history of malignant oral neoplasia extending caudally into the right orbital cavity and osteolytic lesions involving the presphenoid bone. Surgical management is not feasible and closure of the defect in the soft palate may be not feasible, as the patch would need to be attached to the oral soft tissue mass.





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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