

**PATIENT**

King Armour

PRESENTING CLINICAL SIGNS

The patient was diagnosed through histology with an oral plasmacytoma about 2 weeks ago. The oral mass is at the level of teeth 108-110. The oral mass grossly is broad-based and both exophytic and was found to be quite invasive and destructive on dental radiographs and on CBCT.

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL

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

BREED

Pitbull

COMPUTED TOMOGRAPHIC FINDINGS

The pictured parts of the dentition are complete. Level with triadan 108-110, the alveolar process of the right maxillary bone and the rostral third of the right zygomatic bone present an ill-defined zone with permeative osteolytic lesions and associated ill-defined soft tissue mass. The roots of triadan 108 and 109 present resorptive lesions.

SEX

MN

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Polyostotic aggressive osteolytic lesion right maxillary and zygomatic bone with an associated soft tissue mass

AGE

9 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The aggressive bone lesion of the caudal aspect of the alveolar process of the right maxillary bone and the rostral segment of the right zygomatic arch are fitting the history of plasmacytoma. Unfortunately, the extend of the mass soft tissue mass cannot be clearly defined in the plain CT. Anyway, surgical excision might be considered here with potential osteotomy lines mesial to triadan 208 or 207 – based on clinical findings – and involving the cranial third of the right zygomatic arch caudally; in the medial aspect osteotomy should include the lateral osseous wall of the nasal cavity at the same level.

Consider full tumor staging.

HOSPITAL NAME

Animal Dental Clinic

REFERRING VET

Donald Otten

INVOICE

52866

DATE

7-14-22



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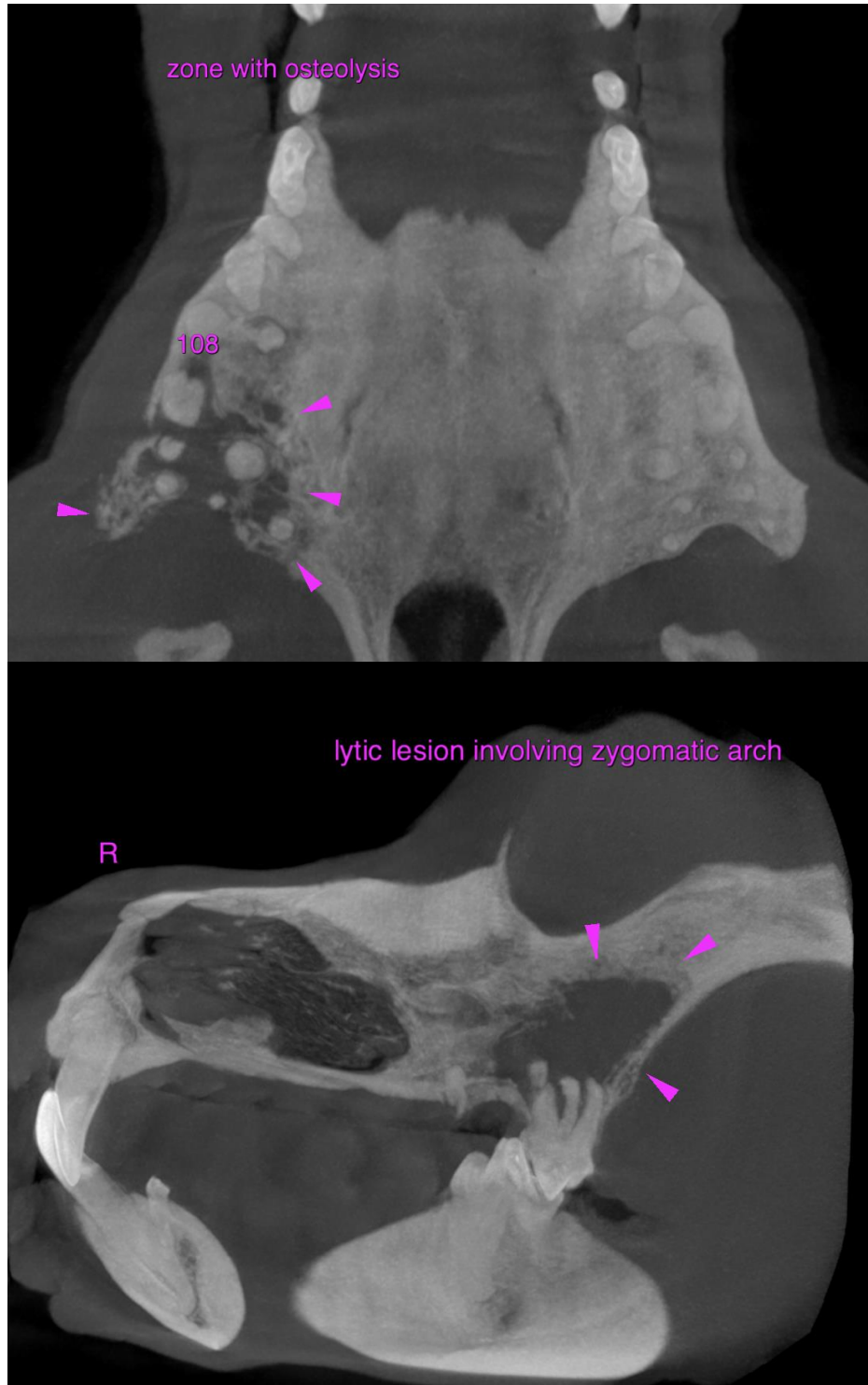
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

BREED

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sebast.schaub@gmail.com

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