



**PATIENT PRESENTING CLINICAL SIGNS**

Miles Kirsch History: Pink, smooth, raised mass on roof of mouth by tooth #210.  
 Abnormal PE/Chem/CBC/UA Results: Labwork overall unremarkable. ALP just slightly above reference range.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX**

A high resolution pre- and post-contrast CT study of the skull and abdomen and a plain CT study of the thorax are provided for review.

**BREED**

Lab Retriever Mix

**COMPUTED TOMOGRAPHIC FINDINGS**

**Skull**

**SEX**

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

Neutered Male

Level with triadan 210, an ill-defined, convex shaped mass is appreciated, protruding from the gingival surface of the hard palate, measuring 1.2 x 1.1 x 1.2 cm. The horizontal plate of the left palatine bone and the alveolar process of the left palatine bone at the same level present moth eaten osteolytic lesions, resulting in an undulating surface of the osseous margin at the same level.

**AGE**

3 Years

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

**INTERPRETED BY**

Sebastian Schaub,  
 DVM Dr. med. vet.  
 DipECVDI

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.

**HOSPITAL NAME**

Animal Health Care  
 Denver

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.

**REFERRING VET**

Dr. Cathryn Sayer

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.

**Thorax**

The bony and surrounding soft tissue structures are within normal limits.

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The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

**DATE**

7/27/23



**PATIENT** The cardiovascular structures including the pulmonary vasculature are within normal limits.

Miles Kirsch 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.

**SPECIES** The lung parenchyma presents the expected architecture and attenuation behavior.

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

**BREED COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Lab Retriever Mix
- Soft tissue mass left caudolateral aspect hard palate, level with 210
  - Secondary polyostotic semiaggressive osteolytic lesions of the associated osseous structures
  - Structural normal thorax, no evidence of pulmonary metastatic disease

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

3 Years

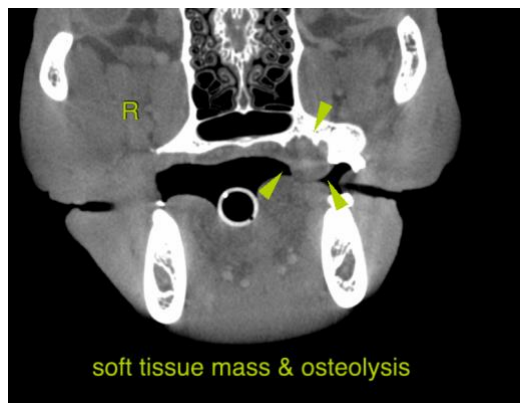
The soft tissue mass at the left caudolateral aspect of the hard palate, level with triadan 210 is highly suggestive for neoplastic disease – such as melanoma, fibrosarcoma, lymphosarcoma. A potential is granulomatous inflammation, but the odds are low. If not done so yet, recommend FNA sampling or biopsy of the mass. Complete surgical excision would warrant resection of the caudal aspect of the alveolar process of the left maxillary bone (mesial to triadan 209) and resection of the caudal aspect of the horizontal plate of the left palatine bone in the midline; the caudal resection line should be at the rostral margin of the left hamulus of the pterygoid bone.

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Dr. Cathryn Sayer

**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.

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**PATIENT**

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
info@sonopath.com

Miles Kirsch

**SPECIES**

Canine

**BREED**

Lab Retriever Mix

**SEX**

Neutered Male

**AGE**

3 Years

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