

PATIENT

Bristol Shorts

SPECIES

Canine

BREED

Terrier Mix

SEX

Female Spayed

AGE

5Y

WEIGHT

79lbs

INTERPRETED BY

Tilde Rodrigues Froes,
DMV, MSc., Dr. Med
Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

JSS/JRD

HOSPITAL NAME

Parrish Creek
Veterinary Clinic

REFERRING VET

Dr. Echols

INVOICE

73231

DATE

1-8-26

PRESENTING CLINICAL SIGNS

Noted 12-25-25. Given clindamycin & carprofen. CT showed a proliferative mass w/radiolucent zone lateral to lower left PM1 and PM2. Lower left PM1 and PM2 fell out and rotten, necrotic/degraded bony tissue noted. Abnormal rostral mandibular gingiva.

Abnormal PE/Chem/CBC/UA Results: Abnormals (CBC/Profile/UA/Cytology/Rads): 1-7-25 pre-op labwork. Lab interpretation, stress hemogram (neuts 87%, 10.5 k/ul, lymphs 6.4%, 0.78 k/ul). Chemistries: ALP is elevated (420 U/L), otherwise acceptable. MSE

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & NECK

A pre- and post-contrast CT study of head and neck are provided for review totaling 3 series. One pre-contrast series of the head and neck, bone algorithm. Two post-contrast series of the head and neck, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD & NECK

In the region of the right rostral mandible, there is a mandibular mass characterized by predominantly proliferative changes, resulting in marked bone expansion and involvement of the adjacent soft tissues. The lesion is associated with amorphous bone proliferations, surrounding and involving both the cortical and alveolar bones. There is no evidence of tooth loss; however, alveolar bone resorption is present, particularly adjacent to Triadan 405, 406, and 407.

The lesion extends from the mandibular symphysis caudally to the level of Triadan 409, considered a safety margin, and measures at least 5.8 x 3.9 cm.

In its rostral portion, the lesion crosses the midline and invades the left side of the rostral mandible and incisive portions.

The nasal cavities and turbinates are within normal limits.

The cribriform plate is intact.

The oropharynx, nasopharynx, and hyoid apparatus are within normal limits.

The frontal sinuses are unremarkable.

There is no evidence of intracranial mass effect, falx cerebri shift, or ventriculomegaly.

The tympanic cavities and external auditory canals are within normal limits.

The globes and retrobulbar spaces are within normal limits.

The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal and mandibular lymph nodes are unremarkable.

The mandibular, parotid, and zygomatic salivary glands are unremarkable.

The thyroid glands are unremarkable.



PATIENT

The cervical trachea is unremarkable.

Bristol Shorts

COMPUTED TOMOGRAPHIC DIAGNOSIS

SPECIES

Canine

- Expansile, predominantly proliferative mass involving the right rostral mandible and soft tissue, extending from the mandibular symphysis to the level of Triadan 409, with crossing of the midline and invasion of the left rostral mandible, associated with cortical and alveolar bone involvement and regional alveolar bone resorption. Differential diagnoses include neoplasia with aggressive behavior, including mandibular neoplasia, odontogenic or non-odontogenic tumor.

BREED

Terrier Mix

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Female Spayed

The tomographic findings demonstrate an aggressive, expansile mandibular mass centered in the right rostral mandible, with extension across the midline and involvement of the left rostral mandible. The lesion exhibits marked bone proliferation and alveolar bone resorption without associated tooth, Differential diagnoses include neoplasia, primary osseous or odontogenic process.

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Histopathological confirmation via biopsy is recommended to establish tumor type and guide therapeutic planning.

WEIGHT

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Thoracic radiographic or computed tomographic examination is recommended to screen for metastatic disease.

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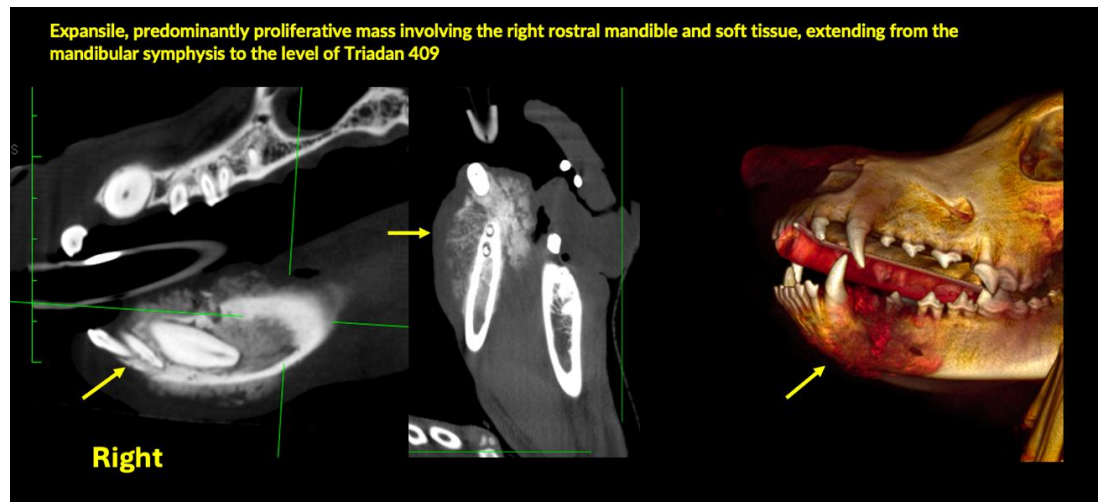
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Expansile, predominantly proliferative mass involving the right rostral mandible and soft tissue, extending from the mandibular symphysis to the level of Triadan 409



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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