



PATIENT

Otto Cameron

SPECIES

Canine

BREED

Labrador

SEX

Male

AGE

11Y

WEIGHT

28.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Molly Ellson

HOSPITAL NAME

Animal Trust -
Ellesmere Port

REFERRING VET

Malthouse Vets

INVOICE

72538

DATE

11-10-25

PRESENTING CLINICAL SIGNS

Diagnosed with likely Carcinoma at left angle of jaw. Appears to have grown in over last 5-6 weeks. Keen to investigate whether surgical removal would be feasible at all or if inoperable.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A pre- and post-contrast CT study of the head and thorax are provided for review totaling 4 series. One pre-contrast series of the head bone algorithm. One pre-contrast series of the head bone algorithm, delay phase. One pre-contrast series of the thorax bone algorithm. One post-contrast series of the thorax, bone algorithm, delay phase.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

There is moderate asymmetry between the mandibular salivary glands. The right mandibular salivary gland is enlarged and slightly heterogeneous, though maintaining normal contour and shape. It measures approximately 3.1 × 4.2 cm.

The left mandibular salivary gland measures 2.8 × 3.8 cm.

The parotid and zygomatic salivary glands are within normal limits.

The hyoids apparatus is unremarkable.

Bilaterally, the osseous structures of the mandible and mandibular ramus are preserved, with no cortical interruption or aggressive bone lesions. The remaining facial bones are intact.

The temporomandibular joints are bilaterally congruent.

Triadan 205 is absent. Mild alveolar bone resorption is observed adjacent to Triadan 108.

The nasal cavities, turbinates, and cribriform plate are within normal limits.

The oropharynx and nasopharynx are normal.

The frontal sinuses are unremarkable.

No intracranial mass effect or falx cerebri deviation is seen.

The globes and retrobulbar spaces are normal.

The tympanic cavities and external auditory canals are unremarkable.

The medial retropharyngeal and mandibular lymph nodes are normal.

THORAX

The trachea and main bronchi are within normal limits.

A few subpleural hyperattenuating foci are observed; the remaining pulmonary parenchyma exhibits normal attenuation.



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The cardiac silhouette and pulmonary vessels are normal.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are within normal limits.

The pleural space, diaphragm, and thoracic wall are unremarkable.

The thoracic esophagus is mildly distended with intraluminal gas, likely incidental.

There is complete bridging spondylosis deformans at T3–T4.

Two small metallic foci are present in the subcutaneous tissue over the left* caudal cervical region and near the left shoulder*.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Enlargement of the right mandibular salivary gland with mild heterogeneous enhancement. Differential diagnoses: sialadenitis or early neoplastic process (correlate with cytology results). No evidence of infiltrative behavior.
- No evidence of aggressive osseous lesion.
- Mild alveolar bone resorption adjacent to Triadan 208. Absence of Triadan 105.
- Incidental subpleural hyperattenuating foci, compatible with benign pulmonary osteomas.
- No evidence of pulmonary or mediastinal metastatic disease.
- T3–T4 spondylosis deformans.
- Subcutaneous metallic foci over the left cervical and shoulder regions, possibly related to previous trauma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings demonstrate moderate enlargement of the right mandibular salivary gland with mild heterogeneity. This may represent an inflammatory change (sialadenitis) or an early neoplastic process, in correlation with the cytological results.

No aggressive osseous involvement or distinct adjacent mass is observed.

There is no evidence of cervical lymphadenopathy, pulmonary, or mediastinal metastasis.

Subpleural foci are considered incidental (pulmonary osteomas).



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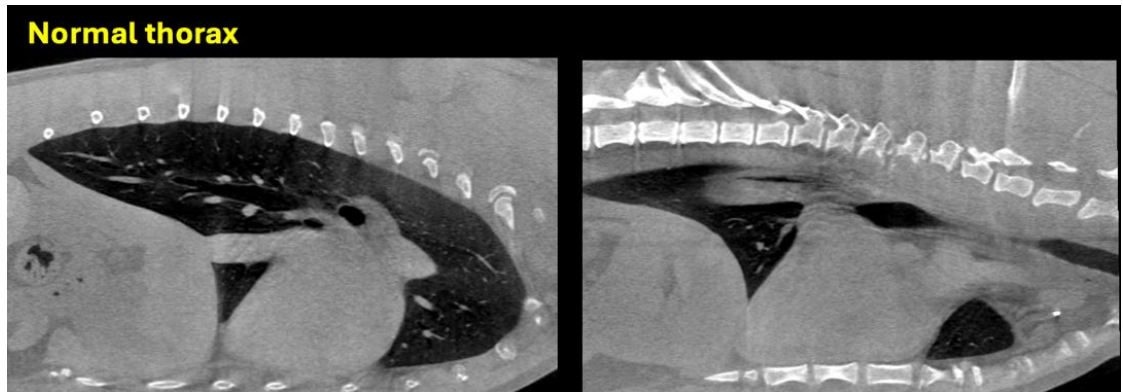
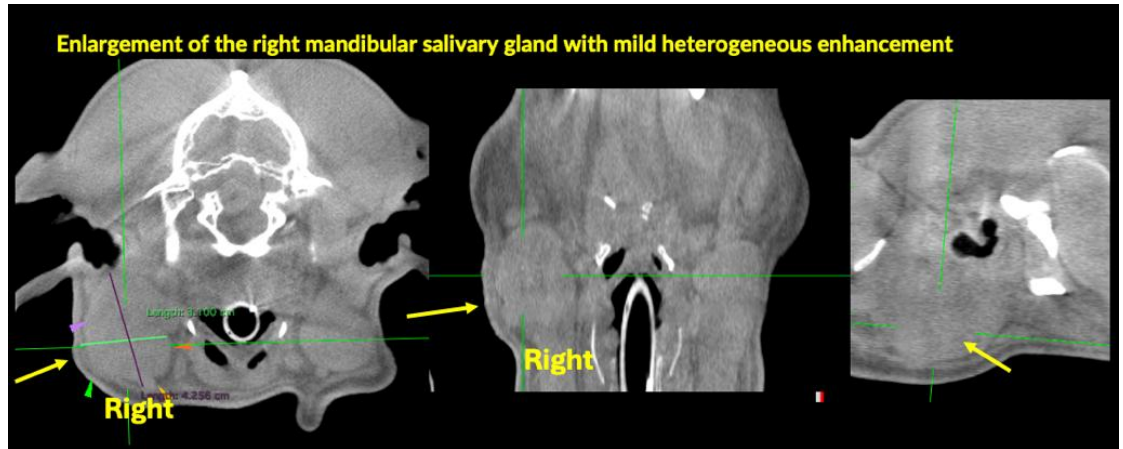
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com