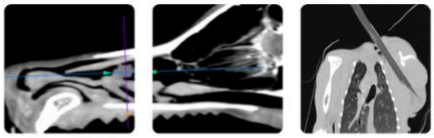

PATIENT

Gizmo Bennett

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

7

WEIGHT

5.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Patricia Sanchez Sanchez

HOSPITAL NAME

Animal Trust Bolton

REFERRING VET

Dr. Patricia Sanchez Sanchez

INVOICE

35172

DATE

12/31/25

PRESENTING CLINICAL SIGNS

History: Facial swelling in LHS

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast computed tomographic study of the head was performed, consisting of two series: One pre-contrast series using a bone algorithm and one post-contrast series using a soft tissue algorithm

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

A large, expansile, cystic lesion is identified involving the left maxilla and adjacent alveolar bone, associated with mild regional osteolysis. The lesion protrudes externally into the left facial soft tissues and internally into the left nasal cavity, causing regional turbinate destruction and filling the left intranasal maxillary recess. The lesion is surrounded by a discrete attenuating capsule and measures approximately 2.3 × 1.5 × 1.9 cm. The lesion extends from the level of the root of Triadan 206 caudally to the level of Triadan 208.

There is marked alveolar bone resorption adjacent to Triadan 210 and Triadan 208, with absence of Triadan 209, and presence of an oronasal fistula contiguous with the infraorbital canal.

Additional alveolar bone resorption is present at Triadan 109. Triadan 110, 311, and 411 are absent.

The globes and retrobulbar spaces are within normal limits; however, the large cystic lesion is in close proximity to the orbital process of the palatine bone on the left side and to the left globe.

The right nasal cavity and turbinates are within normal limits.

The cribriform plate is intact.

The oropharynx, nasopharynx, and larynx are within normal limits.

The frontal sinuses are rudimentary, considered incidental.

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

The tympanic cavities and external auditory canals are within normal limits. However, the left external auditory canal demonstrates mural thickening with epithelial lining contrast enhancement, associated with mild intraluminal fluid retention.

The left medial and lateral retropharyngeal lymph nodes, left mandibular lymph nodes, and left superficial cervical lymph nodes are mildly enlarged.

The right medial retropharyngeal and right mandibular lymph nodes are within normal limits.

The temporomandibular joints are bilaterally congruent.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

PATIENT

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- Expansile, cystic, lesion involving the left maxilla and alveolar bone, with associated regional turbinate destruction, oronasal fistula, extending from Triadan 206 to Triadan 208. Differential diagnoses include odontogenic cyst, odontogenic tumor, or locally aggressive inflammatory/infectious odontogenic process.
- Severe periodontal disease is present adjacent to, but not clearly correlated with, the cystic lesion, with marked alveolar bone resorption adjacent to Triadan 210 and Triadan 208, and a small oronasal fistula contiguous with the infraorbital canal. Triadan 110, 311, and 411 are absent.
- Mild left-sided regional lymphadenopathy, compatible with reactive lymphadenitis.
- Mural thickening and epithelial lining contrast enhancement of the left external auditory canal, associated with mild fluid retention, findings most consistent with inflammatory change of the left external auditory canal.

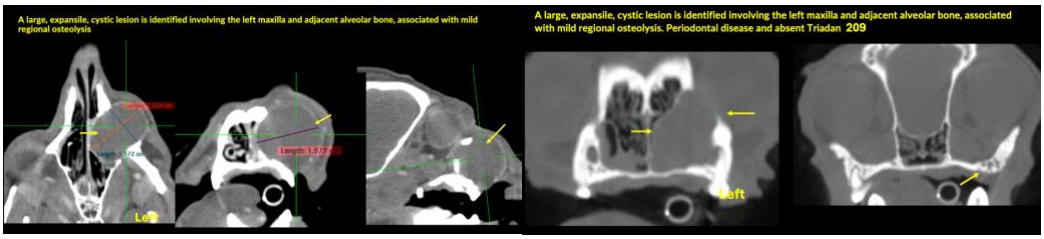
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The computed tomographic (CT) findings reveal an expansile, cystic, locally aggressive lesion involving the left maxilla and alveolar bone, extending from Triadan 206 to Triadan 208, with intranasal component, regional turbinate destruction and formation of an oronasal fistula. The CT findings characteristics and anatomical relationship with the dentoalveolar structures are most suggestive of a lesion of odontogenic origin, including an odontogenic cyst or odontogenic tumor, although a locally aggressive inflammatory or infectious odontogenic process cannot be excluded based on imaging alone. Histopathological confirmation via biopsy or surgical excision of the maxillary lesion is recommended for definitive diagnosis. Surgical planning should consider the proximity of the lesion to the infraorbital canal, nasal cavity, and left orbital structures.

Concurrent periodontal disease with marked alveolar bone resorption is present adjacent caudally to the lesion, particularly at Triadan 210 and 208, with an additional oronasal fistula contiguous with the infraorbital canal. While these changes may contribute to local inflammation, a direct causal relationship with the cystic lesion cannot be definitively established on CT. Comprehensive oral and dental evaluation, including treatment of concurrent periodontal disease, is advised.

The presence of mild left-sided regional lymphadenopathy is most compatible with reactive lymphadenitis, although metastatic involvement cannot be completely excluded.

Additionally, mural thickening and epithelial lining contrast enhancement of the left external auditory canal, associated with mild fluid retention, are identified and are most consistent with inflammatory change of the left external auditory canal, such as otitis externa. Clinical correlation and otoscopic examination of the left external auditory canal are suggested.



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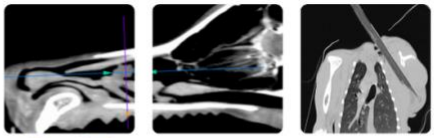

Teleradiology
Educational Teleconsultation Services™

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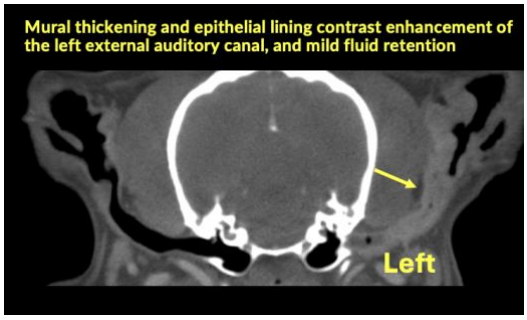

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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