



PATIENT

Gunner Jackson

SPECIES

Canine

BREED

Boxer

SEX

Male Neutered

AGE

5Y, 1M

WEIGHT

76lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Novoa

INVOICE

73725

DATE

2-12-26

PRESENTING CLINICAL SIGNS

- Patient seen on January 24th, 2026. The creatinine was 1.5. The T4 is 3.7. The CBC is unremarkable. The next visit is January 31st, 2026. X-rays were taken as a screening pre-surgical for an oral mass. There's a suspicion for pulmonary nodules with a bronchointerstitial changes. Rule out metastatic neoplasia versus fungal. The CT was requested to better delineate the the oral mass.

Abnormal PE/Chem/CBC/UA Results: PE: T 101.7 F, HR 120, RR 38, MM Pink, CRT <2 seg, Oral mass on the right side of mandibular, Mass on the dorsal aspect of the base of right pinna.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A pre- and post-contrast CT study of the head and thorax are provided for review totaling 5 series. Pre-contrast head (bone algorithm). Two post-contrast head series (soft tissue algorithm). Pre-contrast thorax (bone algorithm). Post-contrast thorax (bone algorithm)

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

There is a well-circumscribed, osteolytic, cyst-like lesion with a well-defined border and mild expansile behavior affecting the caudal portion of the right mandibular body, adjacent to the ramus. The lesion surrounds the roots of Triadan 410 and 411 and extends into the adjacent soft tissues. It measures at least 2.5 × 2.1 × 2.0 cm.

Triadan 311 is absent. There is focal alveolar bone resorption adjacent to Triadan 207 and 310.

The nasal cavities and turbinates are within normal limits.

The cribriform plate is intact.

The frontal sinuses are unremarkable.

The oropharynx and nasopharynx are within normal limits.

The hyoid apparatus and thyroid cartilage are unremarkable.

No evidence of intracranial mass effect, ventriculomegaly, or falx cerebri deviation is observed.

The tympanic cavities and external auditory canals are within normal limits.
The globes and retrobulbar spaces are unremarkable.

The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal and mandibular lymph nodes are unremarkable.

The mandibular, parotid, and zygomatic salivary glands are within normal limits.

THORAX



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The trachea and main bronchi are within normal limits.

Gunner Jackson

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

SPECIES

Multiple mineral-attenuating subpleural foci are scattered throughout the pulmonary parenchyma. The remaining pulmonary parenchyma demonstrates normal attenuation, with no evidence of soft tissue pulmonary micronodules, nodules, or masses.

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The bronchial tree exhibits normal branching and tapering. Bronchial walls are thin and smooth, and the bronchus-to-artery ratio is within normal limits.

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The cardiac silhouette and pulmonary vasculature are within normal limits. Post-contrast opacification is adequate.

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

AGE

The thoracic esophagus is unremarkable.

5Y, 1M

There is complete bridging spondylosis deformans at T10–T11.

WEIGHT

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Well-defined, expansile osteolytic lesion of the caudal right mandibular body, surrounding Triadan 410 and 411, with soft tissue extension. Differential diagnoses include odontogenic cyst, odontogenic tumor (e.g., ameloblastoma), or other primary bone neoplasm.
- Focal alveolar bone resorption adjacent to Triadan 207 and 310, consistent with periodontal disease.
- Triadan 311 is absent.
- Multiple mineral-attenuating subpleural foci are scattered throughout the pulmonary parenchyma. Incidental pulmonary osteomas.
- No CT evidence of pulmonary or mediastinal metastatic disease.
- T10–T11 spondylosis deformans (incidental degenerative finding).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The tomographic findings show a right mandibular lesion is characterized by a well-demarcated, expansile osteolytic pattern with cyst-like appearance and involvement of the adjacent tooth roots (410 and 411). The primary differential diagnosis includes odontogenic cyst, odontogenic tumor (e.g., ameloblastoma). Histopathological evaluation following biopsy or surgical excision is recommended for definitive diagnosis.

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No tomographic evidence of pulmonary metastatic disease is identified. The mineralized subpleural foci most likely represent, incidental pulmonary osteomas. Otherwise, the pulmonary is unremarkable.

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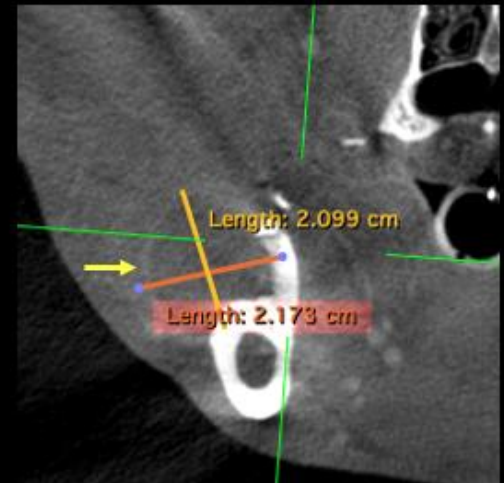
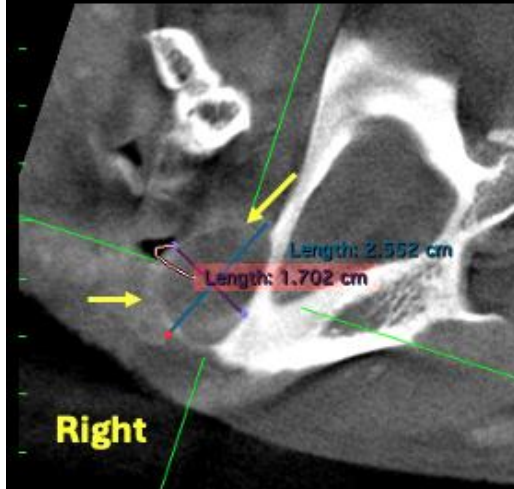
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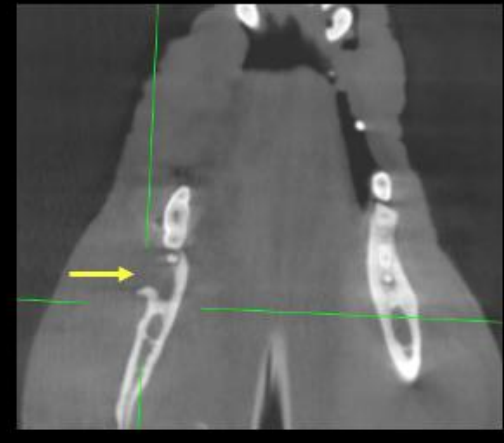
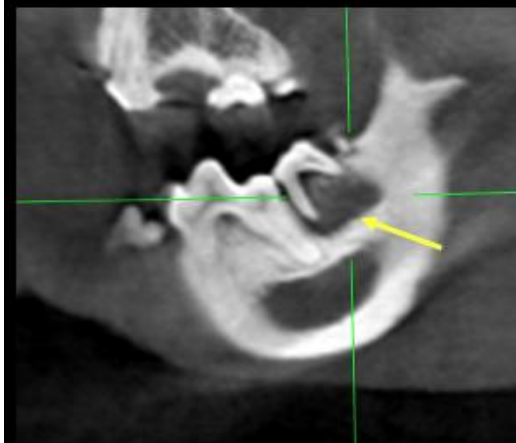
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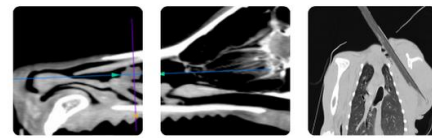
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Well-defined, expansile osteolytic lesion of the caudal right mandibular body, surrounding Triadan 410 and 411, with soft tissue extension



Well-defined, expansile osteolytic lesion of the caudal right mandibular body, surrounding Triadan 410 and 411.





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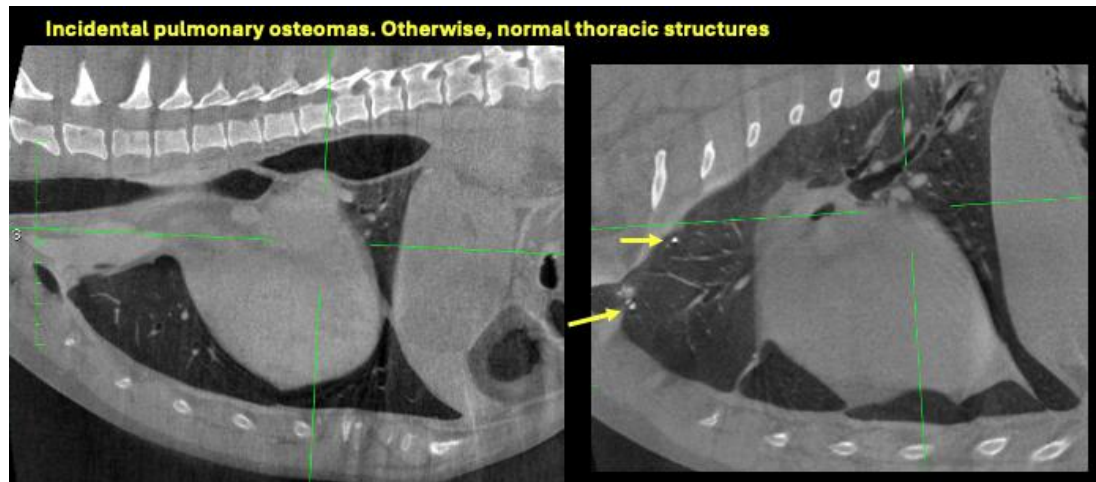
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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