



PATIENT

Hazelnut Liggera

SPECIES

Feline

BREED

American Short Hair

SEX

Female Spayed

AGE

8Y, 4M, 27D

WEIGHT

5.70lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Joseph D'Abbraccio,
DVM

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

REFERRING VET

Joseph D'Abbraccio,
DVM

INVOICE

73789

DATE

2-17-26

PRESENTING CLINICAL SIGNS

- Reason for Visit: Lump on left lower mandible evaluation.
- History: Owner reports a lump on the left lower mandible, first noticed approximately two weeks ago during the annual checkup. No changes in eating, drinking, urination, or defecation reported; owner states these are normal. Owner notes occasional sneezing episodes over the past month, described as three to four sneezes at a time, occurring infrequently. Current medications include thyroid medication, recently increased from 0.5 mL to 0.75 mL twice daily about two weeks ago, and 1.5 mL gabapentin given for today's appointment. History of hair loss on neck attributed to a reaction to a flea collar or topical flea medication in the past. No other medications or specific concerns reported by owners.
- Onset of Symptoms: Lump first noticed approximately two weeks ago during annual checkup.

Abnormal PE/Chem/CBC/UA Results: PE: Appearance: General appearance small and well-groomed. Patch of alopecia on neck attributed to previous flea collar or topical flea medication reaction. No wounds or signs of neglect.; Fear/Anxiety/Stress Score: 4/5 - Requires sedation for procedures.; Oral Cavity: No teeth present. Firm swelling on the lower left mid mandible; mass appears to be on or involving the bone. No mention of intraoral lesions, gum abnormalities, or other intraoral findings.; Lymph Nodes: Lymph nodes in the mandibular region palpate within normal limits except for the left side, which is slightly larger.; Integument: Alopecia on the neck. Firm swelling mid-mandible, lower left side.; 1/24/2026: FREE T4 (ng/dL) 3.1; FREE T4 (pmol/L) 39.9; 1/24/2026: Chem: CREATININE 0.8; CBC: EOSINOPHIL 2161; BASOPHIL 103;

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 post-contrast series of the head, soft tissue algorithm. One pre-contrast series of the thorax bone algorithm. One post-contrast series of the thorax soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

All teeth are absent, with a few retained root fragments.

The maxillary and mandibular alveolar bone are diffusely osteopenic.

Within the left mandibular body, there is an expansile, predominantly proliferative osseous lesion extending from the level of the mental foramen caudally toward the mandibular angle and ramus. The lesion is heterogeneous, with interspersed osteopenic foci. The associated periosteal reaction is relatively regular and smooth, suggesting a chronic process. The lesion appears centered on and involving the left mandibular body.

The temporomandibular joints are bilaterally congruent.

There is mild fluid retention within the nasal cavities. The nasal turbinates are preserved. The cribriform plate is intact.

The oropharynx, nasopharynx, and larynx are unremarkable. The frontal sinuses are within normal limits.



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No intracranial mass effect or ventriculomegaly is identified.

The left tympanic cavity is filled with mixed hypoattenuating, contrast-enhancing, and mineral-attenuating material. The bulla is mildly expanded with associated osseous sclerosis. No osteolysis or cortical disruption is observed.

The right tympanic cavity is air-filled with normal bony contours. The external auditory canals are unremarkable.

The globes and retrobulbar spaces are within normal limits.

The medial retropharyngeal lymph nodes and the left mandibular lymph node are moderately enlarged.

Both thyroid glands are enlarged (left greater than right), rounded, and heterogeneously contrast-enhancing. The left thyroid gland measures approximately 1.8 × 0.7 cm, and the right measures approximately 1.6 × 0.5 cm.

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

THORAX

The trachea and main bronchi are within normal limits.

There is diffuse, moderate bronchial wall thickening with sparse ventrally distributed tree-in-bud opacities within the pulmonary parenchyma. A few broncholiths are present.

The cardiac silhouette and pulmonary vasculature are within normal limits, with adequate post-contrast opacification.

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

The pleural space, ribs, diaphragm, and thoracic wall are unremarkable. The thoracic esophagus is within normal limits.

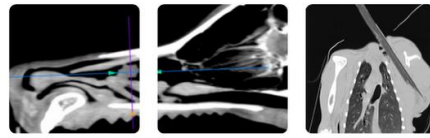
Multiple superficial lymph nodes are mildly enlarged, including the axillary lymph nodes (caudal to the scapulae), dorsal caudal scapular lymph nodes, and inguinal lymph nodes.

Multiple thoracic and lumbar vertebrae exhibit incomplete and complete bridging spondylosis deformans.

There are tiny, multifocal hyperattenuating mineral foci within the renal diverticula.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Expansile, predominantly proliferative osseous lesion of the left mandibular body, extending from the mental foramen to the mandibular angle and ramus, with heterogeneous internal architecture and relatively regular periosteal reaction. Differential diagnoses include chronic osteomyelitis, or primary bone neoplasia (e.g., osteosarcoma, fibrosarcoma).
- All teeth are absent, with a few retained root fragments.
- The maxillary and mandibular alveolar bone are diffusely osteopenic.



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- Left otitis media, characterized by mixed material filling, bulla expansion, and sclerosis without osteolysis, consistent with a chronic process.
- Mild fluid retention within the nasal cavities. Mild nonspecific rhinitis.
- Moderate enlargement of the medial retropharyngeal and left mandibular lymph nodes, and mild enlargement of multiple superficial lymph nodes. Differential diagnoses include reactive lymphadenopathy versus metastatic involvement.
- Bilateral thyroid enlargement with heterogeneous contrast enhancement, left greater than right. Differential diagnoses include thyroid hyperplasia or less likely thyroid neoplasia (e.g., adenoma or carcinoma).
- Diffuse bronchial wall thickening with tree-in-bud pattern and bronchololiths, consistent with chronic inflammatory lower airway disease (e.g., chronic bronchitis, inflammatory or infectious).
- Multifocal thoracolumbar spondylosis deformans.
- Tiny mineral foci within renal diverticula (possible nephrolithiasis/mineralization).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings show an expansile proliferative lesion of the left mandibular body. The imaging characteristics (osseous expansion, heterogeneous internal structure, and more regular periosteal reaction) raise suspicion for primarily for chronic osteomyelitis; however, primary bone neoplasia (e.g., osteosarcoma, fibrosarcoma, others) are also considered. Tissue sampling (incisional biopsy or image-guided bone biopsy) is recommended for definitive diagnosis and treatment planning.

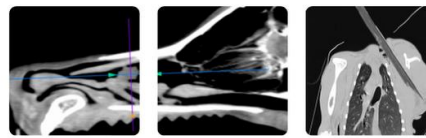
The bronchial pattern is compatible with chronic inflammatory airway disease; correlation with respiratory clinical signs is advised. Bronchoalveolar lavage may be considered if clinically indicated.

Thoracic CT does not demonstrate pulmonary nodules suggestive of metastatic disease at this time.

Chronic left otitis media is identified and may warrant otoscopic evaluation.

The bilateral thyroid enlargement, in conjunction with elevated free T4 levels, is consistent with hyperthyroidism and thyroid hyperplasia; however, thyroid neoplasia cannot be excluded.





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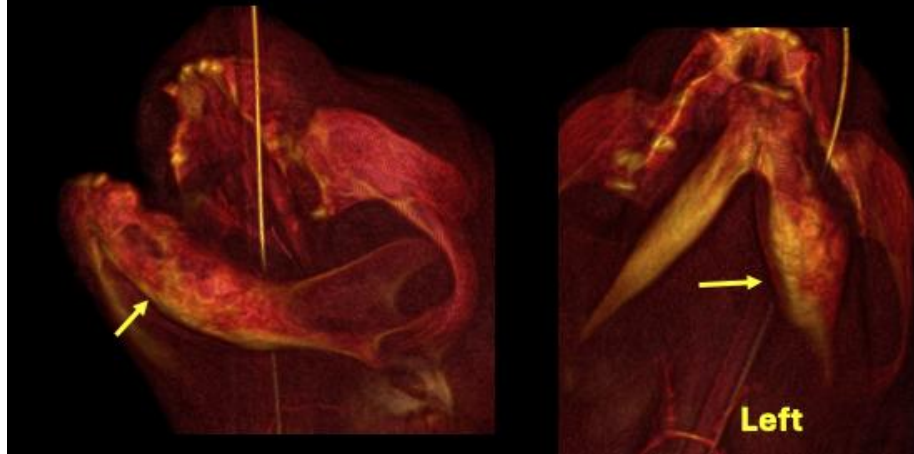
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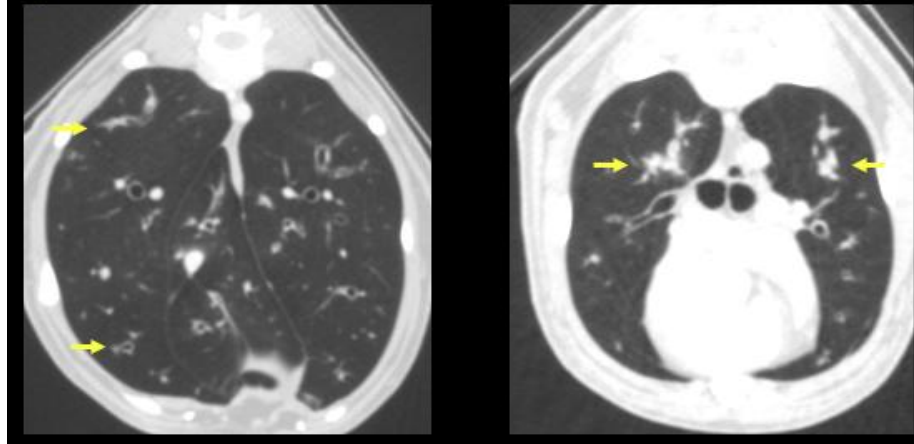
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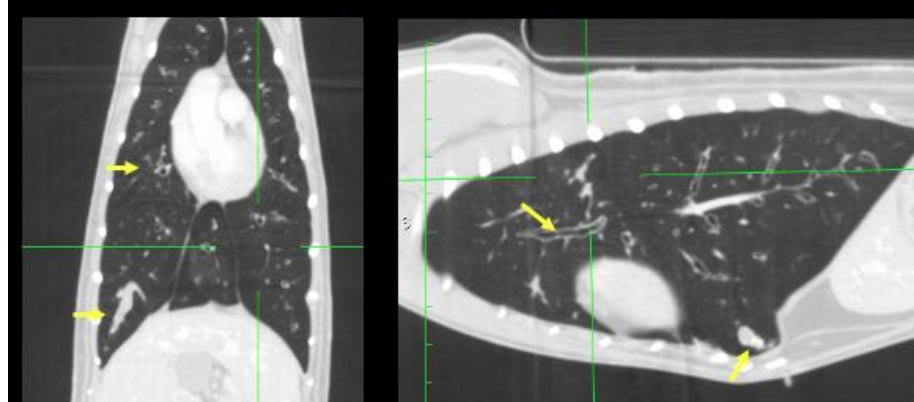
Expansile, predominantly proliferative osseous lesion of the left mandibular body.

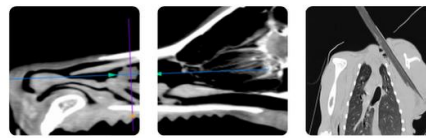


Diffuse bronchial wall thickening with tree-in-bud pattern and broncholiths



Diffuse bronchial wall thickening with tree-in-bud pattern and broncholiths





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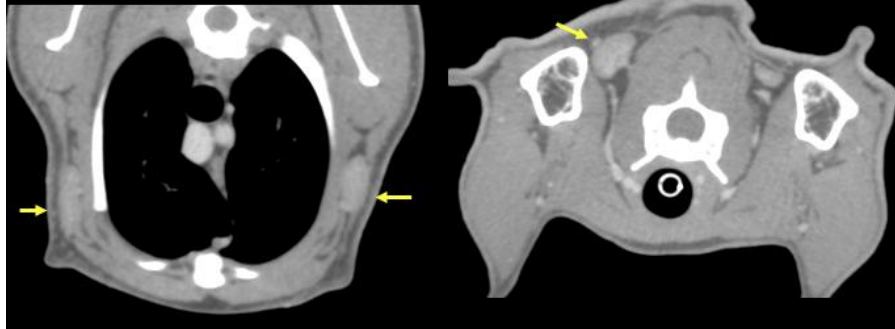
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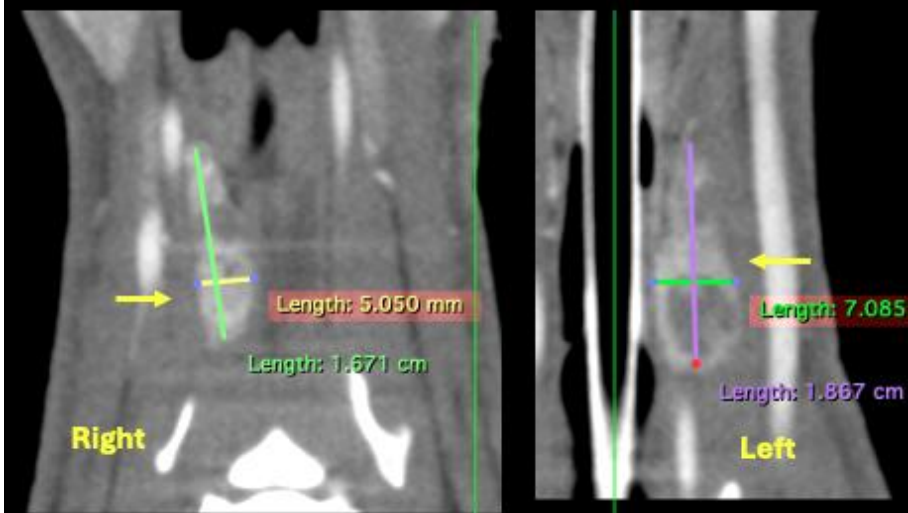
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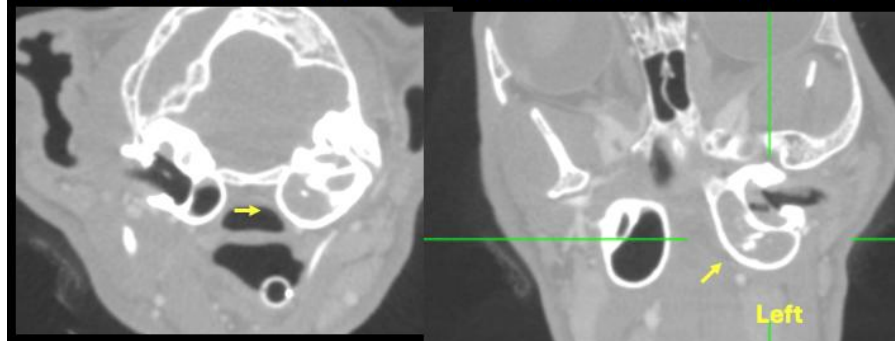
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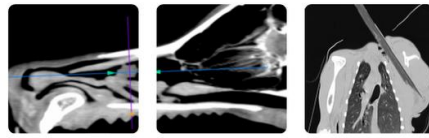


Bilateral thyroid enlargement



Left otitis media, characterized by mixed material filling, bulla expansion, and sclerosis





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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