



PATIENT

Nikita Choy

SPECIES

Mixed

BREED

Mixed

SEX

FI

AGE

10Y, 6M

WEIGHT

32.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lisa S.

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Dr. Infernuso

INVOICE

73813

DATE

2-17-26

PRESENTING CLINICAL SIGNS

ulcerated right maxillary mass

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A single post-contrast CT study of the head was provided for review. Images were acquired in the transverse plane using a bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

There is a large, broad-based to pedunculated, ill-defined oral mass with a multilobulated contour located in the right maxillary region, extending from the level of Triadan 107 to 109. The mass demonstrates heterogeneous contrast enhancement, with multifocal internal mineral attenuating foci and small intralesional gas pockets. The associated soft tissue component measures approximately 4.8 × 2.7 × 2.7 cm.

There is mild regional mottled osteolysis of the adjacent maxillary bone, most pronounced at the level of Triadan 109, accompanied by a mild palisading periosteal reaction. There is marked dental destruction at Triadan 109, with loss of the crown and root structures.

Triadan 310 is absent. The remaining teeth are present.

The right mandibular lymph nodes are severely enlarged and rounded in morphology.

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

The temporomandibular joints are bilaterally congruent.

The nasal cavities and turbinates are within normal limits. The frontal sinuses are normally aerated. The cribriform plate is intact.

The brain parenchyma demonstrates normal attenuation without evidence of intracranial mass effect. No midline shift or falx cerebri deviation is observed.

The tympanic bullae are air-filled, with normal wall thickness and contour. No fluid accumulation or osseous changes are identified. The external auditory canals are unremarkable.

The globes and retrobulbar spaces are unremarkable.

The nasopharynx and oropharynx are within normal limits.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large, aggressive right maxillary oral mass characterized by heterogeneous enhancement, internal mineralization, regional osteolysis, periosteal reaction, and dental destruction (Triadan 109). Differential diagnoses include oral neoplasm (e.g. Oral malignant melanoma, Squamous cell carcinoma, or less likely dental neoplasm origin).
- Severe enlargement of the right mandibular lymph node, suspicious for metastatic lymphadenopathy.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

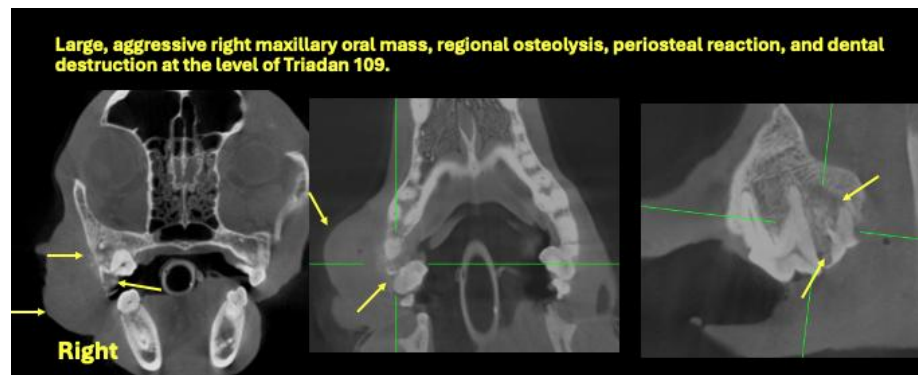
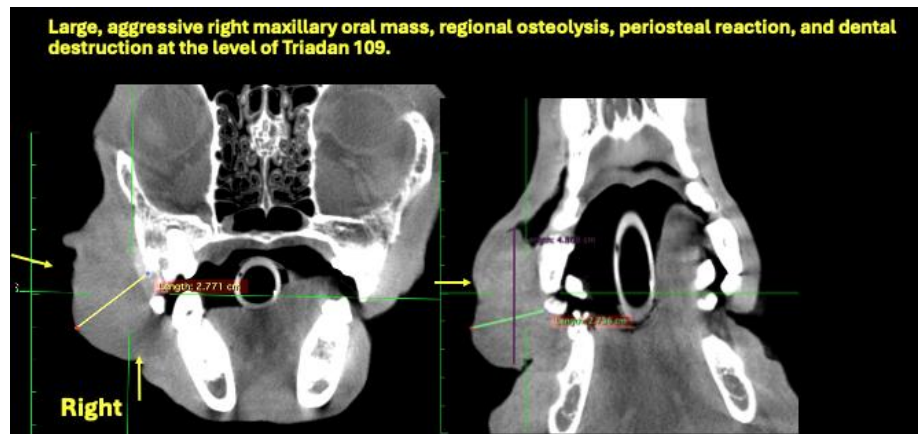
The tomographic findings demonstrate a large, aggressive right maxillary oral mass characterized by heterogeneous contrast enhancement, internal mineralization, regional osteolysis, periosteal reaction, and dental destruction (Triadan 109).

Differential diagnoses include an oral neoplasm (e.g., oral malignant melanoma, squamous cell carcinoma, or, less likely, a neoplasm of dental origin). Fine-needle aspiration or biopsy of the oral mass is required for definitive histopathologic diagnosis.

Thoracic imaging (if not already performed) is advised to assess for possible pulmonary metastasis.

The presence of osteolysis, periosteal reaction, and dental destruction supports a malignant and locally invasive process. The presence of small intralesional gas pockets is consistent with the reported ulcerated nature of the mass. The rostral surgical margin appears to be at the level of Triadan 106.

The marked enlargement and rounded morphology of the right mandibular lymph node are suggestive of metastatic involvement; however, reactive lymphadenopathy cannot be definitively excluded without cytologic or histopathologic evaluation. Fine-needle aspiration of the right mandibular lymph node is recommended for staging purposes.





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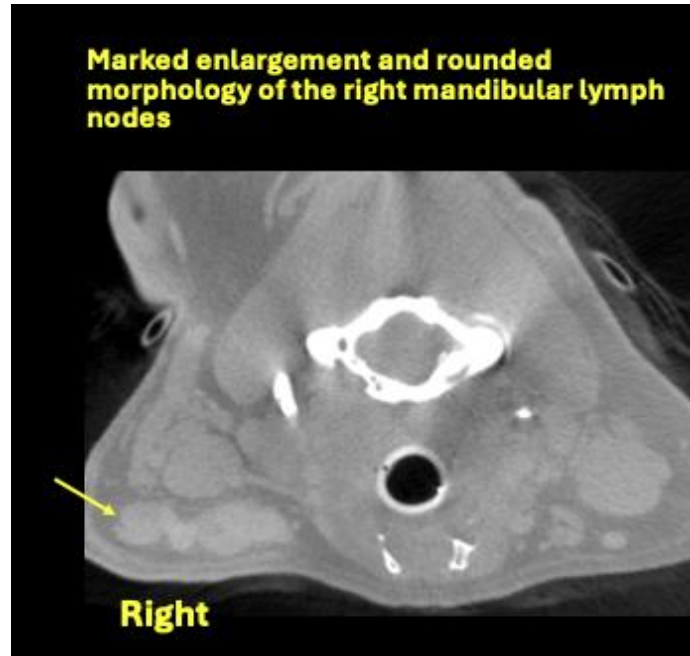
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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