



PATIENT

Cersei Nichols

SPECIES

Canine

BREED

French Bulldog

SEX

FS

AGE

7

WEIGHT

8.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

EJ

HOSPITAL NAME

Bluegrass Veterinary
Specialists

REFERRING VET

Dr. Jonathan Blakely

INVOICE

73932

DATE

2-24-26

PRESENTING CLINICAL SIGNS

- Owner noticed bleeding oral mass last night and brought her in. No other relevant history

Abnormal PE/Chem/CBC/UA Results: PE: 2-3cm left maxillary oral mass adjacent to pre-molar infiltrating gum and buccal mucosa. No enlargement of mandibular lymph node. Bloodwork: unremarkable Mass was debulked today and sent for histopathology

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A pre- and post-contrast CT study of the head and thorax are provided for review totaling 8 series. Four pre-contrast series of the head and thorax (soft tissue, bone and lung algorithms). Four post-contrast series of the head and thorax (soft tissue, bone and lung algorithms).

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

There is a large, broad-based to pedunculated, partially defined soft tissue mass in the left maxillary region, extending from the level of Triadan 204 to 208. The soft tissue mass demonstrates heterogeneous contrast enhancement, with mixed hypoattenuating and enhancing regions. It measures approximately 2.7 × 2.5 × 2.4 cm. No CT evidence of maxillary or adjacent osseous invasion is identified.

The following teeth are absent: Triadan 105, 107, 110, 205, 305, 311, 405, and 411. Marked alveolar bone resorption is present adjacent to the roots of Triadan 208, 209, and 210.

Within the caudal portion of the left nasal cavity, there is moderate hypoattenuating material accumulation associated with partial turbinate architectural loss and multifocal dystrophic mineralization.

The cribriform plate is intact.

Frontal sinuses are rudimentary (brachycephalic conformation).

The right tympanic cavity is partially filled with hypoattenuating material showing peripheral contrast enhancement. The left tympanic cavity is air-filled. Osseous contours are preserved. External auditory canals are unremarkable.

The left mandibular lymph node is mildly enlarged compared to the contralateral side.

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

The temporomandibular joints are congruent bilaterally.

The brain parenchyma is of normal attenuation with no evidence of intracranial mass effect, midline shift, or falx cerebri deviation.

The globes, retrobulbar spaces, nasopharynx, and oropharynx are unremarkable.

Mandibular, parotid, and zygomatic salivary glands are within normal limits.

THORAX



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The trachea and main bronchi are within normal limits.

Sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

Pulmonary parenchyma demonstrates normal attenuation. No pulmonary nodules, masses, or micronodules are identified.

Bronchial branching and tapering are normal. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

Cardiac silhouette and pulmonary vessels are normal, with adequate post-contrast opacification.

Pleural space, ribs, diaphragm, and thoracic wall are unremarkable.

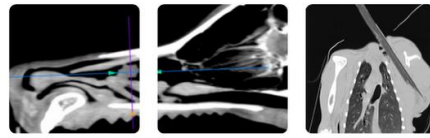
The cervical and thoracic esophagus are moderately gas-distended, likely incidental and anesthesia-related.

Multiple thoracic hemivertebrae are present, associated with incomplete and complete bridging spondylosis deformans and sclerotic vertebral endplates.

At C5-C6 and C6-C7, there is complete and incomplete bridging spondylosis deformans with sclerotic and mildly irregular endplates. A small amount of hyperattenuating material is present along the ventral aspect of the vertebral canal at C5-C6.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left maxillary oral soft tissue mass, heterogeneous and contrast-enhancing, without CT evidence of adjacent osseous invasion. Differential diagnoses include oral neoplasia such as malignant melanoma, squamous cell carcinoma, fibrosarcoma, or other mesenchymal tumors.
- Mild enlargement of the left mandibular lymph nodes, reactive lymphadenitis versus early metastatic involvement.
- Marked alveolar bone resorption adjacent to Triadan 208-210, consistent with advanced regional periodontal disease.
- Moderate soft tissue/fluid accumulation within the caudal left nasal cavity, associated with partial turbinate loss and dystrophic mineralization. Differential diagnoses include nonspecific inflammatory rhinitis; less likely considerations include a small retained mineral foreign body or regional fungal rhinitis.
- The right tympanic cavity is partially filled with hypoattenuating material showing peripheral contrast enhancement. Differential diagnosis fluid accumulation, inflammatory lesion, otitis media.
- No CT evidence of pulmonary metastatic disease.
- Multifocal congenital and degenerative vertebral changes, including thoracic hemivertebrae and cervical/thoracic spondylosis deformans. The discrete irregularity of the C5-C6 vertebral endplates may represent early discospondylitis.
- Small ventral extradural hyperattenuating focus at C5-C6, compatible with mineralized disc material.
- There is a tiny right dorsal flank subcutaneous nodule, measuring 0.7 cm.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

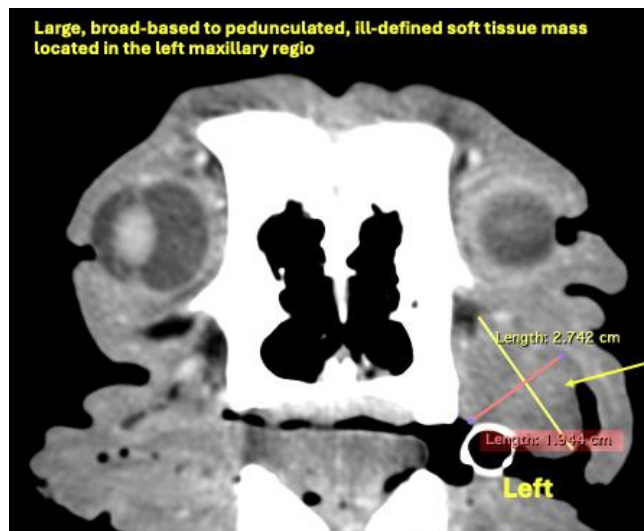
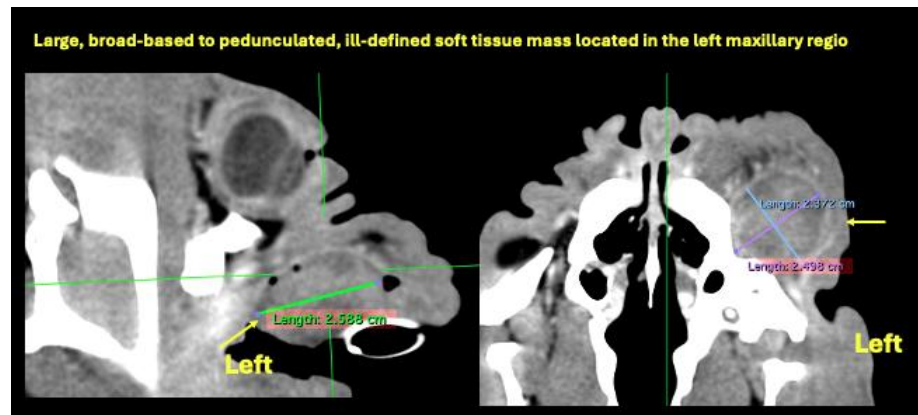
The tomographic findings demonstrate a large, broad-based to pedunculated soft tissue mass with partially defined margins located in the left maxillary region. There is no evidence of maxillary bone invasion. Differential diagnoses include oral neoplasia such as malignant melanoma, squamous cell carcinoma, fibrosarcoma, or other mesenchymal tumors. Histopathologic evaluation of the submitted tissue is essential for definitive diagnosis and tumor grading.

The mildly enlarged left mandibular lymph node should be considered for cytologic evaluation (FNA) for staging purposes.

No evidence of thoracic metastatic disease is identified at this time.

Because of the left nasal cavity findings, if the patient presents with chronic nasal discharge or other persistent rhinitis-related clinical signs, rhinoscopic evaluation is recommended.

Correlation of the spinal CT imaging findings with the patient's clinical presentation and neurological examination is recommended to determine their clinical significance.





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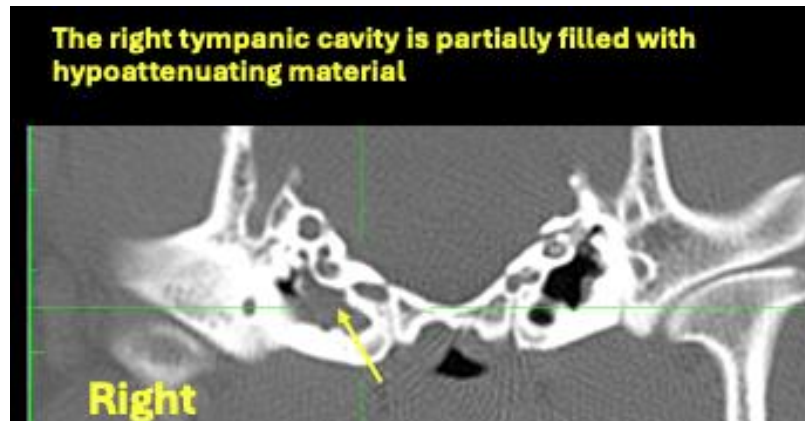
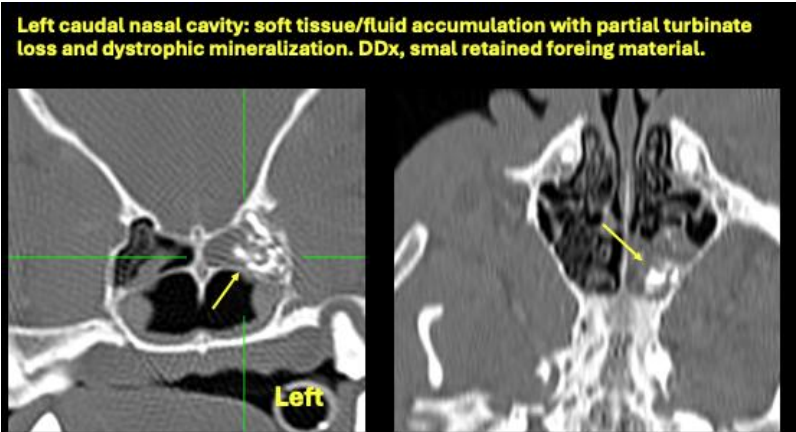
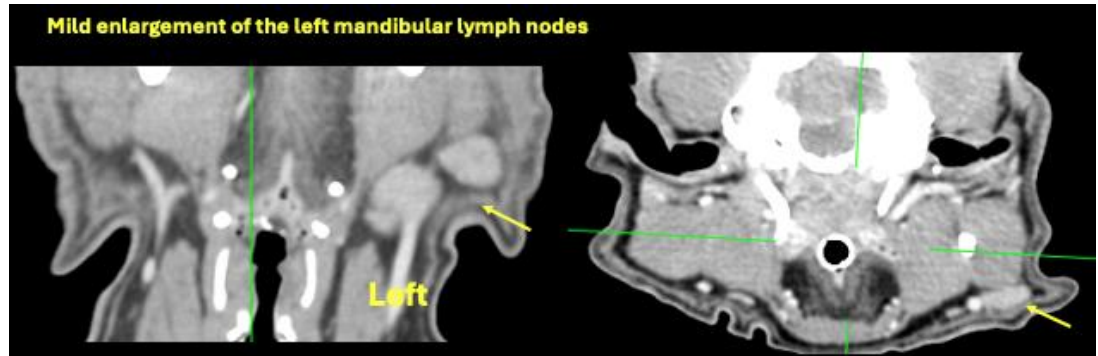
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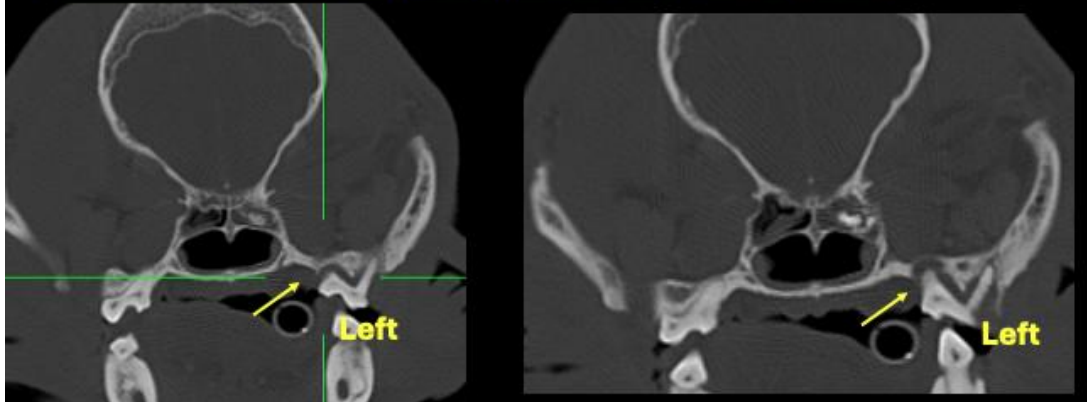
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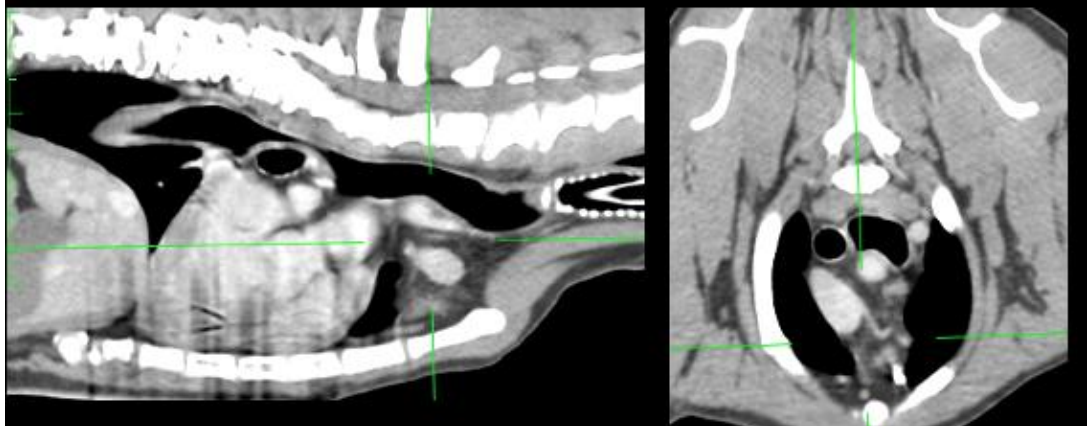
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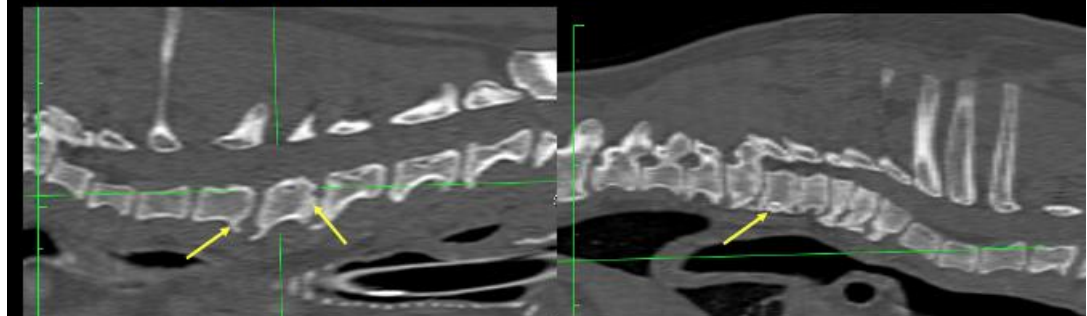
Marked alveolar bone resorption is present adjacent to the roots of Triadan 208 and 209

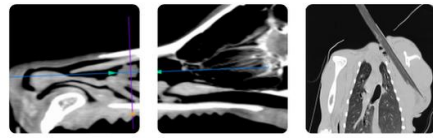


No evidence of enlarged mediastinal lymph node



Multifocal congenital and degenerative vertebral changes, including thoracic hemivertebrae and cervical/thoracic spondylosis deformans





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Tiny right dorsal flank subcutaneous nodule



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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info@sonopath.com