



**PATIENT PRESENTING CLINICAL SIGNS**

**Watson Estrada** Patient presented for evaluation of difficulty chewing. Chemistry/thyroid panel unremarkable. Significant thrombocytosis on CBC. Sedated laryngeal exam within normal limits. Sedated oral examination revealed sublingual ulceration on left lower side where tongue rests against left mandibular molars/premolars with moderate dental calculus and pocketing of associated teeth.

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**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD AND THORAX**

A high resolution pre- and post-contrast CT study of the head and thorax are provided for review. One pre-contrast series of head, two post-contrast series of the head (one open mouth) and one post-contrast series of the thorax.

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**COMPUTED TOMOGRAPHIC FINDINGS**

**Head**

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There is focal irregular, moderately demarcated geographic lysis associated with the left incisive bone in the location of the maxillary incisive teeth.

**AGE**

13 Years

The triadans 102, 102, 201,202, 203 and 301 are absent. The remainder of the maxillary and mandibular teeth are present. However, diffuse horizontal and vertical bone loss is noted in the maxillary and mandibular alveolar bone. In addition, a lytic lesion in the dentine at triadan 208 (4PM) is seen, and hypoattenuating pulp chamber.

The temporomandibular joints are congruent and normal.

**INTERPRETED BY**

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

The nasal cavity, pharynx, and larynx are normal.

The retrobulbar spaces normal.

Cribriform plate is normal.

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The frontal sinuses are normal.

The brain is normal, no mass effect.

The mandibular and medial retropharyngeal lymph nodes are symmetric and normal.

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No other abnormalities are identified.

**Thorax**

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The tracheal and main bronchi are normal.

The tracheobronchial lymph nodes are normal.

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

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The pulmonary parenchyma, cardiac silhouette, and pulmonary vasculature are normal.

The pleural space and diaphragm are normal.



**PATIENT** On the collimated abdomen, a few cortical microcysts are seen in the right kidney with mild irregularity in contour.

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On the edge of the thoracic series, the stomach is distended with gas and hypoattenuating heterogeneous fluid. In the pyloric antrum region, a focal wall thickness is visible and measures approximately 1.6cm. In addition, a mild enlarged perigastric lymph node is seen.

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The musculoskeletal thoracic structures are unremarkable.

No other abnormalities are identified.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Focal irregular demarcated geographic lysis in the incisive bone, adjacent absent triadan 102, 102, 201,202, 203 differential diagnosis includes a more advanced periodontal disease, and periapical abscess, focal osteomyelitis. Less likely a radicular cyst, keratocytes, neoplastic oral/dental lesion.
- 208 triadan carie and pulpitis. Differential diagnosis dental fracture.
- Moderate periodontal disease.
- Normal thorax.
- Focal mural thickness in the stomach with likely consequence of partial or intermittent pyloric outflow obstruction, or functional gastric ileus. Differential diagnosis for the mural thickness includes severe gastritis or neoplasia, such as adenocarcinoma, lymphoma, leiomyosarcoma.
- Perigastric lymphadenitis, reactive or metastatic.
- Right kidney degenerative cortical cysts.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The difficulty chewing could be correlated to the dental disease. For the diagnosis of the geographic lysis in the incisive bone, a biopsy is required. Correlate to oral/dental exam.

The thorax presented within normal limits.

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An abdominal ultrasonography is suggested for further evaluation of the gastric wall and kidneys. Another option for the analysis of the gastric wall is an endoscopic exam. A biopsy is required for the diagnosis.

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**PATIENT**

Watson Estrada

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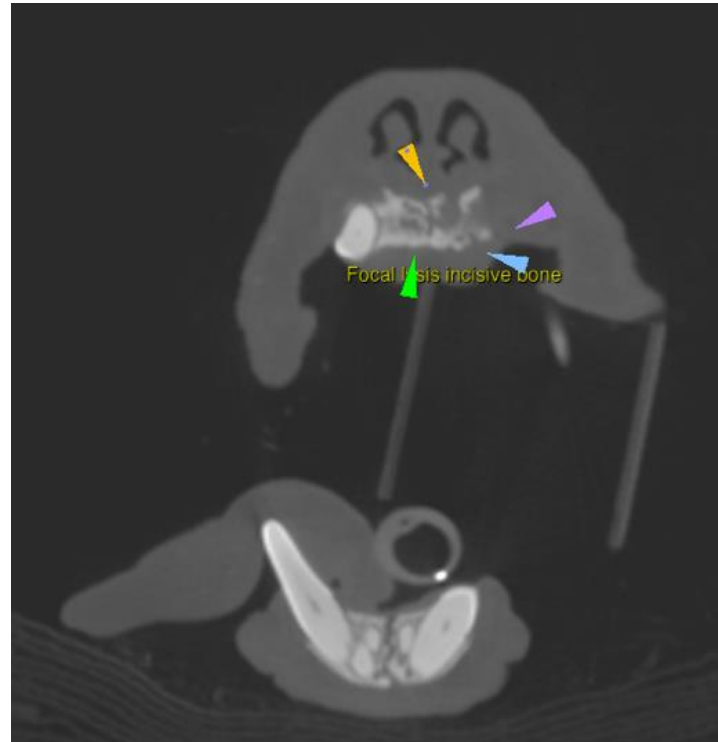
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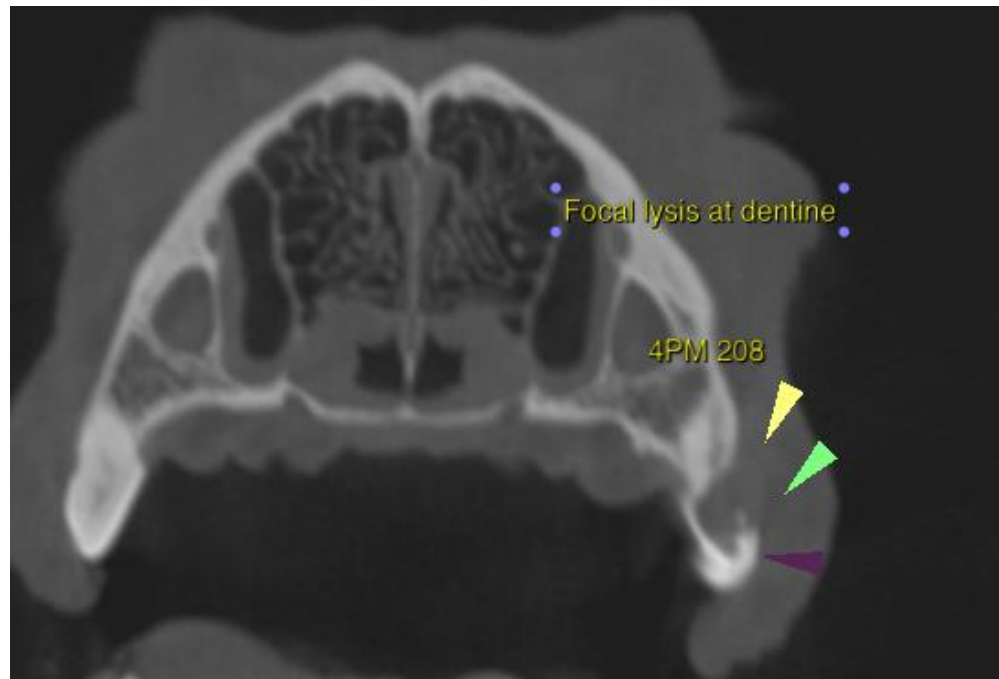
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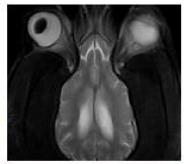
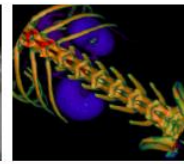
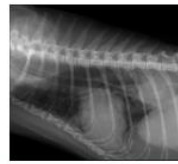
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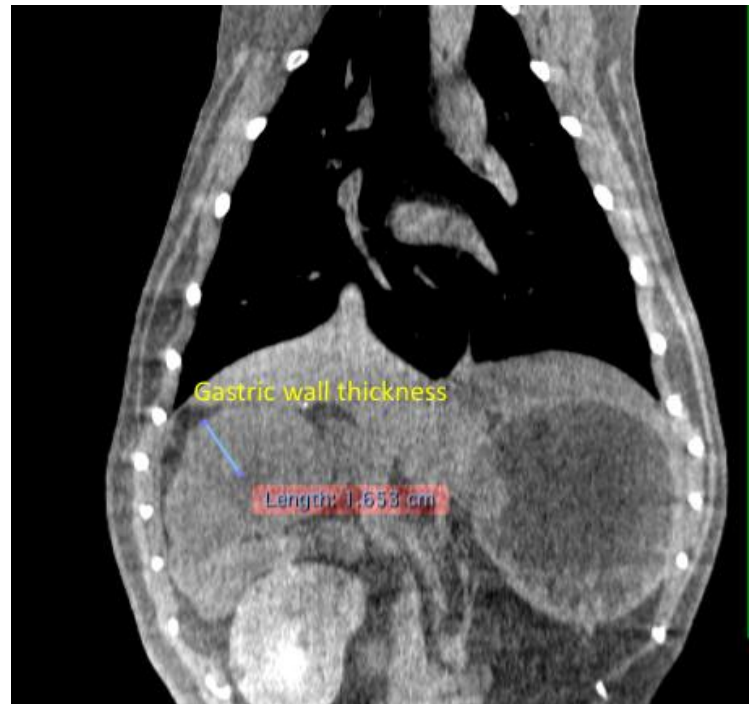
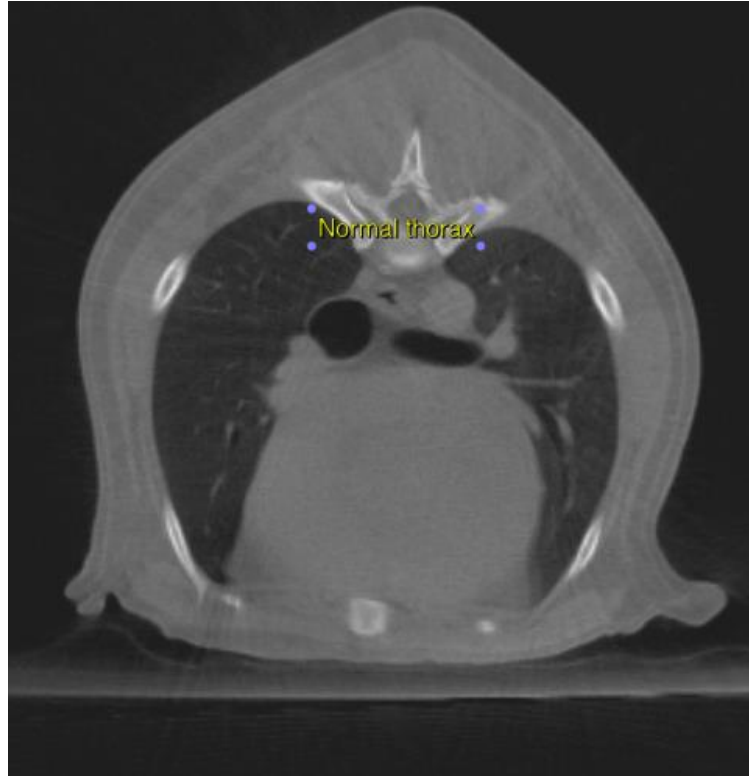
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**PATIENT**

Watson Estrada

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.

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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

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