



PATIENT

Ivy Daverio

SPECIES

Canine

BREED

Bernedoodle

SEX

FS

AGE

10Y

WEIGHT

61.1lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brittany Bethel, CVT

HOSPITAL NAME

Williamsport West
Veterinary Hospital

REFERRING VET

Stephanie Daverio,
VMD

INVOICE

74161

DATE

3-11-26

PRESENTING CLINICAL SIGNS

Pt presented today for lumpectomy and dental, O wanted pt imaged for met check.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A pre- and post-contrast CT study of the head is provided for review totaling 4 series. One pre-contrast series of the head, soft tissue algorithm. One pre-contrast of the thorax, bone algorithm. One post-contrast series of the head, soft tissue algorithm. One post-contrast of the thorax, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

A small, rounded, well-defined intraoral nodule of mixed attenuation (soft tissue and mineral) is present in contact with the alveolar bone adjacent to the crown of Triadan 206. Mild focal marginal osteolysis is noted. The lesion measures approximately 5.5 × 6.2 mm. The Triadan 206 tooth remains intact.

A suspected second tiny nodular soft tissue lesion is identified in the right mandible between Triadan 405 and 406, associated with discrete focal alveolar bone resorption.

There is asymmetry of the maxillary incisive bones with a regional resorptive alveolar lesion adjacent to the region of the absent Triadan 103 and 104. Marked local bone loss is present with probable oronasal communication, currently separated by a thin, soft tissue membrane. Secondary to this defect, regional loss of turbinate architecture is observed in the right nasal cavity.

Additional multifocal areas of alveolar bone resorption are present adjacent to the roots of Triadan 109, 110, and 210.

A retained root fragment of Triadan 108 is noted.

The remaining portions of the nasal cavities are unremarkable.

The frontal sinuses are normally aerated.

The cribriform plate is intact.

No intracranial mass effect is identified. There is no midline shift or falx cerebri deviation.

The temporomandibular joints are bilaterally congruent.

The tympanic bullae are air-filled with normal wall thickness and contour. The external auditory canals are unremarkable.

The globes and retrobulbar spaces are within normal limits.

The nasopharynx and oropharynx are unremarkable.

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



PATIENT

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

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THORAX

SPECIES

The trachea and main bronchi are within normal limits.

Canine

A moderate-sized, well-defined, thin-walled, air-filled lesion is identified at the transition between the right cranial and right middle lung lobes, measuring approximately 2.9 × 3.0 cm. Mild distortion of the adjacent pulmonary parenchyma is present.

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There is mild gravity-dependent reduction in pulmonary expansion in the right lung, associated with peripheral consolidation and ground-glass attenuation, likely representing passive pulmonary atelectasis.

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The remaining pulmonary parenchyma is unremarkable. There is no evidence of pulmonary micronodules, nodules, or masses.

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The sternal, cranial mediastinal, and tracheobronchial lymph nodes are within normal limits.

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

The cardiac silhouette and pulmonary vessels appear normal, with adequate post-contrast opacification.

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

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Small mixed-attenuation intraoral nodule adjacent to Triadan 206 with focal marginal osteolysis. Differential diagnoses include odontogenic tumors such as amyloid-producing odontogenic tumor, canine acanthomatous ameloblastoma, peripheral odontogenic fibroma (fibromatous epulis), or odontoma, less likely mineralized inflammatory-granulomatous lesion.
- Suspected second tiny soft tissue lesion between Triadan 405 and 406 associated with focal alveolar bone resorption, possibly representing atypical periodontal disease, odontogenic lesion, or early neoplastic process.
- Severe alveolar bone resorption in the region of absent Triadan 103 and 104, with probable oronasal communication and secondary regional turbinate loss in the right nasal cavity, most consistent with chronic (active or residual) periodontal disease with oronasal fistula formation. Differential diagnosis concurrent osteomyelitis and regional rhinitis.
- Multifocal periodontal disease involving Triadan 109, 110, and 210, with retained root fragment of Triadan 108.
- Large thin-walled air-filled pulmonary lesion in the right lung (2.9 × 3.0 cm), most consistent with a pulmonary bulla.
- Mild passive pulmonary atelectasis in the right lung. No evidence of pulmonary metastatic disease.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings reveal multifocal dental and periodontal disease, including alveolar bone resorption affecting multiple teeth, a retained root fragment of Triadan 108, and severe alveolar bone loss in the region of the absent Triadan 103 and 104, resulting in probable oronasal communication.



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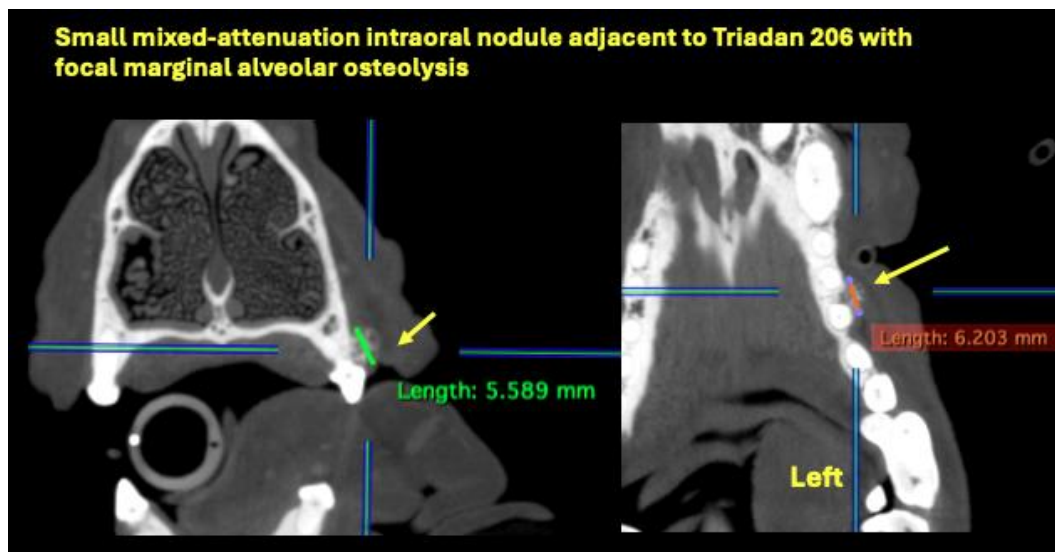
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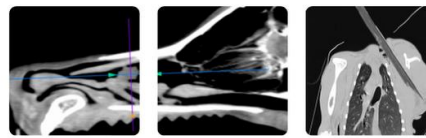
The associated regional loss of turbinate architecture in the right nasal cavity is most likely secondary to this chronic dental disease.

A small mixed soft tissue and mineral attenuating intraoral mass is identified adjacent to Triadan 206, with associated focal marginal alveolar osteolysis. Based on the imaging characteristics and its close association with the tooth-bearing alveolar bone, the lesion is most consistent with an odontogenic process. Differential diagnoses include amyloid-producing odontogenic tumor, canine acanthomatous ameloblastoma, peripheral odontogenic fibroma (fibromatous epulis of periodontal ligament origin), or odontoma. Histopathological evaluation following surgical excision or biopsy is required for definitive diagnosis.

A second suspected nodular soft tissue lesion in the right mandible between Triadan 405 and 406 may correspond to focal periodontal disease or a second odontogenic lesion, and correlation with the intraoral examination and dental radiographs is recommended.

Within the thorax, there is a well-defined thin-walled air-filled lesion located between the right cranial and right middle lung lobes, most consistent with a pulmonary bulla. This finding is typically incidental but may predispose to pneumothorax if rupture occurs. Importantly, no pulmonary nodules or masses suggestive of metastatic disease. Clinical monitoring of the pulmonary bulla; additional thoracic imaging is recommended only if respiratory signs develop.





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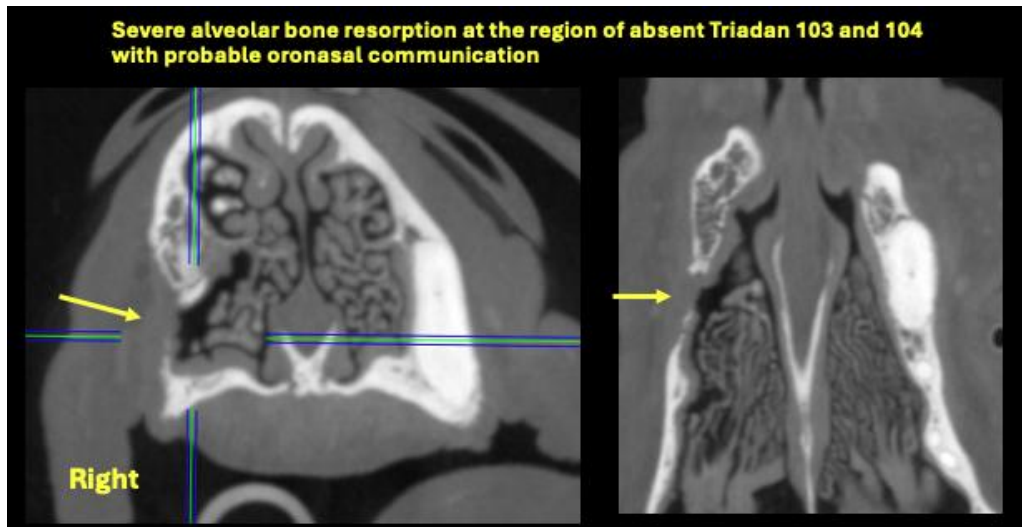
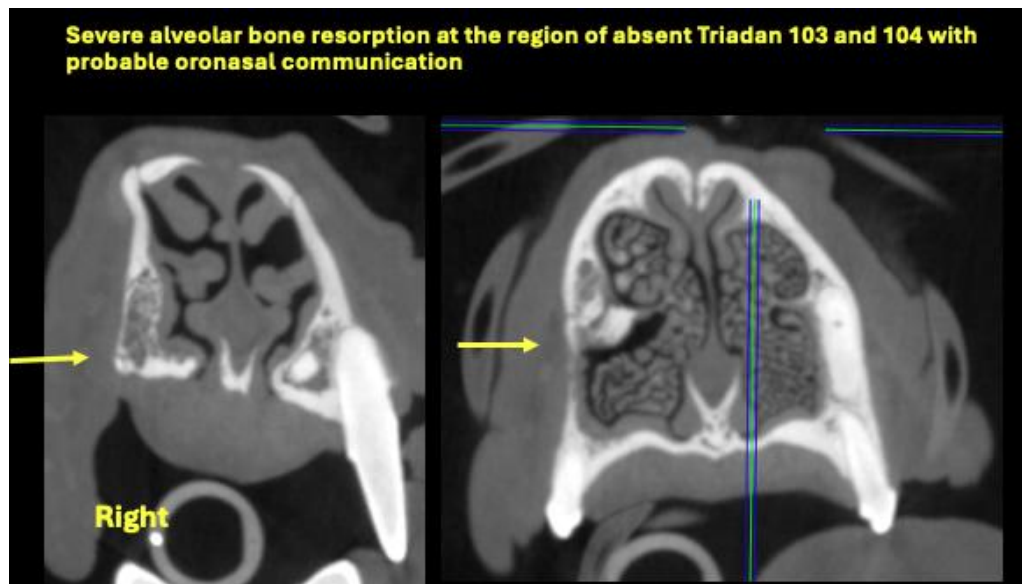
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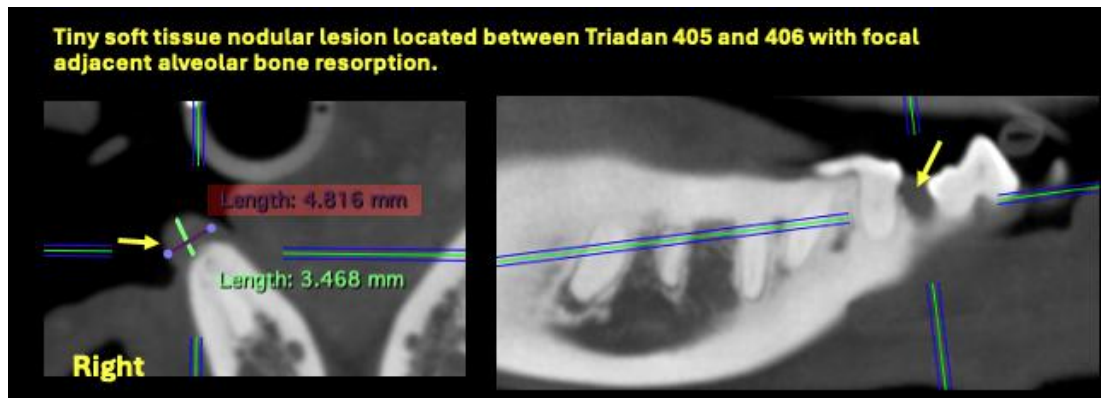
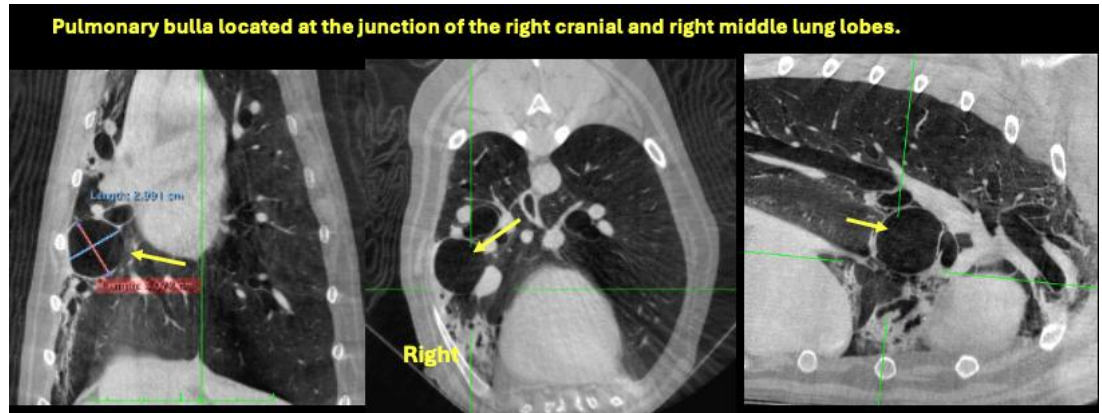
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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