



PATIENT

Charlie Elliot

SPECIES

Canine

BREED

Retriever Mix

SEX

Spayed Female

AGE

10

WEIGHT

59.8

INTERPRETED BY

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

IMAGING PERFORMED BY

WS

HOSPITAL NAME

Aloha Pet & Bird
Hospital

REFERRING VET

Dr. Lopez

INVOICE

74236

DATE

3-17-26

PRESENTING CLINICAL SIGNS

History: No V/D/C/S. Charlie was referred by Vero Beach Animal Hospital for a head CT scan. A dental cleaning and radiographs were performed on March 13, 2026, which revealed a potential lytic lesion on the right zygomatic bone, prompting the referral for advanced imaging.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX & ABDOMEN

A pre- and post-contrast CT study of the head, thorax and abdomen are provided for review totaling 3 series. One pre-contrast series of the head, bone algorithm. One pre-contrast series of the whole-body, bone algorithm. One post-contrast series of the head, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

There is a large, expansile, predominantly osteolytic lesion centered on the right zygomatic bone, extending cranially to the orbital margin. The lesion exhibits mild osteoproliferative changes and an indistinct transition zone.

Associated with this lesion, there is a cystic, cavitory soft tissue mass predominantly involving the right masseter muscle and right zygomatic salivary gland, with extension into the periorbital region. The right globe remains intact. The lesion measures approximately 4.8 × 4.8 × 4.6 cm.

The temporomandibular joints are congruent and preserved.

The nasal cavities, turbinates, and paranasal sinuses are within normal limits.

The cribriform plate is intact.

No evidence of intracranial mass effect or midline shift is observed.

The tympanic bullae and external auditory canals are unremarkable.

The globes and retrobulbar spaces (except right-sided regional mass effect) are within normal limits.

No significant enlargement of the mandibular or medial retropharyngeal lymph nodes is identified.

Dental findings include absence of Triadan 105 and 107, and the presence of a supernumerary tooth caudal to Triadan 311.

THORAX

The trachea and main bronchi are within normal limits.

The pulmonary parenchyma is predominantly unremarkable, with no evidence of pulmonary nodules or masses. A few small subpleural mineralized foci are noted, pulmonary osteomas.

The bronchial tree is normal in architecture.

The cardiac silhouette and pulmonary vasculature are within normal limits.



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

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The pleural space, ribs, and diaphragm are normal.

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The liver and spleen are within normal limits in size, shape, contour, and attenuation.

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The gallbladder is distended and contains predominantly hypoattenuating content with a small amount of dependent hyperattenuating material.

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The kidneys are normal in size, shape, contour, and attenuation.

The urinary bladder is unremarkable, with normal wall thickness.

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The stomach is moderately distended, containing heterogeneous hypoattenuating material with small amounts of hyperattenuating debris and gas. It is in normal anatomical position.

The small intestines are normally distended and appropriately distributed, with no evidence of obstruction.

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The colon contains gas admixed with heterogeneously soft tissue attenuating fecal material.

The pancreas, abdominal lymph nodes, and adrenal glands are within normal limits.

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The serosal fat demonstrates normal attenuation.

Incidental findings include:

L7-S1 incomplete bridging spondylosis deformans.

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Small mineral foci within the ventral vertebral canal at L6-L7, resulting in minimal spinal cord/nerve root impingement.

Mild irregularity of the sacroiliac joints bilaterally.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

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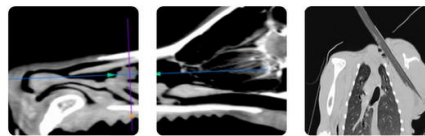
- Large, aggressive osteolytic lesion centered on the right zygomatic bone, associated with a cystic soft tissue mass involving the right masseter muscle and zygomatic salivary gland, extending into the periorbital region.
- Primary differential diagnoses include an aggressive neoplastic process, such as osteosarcoma, chondrosarcoma, or other sarcomas; less likely, zygomatic salivary gland neoplasia with secondary bone invasion.
- Dental findings include absence of Triadan 105 and 107, and the presence of a supernumerary tooth caudal to Triadan 311.
- Subpleural pulmonary mineral foci osteomas
- No evidence of pulmonary metastatic disease is identified.
- Incidental gallbladder content characterized by dependent hyperattenuating material, most consistent with biliary sludge, and incidental mineral opaque debris within the stomach.
- Otherwise, normal abdominal CT*

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Incidental findings:

- Mild lumbosacral spondylosis deformans, L6-7 degenerative disc changes with minimal neural impingement.
- Mild sacroiliac joint degeneration

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

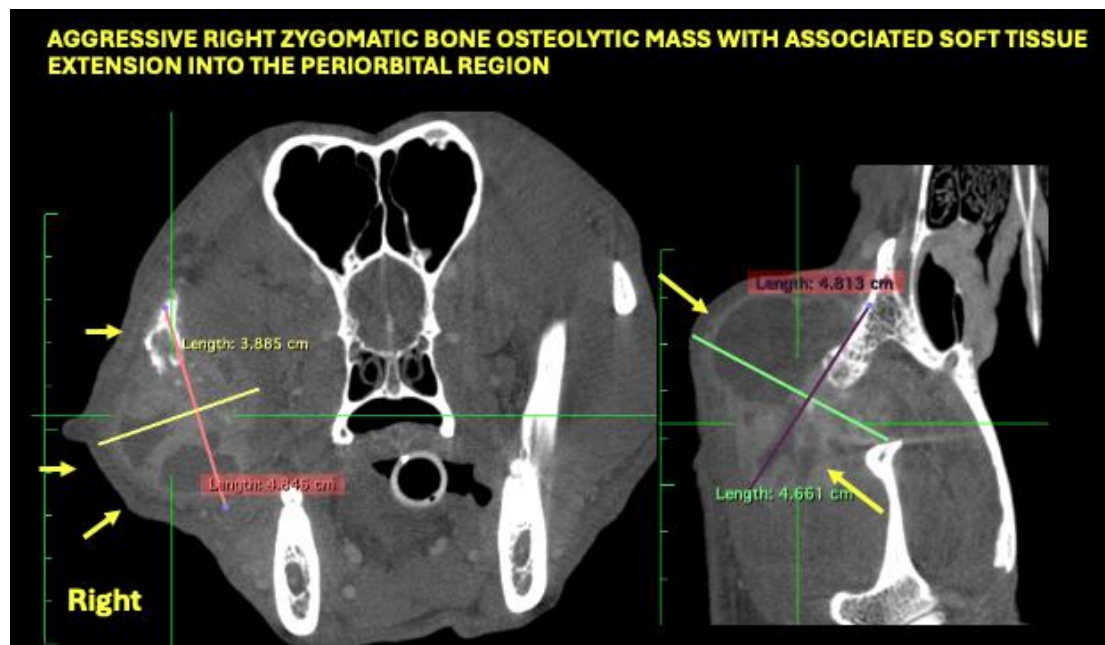
The CT findings are highly suggestive of an aggressive neoplastic process involving the right zygomatic bone with regional soft tissue extension. The degree of osteolysis, poorly defined margins, and invasion of adjacent soft tissues support malignancy.

Histopathological confirmation via biopsy (bone and/or soft tissue component) is recommended

Oncologic consultation for staging and treatment planning (surgery vs. radiation ± chemotherapy)

TECHNICAL COMMENTS

The thorax and abdominal series interpretations are limited by the absence of post-contrast series, which restricts the evaluation of soft tissue structures and vascular perfusion.





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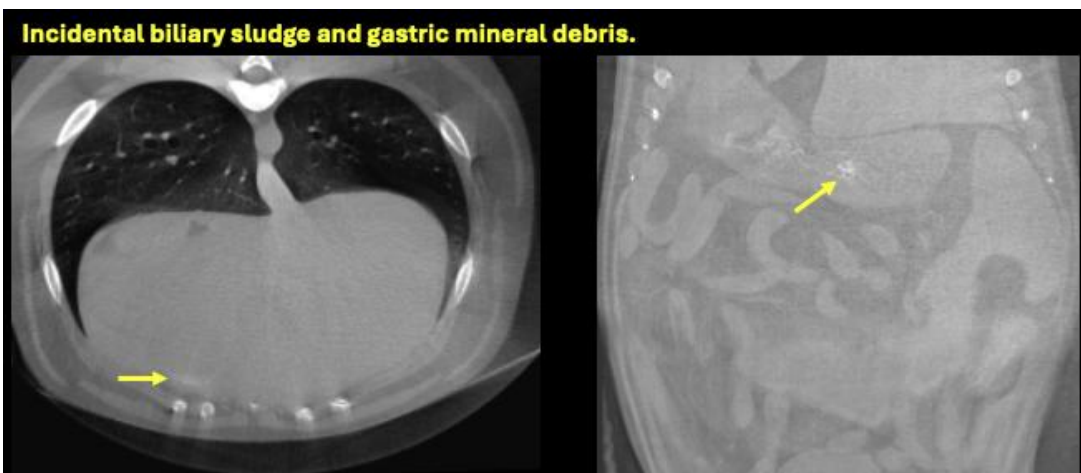
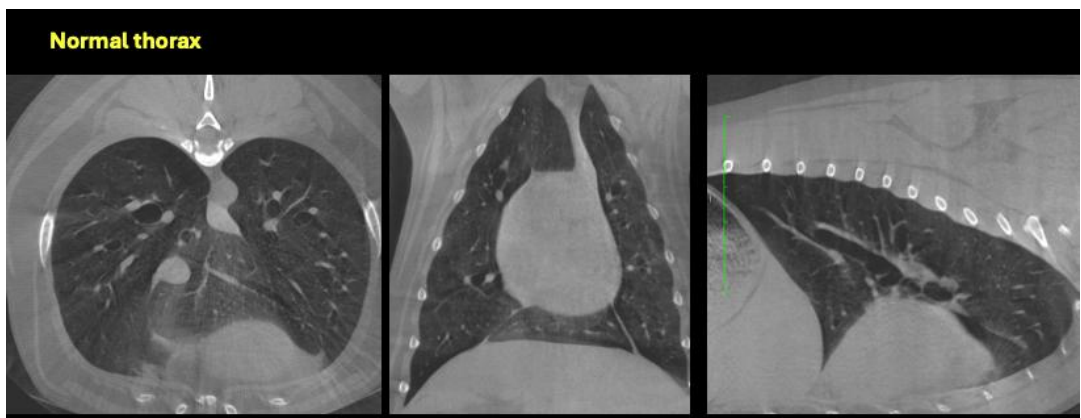
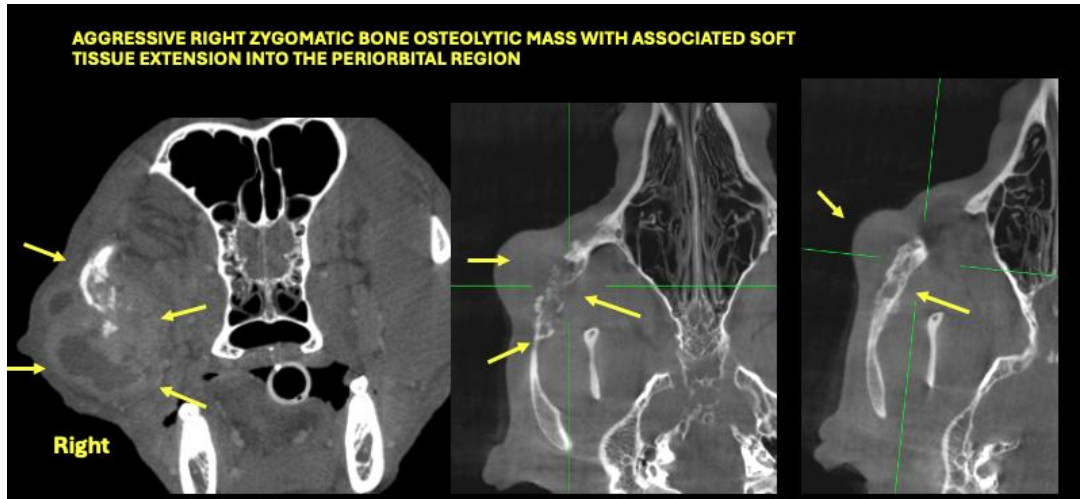
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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