



PATIENT PRESENTING CLINICAL SIGNS

Rapha Narlock Swelling of left caudal mandible since Jan 30 2023. Primary vet did FNA of area: multiple cocci & rods, simonsiella present on cytology. A culture of the area was also collected, results are unknown. Patient was prescribed clindamycin 600mg bid x 14 & carprofen 50mg bid x 10. Patient presented for a recheck on Feb 16, 2023 with no improvement and marked halitosis at that time. Mandible is about 3 times the width of the right mandible. Patient was prescribed clindamycin 900mg bid x 28 and instructed to seek referral if not improving. At today's appointment (March 29, 2023) swelling continues to be present with halitosis and gingivitis present. Ulcerations present in mouth on left side Patient also has grade 5/6 heart murmur present. Cardiologist at University of Minnesota echocardiogram results: Ventricular septal defect, prolapse of right aortic leaflet causing moderate aortic insufficiency secondary to mild rightward deviation of aortic root due to VSD.

SPECIES

Canine

BREED

Pyreneese/Poodle Mix

Abnormal PE/Chem/CBC/UA Results: Large swelling of caudal 1/3 of left mandible. Grade 5/6 heart murmur. Chem/CBC on 3/29/23 all within normal limits DDX: deciduous tooth impaction vs osteomyelitis vs other

SEX

M

COMPUTED TOMOGRAPHIC STUDY OF HEAD

A high-resolution pre- and post-contrast CT study of the head are provided for review.

AGE

1 Year

COMPUTED TOMOGRAPHIC FINDINGS

An expansile, cystic-like structure with some solid areas and spiculated periosteal bone proliferation is seen within the mid-caudal portion of the right mandible* and is encompassing the adjacent teeth. The mass contour is at the triadans 408 and 409. It measures 6.8cm x 6.7cm x 5.6cm.

INTERPRETED BY

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

Bilaterally, the temporomandibular joints are congruent.

The nostrils and nasal cavities are normal. The turbinate architecture and symmetry are normal. No evidence of hypoattenuating soft fluid accumulation or mass effect within the nasal cavities. The frontal sinuses are symmetrical and air-filled.

HOSPITAL NAME

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The brain is normal, no mass effect.

Bilaterally, the bullae are unremarkable. The auditory external canal is normal.

The choana, pharynx, and larynx are normal.

REFERRING VET

Dr. Laurie Huckle

The retrobulbar spaces are normal.

The cribriform plate is normal.

INVOICE

57518

The retropharyngeal lymph nodes are enlarged, more right side, with mild heterogeneous enhancement. The RRFLN measures 0.8cm and the LRFLN measures 0.6cm.

The mandibular lymph nodes are unremarkable.

DATE

3-29-23



PATIENT COMPUTED TOMOGRAPHIC DIAGNOSIS

Rapha Narlock

- Expansile lesion, mixed attenuation, with a cystic-like component, some solid areas, and spiculated periosteal reaction at the mid-caudal portion of the right mandible*, differential diagnosis includes odontogenic neoplasm.

SPECIES

- Retropharyngeal lymphadenitis, reactive or metastatic.
- Otherwise, normal head.

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED The lesion is visible at the right mandible* and does not correlate with the patient's history. The laterality markers may be flipped. If flipped, the cystic like mass is encompassing the triadan 308 and 309. The differential diagnosis includes odontogenic tumor, for example, ameloblastoma/keratinizing ameloblastoma, canine acanthomatous ameloblastoma, undifferentiated epithelial odontogenic neoplasm. Concurrent inflammatory and/or infectious component in the interior of the cystic lesion should be considered. A biopsy is required for the diagnosis.

Pyreneese/Poodle Mix

SEX

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DMV, MSc., Dr. Med
Vet., Dipl. CBraRVet

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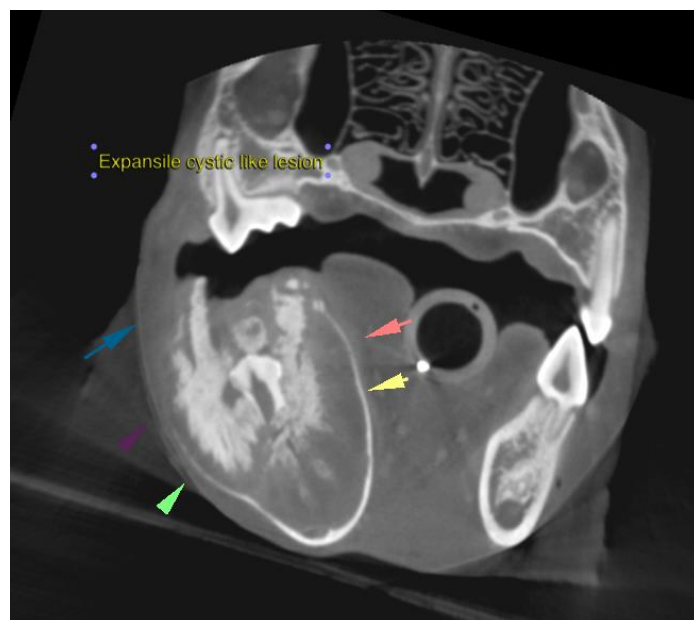
Dr. Laurie Huckle

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PATIENT

Rapha Narlock

SPECIES

Canine

BREED

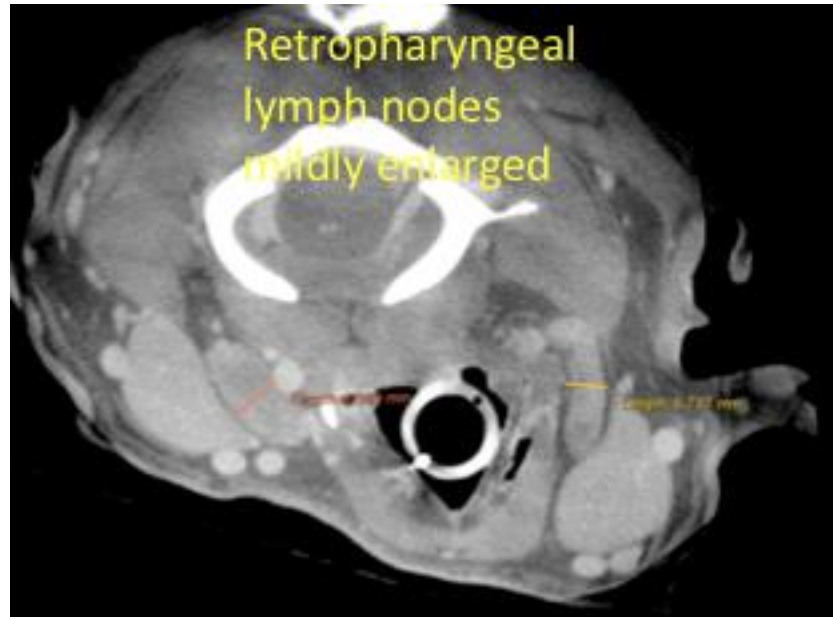
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

HOSPITAL NAME

Casselton Vet Service

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com

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