

PATIENT

Atticus Ram

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

n/a

AGE

12Y

WEIGHT

101lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Roxan Romero

HOSPITAL NAME

Scottsdale Veterinary
Clinic

REFERRING VET

Dr.Minor

INVOICE

74430

DATE

4-1-26

PRESENTING CLINICAL SIGNS

Large firm soft tissue mass appreciated around 206-208. Patient is very painful with palpation even under anesthesia. Periodontal disease of teeth surrounding lesion focally worse than right side of mouth. Tooth root abscess not suspected based on exam findings. Melanoma vs SCC vs Fibrosarcoma vs Abscess vs Benign

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head are provided for review totaling 2 series. One pre-contrast series of the head bone algorithm. One post-contrast series of the head soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

There is a moderate in size, rounded, partially marginated soft tissue mass centered within the left maxillofacial subcutaneous soft tissues, adjacent to the maxilla at the level of the missing Triadan 206 – 208. The lesion demonstrates heterogeneous contrast enhancement, with a centrally hypoattenuating component and a thickened, contrast-enhancing peripheral rim. It measures approximately 2.7 × 2.4 × 2.0 cm.

There is no adjacent cortical bone destruction directly associated with this lesion. However, there is diffuse alveolar bone loss/reabsorption involving the adjacent dentition and edentulous alveolar regions. In addition, there is a moth-eaten osseous appearance affecting the incisive portion of the mandibular symphysis, as well as the incisive and palatine bones of the maxilla.

Multiple teeth are absent, including Triadan 102, 104, 105, 106, 202 (with retained root fragment), 205, 206, 207, 208 (with small retained root fragment), 301, 302, 401, and 402 (with retained root fragment).

At the level of the missing Triadan 104, there is a small focal osseous defect and communication between the oral and nasal cavities, consistent with a small oronasal fistula.

A second tiny soft tissue nodular lesion is present within the subcutaneous tissues of the ventral intermandibular region, ventral to the geniohyoid and mylohyoid muscles, measuring approximately 0.9 × 0.5 cm.

There is multifocal variable fluid accumulation within the nasal cavities, without evidence of turbinate destruction.

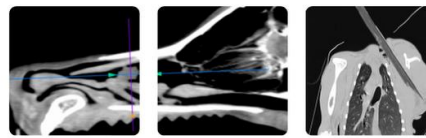
The cribriform plate is intact.

The globes and retrobulbar spaces are within normal limits.

Within the visualized intracranial structures, there are incidental meningeal/dural mineralizations.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- There is a left maxillofacial soft tissue mass at the level of the missing Triadan 206 – 208, characterized by heterogeneous peripheral/rim enhancement and central hypoattenuation. Differential diagnoses include oral/maxillofacial neoplasia (e.g., squamous cell carcinoma,



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fibrosarcoma, or melanoma). A chronic abscess /inflammatory lesion cannot be completely excluded based on CT appearance alone.

- A small oronasal fistula is present at the level of the missing Triadan 104.
- There are diffuse moth-eaten osseous changes involving the rostral maxilla and mandible, associated with dental loss. Differential diagnoses include chronic inflammatory and post-dental disease-related bone loss, with possible concurrent osteomyelitis.
- A second tiny subcutaneous soft tissue nodule is present in the intermandibular region. Differential diagnoses include a small granuloma, reactive inflammatory nodule, or a second neoplastic lesion.
- There is mild multifocal non-destructive fluid accumulation within the nasal cavities, compatible with mild nonspecific rhinitis, including possible relation to the adjacent dental disease.
- There are multiple missing teeth, with variable retained root fragments.

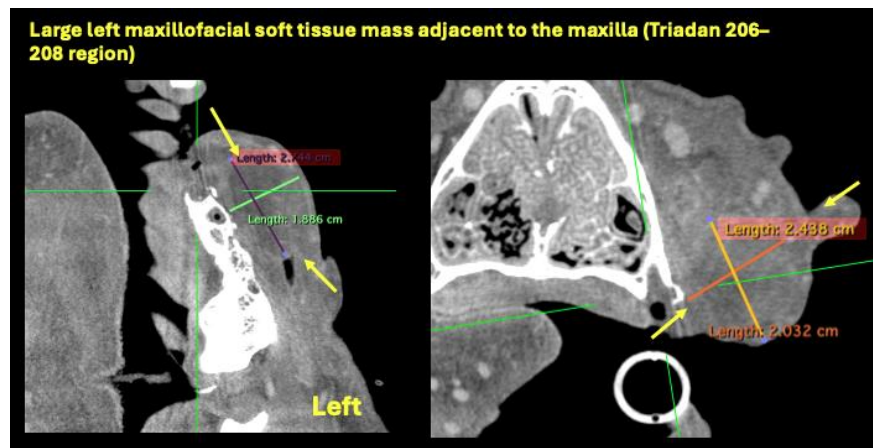
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

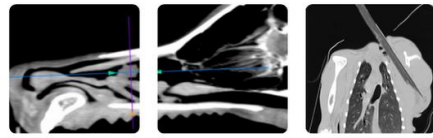
The tomographic findings demonstrate a left-sided maxillofacial soft tissue mass adjacent to the caudal maxillary dentition, with rim enhancement and central hypoattenuation. The lesion is closely associated with the edentulous alveolar bone at the level of Triadan 206, 207, and 208. Although an inflammatory or infectious lesion, such as a chronic abscess, remains a differential diagnosis, the findings are concerning for an oral/maxillofacial neoplasm.

A fine-needle aspiration and/or tissue biopsy is recommended for more definitive characterization of the lesion.

There are also diffuse moth-eaten osseous changes involving the rostral maxilla and mandible, associated with dental loss. Differential diagnoses include chronic inflammatory bone change related to previous dental disease, with possible concurrent osteomyelitis.

Correlation with dental/oral examination and treatment is suggested.





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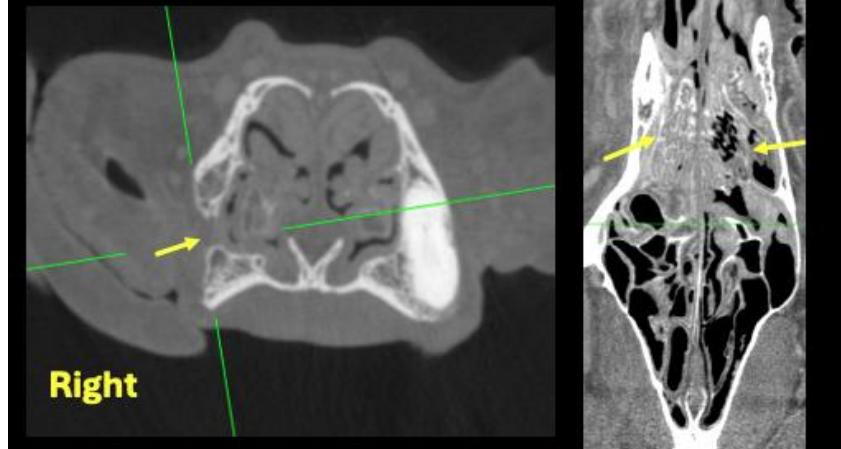
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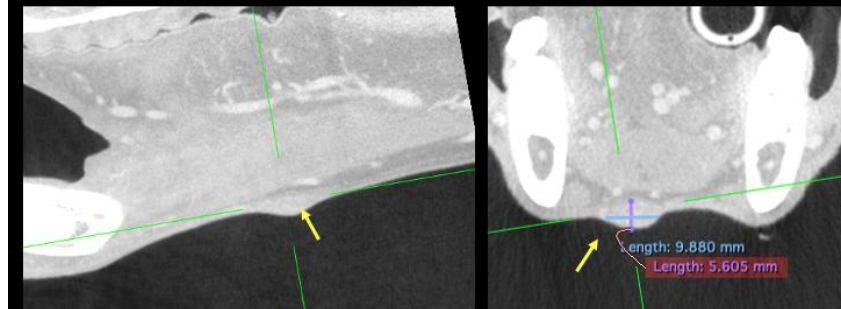
Small oronasal fistula in the region of the missing Triadan 104, and rhinitis

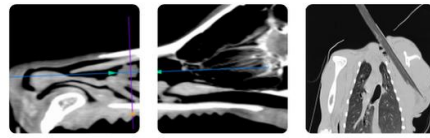


Moth-eaten osseous changes involving the rostral maxilla and mandible



Tiny intermandibular subcutaneous soft tissue nodule





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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.

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