



PATIENT

Sir Winston Pickles
Kallin

SPECIES

Rabbit

BREED

Lop-eared

SEX

Male

AGE

Unknown

WEIGHT

1.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Levy and Jacobs

HOSPITAL NAME

Emergency Veterinary
Hospital of Ann Arbor

REFERRING VET

Levy

INVOICE

74441

DATE

4-1-26

PRESENTING CLINICAL SIGNS

- 4m history of right mandibular swelling, most consistent with odontogenic abscess -minimal response to medical management with oral antibiotics.
- Mass has progressed in growth while being on oral antibiotics (attempted treatment with 4 weeks azithromycin and 4 weeks combo enrofloxacin/metronidazole (which patient did not tolerate with secondary GI signs) and measured 2x2.8cm on awake exam with lobulated, firm, subcutaneous effect.

Abnormal PE/Chem/CBC/UA Results: PE: 2x2.8cm firm lobulated painful right mandibular mass, thin but appropriate body condition Chem: WNL CBC: inflammatory leukogram Thoracic rads: appropriate vertebral heart score, no evidence of pulmonary pattern, mild dorsal deviation of trachea with appropriate cranial mediastinal mass effect (for species) Aspirate with 18g needle expressed caseous, foul smelling purulent debris, most consistent with odontogenic abscess Aerobic/anaerobic culture pending

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head was provided for review, totaling 9 series, with transverse images and dorsal and sagittal reformatted reconstructions.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

There is an extensive, aggressive, expansile osseous lesion centered in the right mandible, characterized predominantly by marked osteolysis with associated mass effect. The lesion surrounds and involves the right mandibular cheek teeth as well as the right mandibular incisor (I1).

The right mandibular premolar and molar teeth are markedly malaligned, with evidence of tooth displacement, loss of normal dental architecture, resorption, and poor definition of the germinal centers. There is also evidence of dental overgrowth. Marked widening of the interalveolar space is noted, particularly between the right M1 and M2. The affected teeth appear partially suspended within the expansile lytic mandibular lesion due to severe surrounding alveolar destruction.

The right mandibular incisor I1 shows a large periapical osteolytic lesion, confluent with the destructive changes affecting the adjacent right mandibular premolar and molar arcade. The right mandibular incisor I2 is comparatively preserved.

There is mild malocclusion of the right mandibular and maxillary cheek teeth arcades. The right maxillary cheek teeth are comparatively preserved and better aligned between.

The left mandibular premolar and molar teeth are comparatively better aligned; however, there is mild to moderate adjacent alveolar bone resorption, most conspicuous in the region of the left M1 germinal center, with associated mild dental overgrowth. There is also mild ventral cortical thinning and subtle ventral cortical bulging/remodeling of the left mandible.

The left maxillary incisors are aligned and do not show evidence of clinically relevant overgrowth.

The nasal cavities, paranasal sinuses, and tympanic bullae/cavities are within normal limits.

The remaining evaluated cranial structures are unremarkable.



PATIENT

Sir Winston Pickles
Kallin

SPECIES

Rabbit

BREED

Lop-eared

SEX

Male

AGE

Unknown

WEIGHT

1.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Levy and Jacobs

HOSPITAL NAME

Emergency Veterinary
Hospital of Ann Arbor

REFERRING VET

Levy

INVOICE

74441

DATE

4-1-26

COMPUTED TOMOGRAPHIC DIAGNOSIS

- There is a severe, aggressive, expansile osteolytic lesion affecting the right mandible, centered on the right mandibular premolar and molar arcade as well as the right mandibular incisor (I1). This lesion is associated with extensive alveolar and mandibular bone destruction, marked dental malalignment and displacement, loss of normal germinal center definition, and multifocal periapical osteolysis. An associated mass effect is present. Primary differential diagnoses include severe odontogenic disease with concurrent mandibular abscessation and osteomyelitis (chronic odontogenic abscess with marked osseous involvement), less likely neoplasm.
- Additional, milder contralateral dental and mandibular changes are noted on the left side. These include mild alveolar bone resorption, particularly adjacent to the left M1, mild dental overgrowth, and mild ventral mandibular cortical remodeling and thinning.

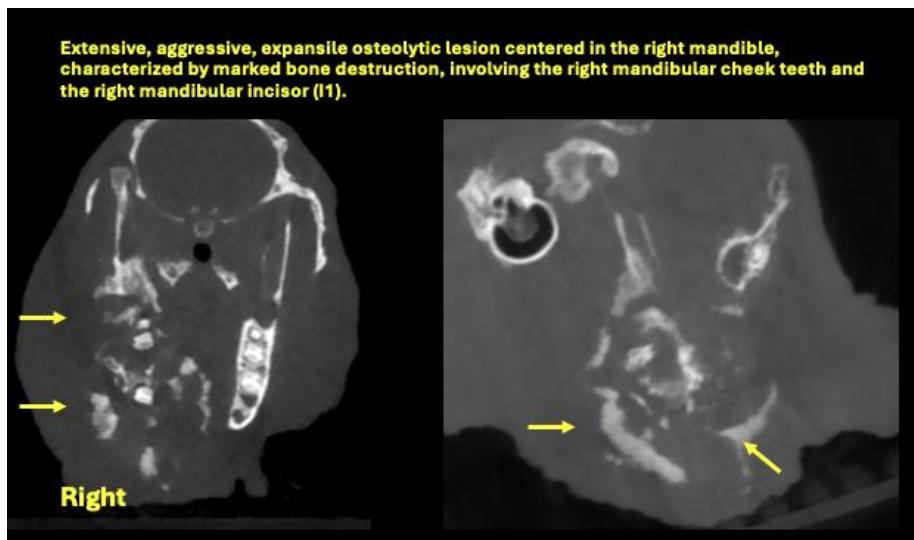
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings support advanced right-sided osseous and odontogenic disease, characterized by severe mandibular osteolysis and marked associated abscess/infectious osteomyelitis, centered on the right mandibular cheek teeth and the right mandibular incisor (I1). A neoplastic process is considered less likely.

The severity and extent of the lesion indicate a guarded to poor prognosis, and invasive treatment is likely required.

TECHNICAL COMMENTS

Post-contrast enhancement is subjectively limited, which may occur in this species and mildly reduces soft tissue conspicuity.





PATIENT

Sir Winston Pickles
Kallin

SPECIES

Rabbit

BREED

Lop-eared

SEX

Male

AGE

Unknown

WEIGHT

1.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Levy and Jacobs

HOSPITAL NAME

Emergency Veterinary
Hospital of Ann Arbor

REFERRING VET

Levy

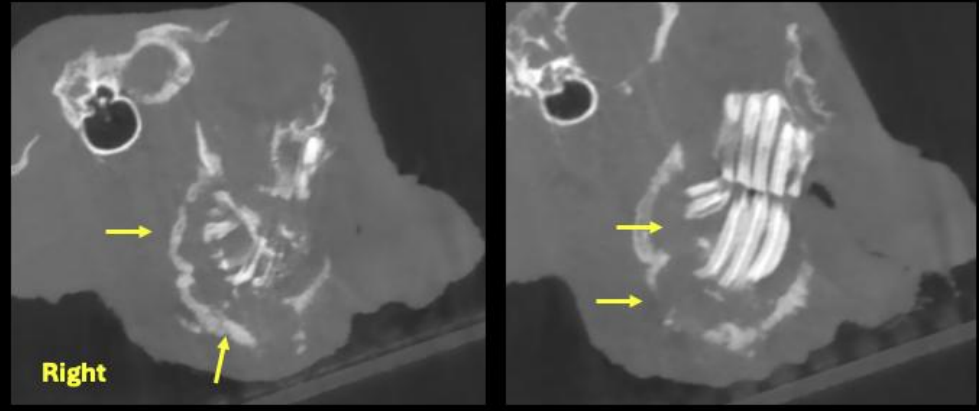
INVOICE

74441

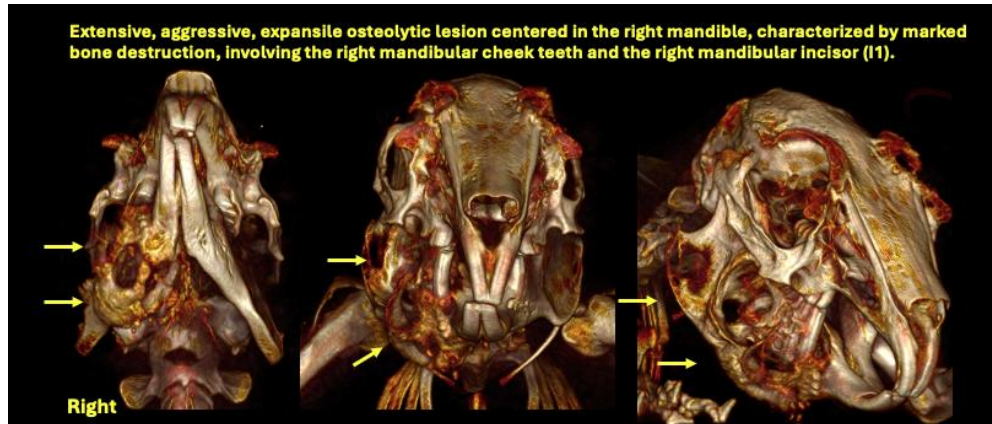
DATE

4-1-26

Extensive, aggressive, expansile osteolytic lesion centered in the right mandible, characterized by marked bone destruction, involving the right mandibular cheek teeth and the right mandibular incisor (I1).



Extensive, aggressive, expansile osteolytic lesion centered in the right mandible, characterized by marked bone destruction, involving the right mandibular cheek teeth and the right mandibular incisor (I1).



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