



## PATIENT

Samson Tucker

## SPECIES

Canine

## BREED

English Bulldog

## SEX

Male Neutered

## AGE

10Y, 5M, 17D

## WEIGHT

62.00lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Joseph D'Abbraccio,  
DVM

## HOSPITAL NAME

Catskill Veterinary  
Services, PLLC

## REFERRING VET

Joseph D'Abbraccio,  
DVM

## INVOICE

74802

## DATE

4-28-26

## PRESENTING CLINICAL SIGNS

4/16/2026: Presenting for an oral mass first noted approximately 1.5 to 2 years ago, with progressive enlargement over the past year. Owner reports increased bleeding from the mass but no difficulty eating or drinking. No coughing, sneezing, or vomiting observed. No current medications. Previously evaluated by Dr. Burns at Delta Animal Hospital, who referred for surgical consultation due to concerns about post-operative bleeding and need for specialized cauterizing equipment.

Abnormal PE/Chem/CBC/UA Results: PE: Oral Cavity: Large mass extending from the lower left side of the mouth around the canine, displacing along the midline and extending back; not fully crossing to the right side but involving a significant portion; associated with bleeding; no mention of tartar, gingivitis, or missing teeth.; CBC: PLT 126; Chem: K 5.9;

## 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, bone algorithm.

## COMPUTED TOMOGRAPHIC FINDINGS

A large, expansile lesion of mixed attenuation (soft tissue and mineral) is identified, predominantly affecting the rostral portion of the left mandible. The lesion involves the incisor region and extends caudally to the level of Triadan 305, crossing the mandibular symphysis and extending into the rostral right mandible adjacent to Triadans 401, 402, and 403.

The mass is heterogeneous and associated with cortical and adjacent alveolar bone involvement, including areas of aggressive spiculated periosteal reaction. The minimum estimated dimensions are approximately 2.8 × 3.6 × 3.2 cm. The caudal transition zone between normal and abnormal bone is noted between Triadans 305 and 306.

Triadans 301, 302, and 303 are absent. Additional missing teeth include Triadans 106, 206, 306, 308, 308, 405 (retained root fragment), 406, 407, and 408.

The remaining mandibular and maxillary osseous structures show no additional lesions.

The temporomandibular joints are unremarkable.

The soft palate is subjectively thickened, consistent with brachycephalic conformation.

A well-defined, hypoattenuating nodular structure with no significant contrast enhancement is present adjacent (or within) to the left palatine tonsil, measuring approximately 1.3 × 0.98 cm.

Mandibular lymph nodes are within normal limits. The right retropharyngeal lymph node is mildly enlarged compared to the contralateral side.

The nasal cavities and frontal sinuses are well aerated, with preserved turbinate architecture. Aberrant turbinates are present in the choanal region bilaterally, consistent with brachycephalic incidental finding.

The cribriform plate is intact.



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The left tympanic cavity is filled with soft tissue/fluid-attenuating material, without associated bone lysis. The right tympanic cavity is air-filled and normal. Dystrophic mineralization is noted along the walls of the external auditory canals.

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

## BREED

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The brain parenchyma shows no evidence of mass effect or midline shift.

## SEX

Male Neutered

There is failure of fusion of the dorsal and ventral arches of C1, with associated enthesophyte formation, compatible with a congenital anomaly.

## AGE

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Incomplete ventral spondylosis deformans is present at C2–C3, C3–C4, C4–C5, and C6–C7.

## WEIGHT

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## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Aggressive expansile lesion affecting the rostral mandible (predominantly left-sided with contralateral extension), characterized by mixed attenuation, cortical destruction, and spiculated periosteal reaction. Differential diagnoses include odontogenic tumor or less likely primary bone neoplasm.
- Left peritonsillar hypoattenuating nodular structure. Differential diagnoses include tonsillar cyst, tonsillar nodule, or less likely metastatic foci.
- Mild enlargement of the right retropharyngeal lymph node, likely reactive lymphadenitis.
- Left tympanic cavity content, fluid retention and/or otitis media.
- Left thyroid gland enlargement with nodular mass-effect characteristics. Differential diagnoses include thyroid adenoma, thyroid carcinoma, and nodular hyperplasia.
- Incidental findings: brachycephalic conformation (aberrant turbinates, soft palate thickening), congenital anomaly of C1, and cervical spondylosis deformans.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings of the mandibular lesion demonstrate markedly aggressive features, including bone destruction, mixed attenuation, and spiculated periosteal reaction. Differential diagnoses include odontogenic neoplasia and, less likely, a primary bone tumor. Among odontogenic neoplasms, the CT characteristics are most consistent with an amyloid-producing odontogenic tumor (APOT). Canine acanthomatous ameloblastoma (intraosseous form) and undifferentiated epithelial odontogenic neoplasm are considered additional differentials.

Histopathologic evaluation is recommended for definitive diagnosis.

Mild enlargement of the right retropharyngeal lymph node is noted, contralateral to the primary lesion. Reactive lymphadenopathy and metastatic involvement are both considered.

A left peritonsillar nodular structure with a well-defined capsule and no significant contrast enhancement is identified, most consistent with a tonsillar cyst. A metastatic origin is considered less likely given the imaging characteristics but cannot be entirely excluded in the context of the mandibular mass.



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The left thyroid gland is enlarged with nodular mass-effect characteristics. Differential diagnoses include thyroid adenoma, thyroid carcinoma, and nodular hyperplasia. Ultrasound-guided fine-needle aspiration and endocrine panel evaluation are recommended for further characterization.

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The remaining findings, including cervical vertebral changes and brachycephalic features, are considered incidental or of secondary clinical importance.

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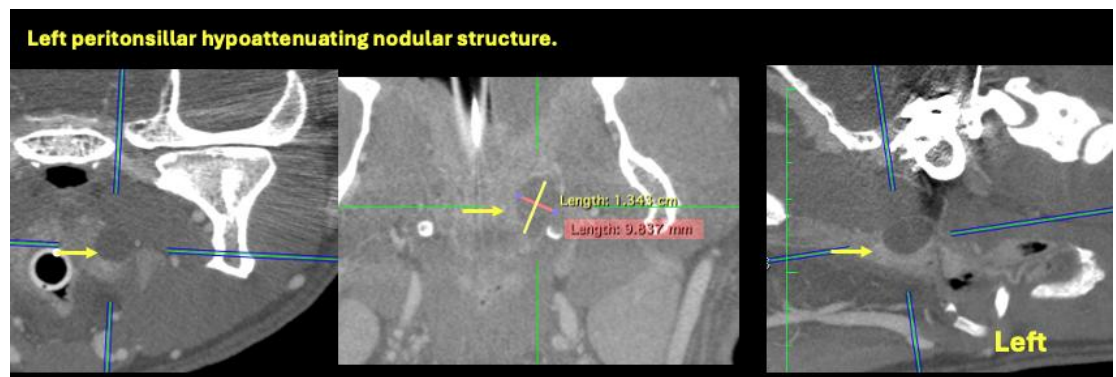
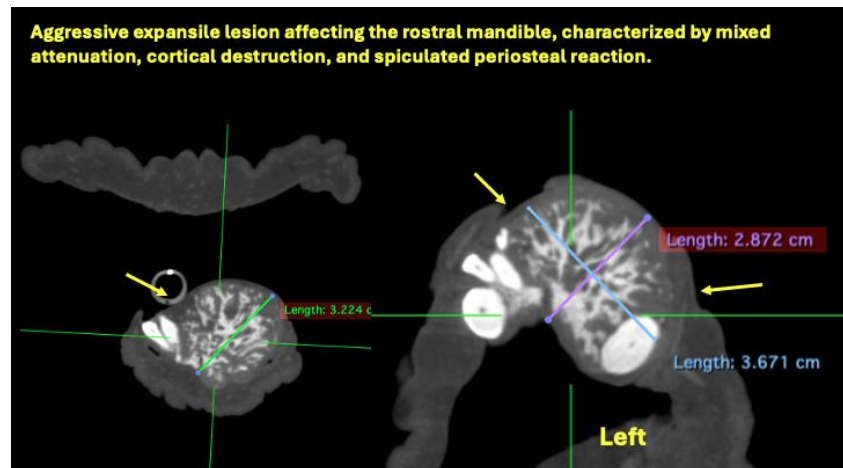
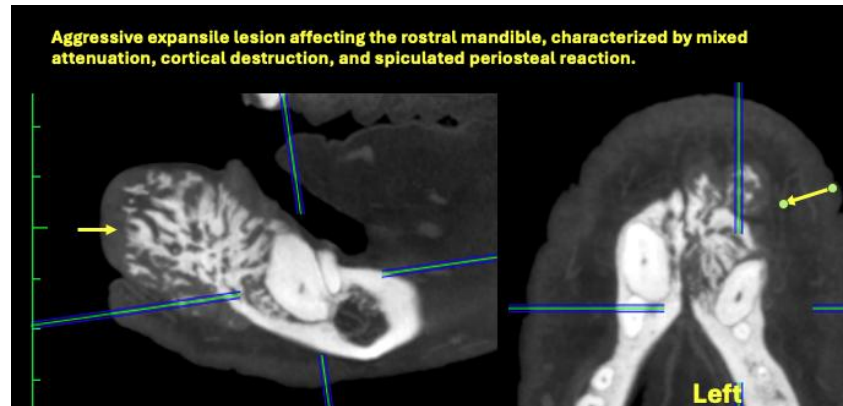
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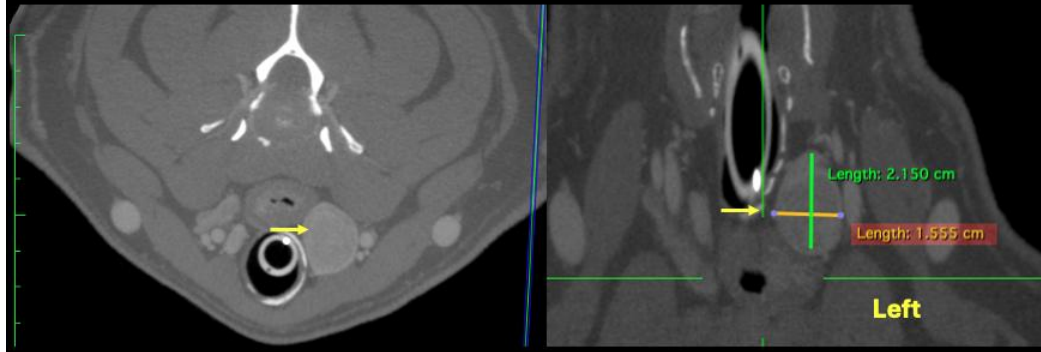
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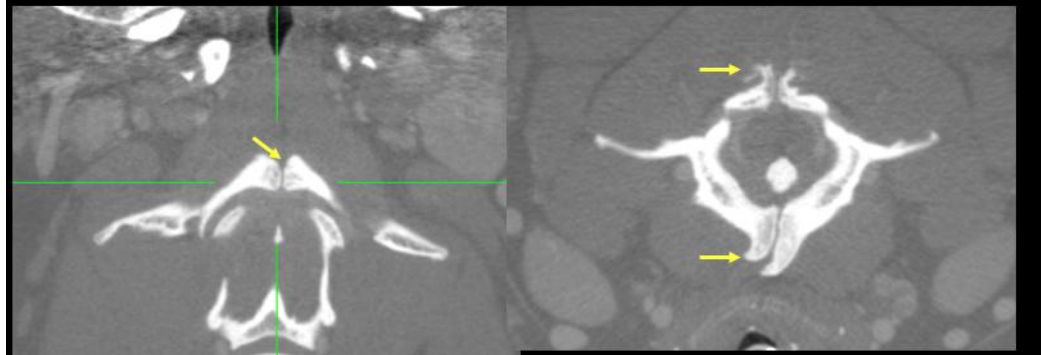
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### Enlarged left thyroid gland, rounded, mass-like, and mildly heterogeneous.



### Failure of fusion of the dorsal and ventral arches of C1, with associated enthesophyte formation



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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