



PATIENT

Maggie Pixey

SPECIES

Canine

BREED

Welsh Terrier

SEX

FS

AGE

12Y

WEIGHT

7.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Dr. Fugazzi

INVOICE

74822

DATE

4-29-26

PRESENTING CLINICAL SIGNS

Presenting Complaint: Re-evaluation of recurrent oral mass on the left maxillary (upper) side with recent bleeding; owner inquiring about head CT with contrast.

Problem Start: Mass was partially removed and submitted in February; on April 12 it was noted to be growing again; bleeding increased after being examined/touched on Sunday prior to today and has stopped over the past couple of days.

Previous History: Primary veterinarian partially removed the oral mass in February and submitted it. No further treatment was performed afterward. Maggie was seen here a few days ago by Dr. Campbell.

Symptom Description: Owner reports a mass on the left upper side of the mouth, visible toward the back. It bled more after being manipulated during a visit on Sunday but has since stopped bleeding.

Owner notes halitosis associated with the mass.

Severity / Changes in Symptoms: Bleeding: increased after manipulation on Sunday, now resolved over the past couple of days.

Appetite/H2O: normal appetite and drinking.

C/V/S/D/Lethargy: normal defecation and no lethargy.

Current medications: Gabapentin dispensed on Sunday, not given.

Previous Radiographs: Chest radiographs were performed a few days ago here.

Previous Blood work / Lab work: CBC and chemistry panel performed on Sunday.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

A large, irregular, soft tissue attenuating mass is identified within the left maxillary intraoral region, located between the gingiva and adjacent maxillary bone. The mass is broad-based, particularly along its caudal aspect, where it extends toward the pterygoid region and is in close contact with the ventral aspect of the left zygomatic salivary gland.

The lesion is moderately well-defined and measures approximately 3.5 × 1.4 × 1.1 cm. It exhibits heterogeneous attenuation and contrast enhancement. Two small mineral-attenuating foci are present within the rostral portion, along with a focal area of hypoattenuation suggestive of fluid or necrotic content.

There is close association with the maxillary bone and the root of Triadan 210, with moderate focal alveolar bone resorption adjacently of Triadan 210. No aggressive osseous lysis or periosteal reaction is identified. The remaining adjacent maxillary cortical bone appears preserved.

The left zygomatic salivary gland is mildly enlarged relative to the contralateral gland.

The left mandibular and medial retropharyngeal lymph nodes are moderately enlarged and more rounded in shape.



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No evidence of invasion into the retrobulbar or periorbital spaces is observed despite proximity to the pterygoid region. The globes and retrobulbar structures are unremarkable.

The nasal cavity is aerated with preserved turbinate architecture.

The cribriform plate is intact.

No intracranial mass effect or midline shift is identified.

Additional dental findings include absence of Triadan 305 and 405. There is a suspected crown fracture or resorptive lesion involving Triadan 309, and a complicated crown fracture of Triadan 409 with communication to the pulp cavity.

The remaining facial structures, pharynx, and auditory structures are within normal limits.

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

THORAX

The trachea and main bronchi are within normal limits.

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

A few small, mineral-attenuating subpleural foci are present in the subpleural region of the pulmonary parenchyma, consistent with pulmonary osteomas. No evidence of pulmonary nodules or metastatic disease is identified.

The bronchial tree exhibits normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vessels are normal, and post-contrast opacification is adequate.

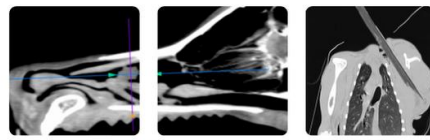
The pleural space, diaphragm, and thoracic wall are unremarkable.

The thoracic esophagus is unremarkable.

The vertebral column shows multifocal spondylosis deformans affecting the cervical, thoracic, and thoracolumbar regions. In the cervical spine, there is narrowing of the intervertebral disc spaces at C5 – C6 and C6 – C7, with associated endplate sclerosis and mild malalignment at C6 – C7.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- A large left maxillary intraoral soft tissue mass with heterogeneous contrast enhancement and focal mineralization, associated with moderate alveolar bone resorption adjacent to Triadan 210. Findings are most consistent with a neoplastic process. Differential diagnoses include malignant oral neoplasms such as squamous cell carcinoma, fibrosarcoma, or melanoma.
- Moderate enlargement of the left mandibular and medial retropharyngeal lymph nodes. Differential diagnoses include metastatic involvement versus reactive lymphadenopathy.
- Mild enlargement of the left zygomatic salivary gland, likely reactive.
- Incidental pulmonary osteomas, with no evidence of metastatic pulmonary disease.
- Multifocal spondylosis deformans. Degenerative changes in the cervical spine (C5 – C7) that may be associated with cervical spondylomyelopathy.
- Dental disease, including missing teeth (Triadan 305 and 405) and crown fractures (Triadan 309 and 409).



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary CT finding is a large, broad-based left maxillary intraoral mass. The lesion appears relatively deep-seated, with caudal anchoring along the ventral aspect of the left pterygoid fossa.

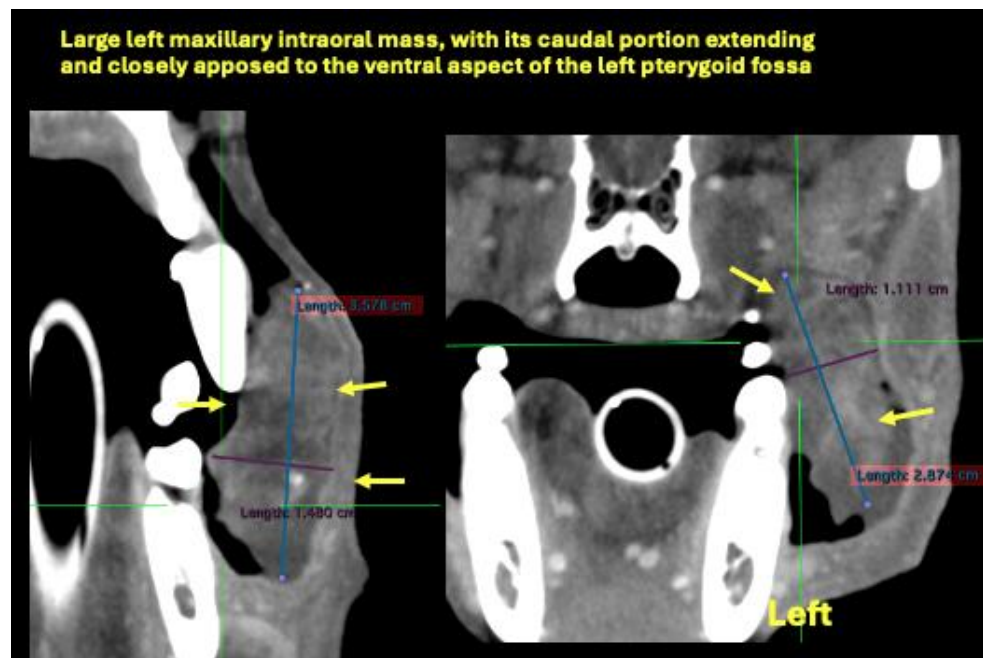
There is focal alveolar bone loss adjacent to Triadan 210. Although osseous involvement is currently mild, the lesion's location, recurrence, and heterogeneous contrast enhancement raise concern for a malignant oral neoplasm. The adjacent alveolar bone change may be associated with concurrent periodontal disease or may represent early neoplastic invasion.

Histopathological evaluation is required for definitive diagnosis.

The regional lymphadenomegaly may represent reactive change or metastatic involvement. Fine-needle aspiration of the affected lymph nodes is recommended for staging purposes.

There is no evidence of pulmonary or mediastinal metastasis.

Further recommendations include biopsy of the oral mass, complete oncologic staging, and dental evaluation.





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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