



PATIENT

Haley Walton

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

5

WEIGHT

67lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary
Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

74979

DATE

5-13-26

PRESENTING CLINICAL SIGNS

presented for a history of a left lingual mandibular mass (acanthomatous ameloblastoma, incomplete excision) which was removed on 4/10/26. Owner reports that mass is growing back.
Abnormal PE/Chem/CBC/UA Results: chol 334, phos 2.1

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A pre- and post-contrast CT study of the head and thorax are provided for review totaling 4 series. One pre-contrast series of the head bone algorithm. One post-contrast series of the head, bone algorithm. Two post-contrast series of the thorax, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

A broad-based soft tissue mass is identified along the lingual aspect of the left mandibular gingiva, producing a mildly irregular mass effect and measuring approximately 3.0 × 1.0 cm. A pedunculated component of the same lesion is also identified along the buccal aspect of the gingiva, measuring approximately 1.1 × 0.8 cm. The larger lingual component corresponds to a focal area of alveolar bone resorption involving the root of Triadan 309, with furcation exposure. Discrete palisading proliferative foci are noted at the periphery of the lesion. In the craniocaudal dimension, the lesion extends from the caudal margin of Triadan 308 to the cranial margin of Triadan 311, serving as anatomical landmarks for lesion extent and surgical margin assessment.

The remaining dentition and adjacent alveolar bone structures are preserved.

The tongue and associated vascular structures are within normal limits.

The nasal cavities and turbinate architecture are within normal limits. The cribriform plate is intact.

The oropharynx, nasopharynx, and soft palate are within normal limits.

The frontal sinuses are unremarkable.

No evidence of intracranial mass effect or falx cerebri shift is observed.

The tympanic cavities and external auditory canals are within normal limits.

The globes and retrobulbar spaces are unremarkable.

The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal and mandibular lymph nodes are within normal limits.

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

THORAX

The trachea and main bronchi are within normal limits.



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

Mild peripheral pulmonary consolidations are identified within the gravity-dependent portions of the lung lobes, more pronounced in the left caudal lung lobe, associated with reduced pulmonary expansion, consistent with passive atelectatic change. The remaining pulmonary parenchyma demonstrates normal attenuation with no evidence of pulmonary micronodules, nodules, or mass lesions.

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 vasculature are within normal limits. Contrast enhancement of the cardiac chambers and vessels is adequate.

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

The thoracic esophagus is unremarkable.

Multifocal thoracic complete and incomplete bridging vertebral endplate spondylosis deformans is present.

COMPUTED TOMOGRAPHIC DIAGNOSIS

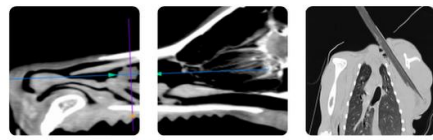
- Presence of soft tissue mass involving the left mandibular gingiva, predominantly along the lingual aspect with a pedunculated component of the same lesion is also identified along the buccal aspect of the gingiva, concurrent focal alveolar bone resorption involving Triadan 309 and furcation exposure. Primary differential diagnoses include recurrent acanthomatous ameloblastoma.
- No evidence of regional mandibular or medial retropharyngeal lymphadenopathy.
- No CT evidence of pulmonary metastatic disease.
- Mild dependent passive pulmonary atelectatic changes.
- Multifocal thoracic spondylosis deformans.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings are likely consistent with recurrence of the previously diagnosed acanthomatous ameloblastoma involving the left mandibular gingiva. The lesion demonstrates locally invasive behavior with focal alveolar bone resorption centered at Triadan 309. No evidence of regional nodal enlargement or distant thoracic metastatic disease is identified on this examination.

The described craniocaudal extent of the lesion, extending from the caudal margin of Triadan 308 to the cranial margin of Triadan 311, may assist with surgical planning and determination of treatment margins.

Histopathologic correlation following excision is recommended.



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Fig. 1. Broad-based soft tissue mass along the lingual aspect of the left mandibular gingiva.

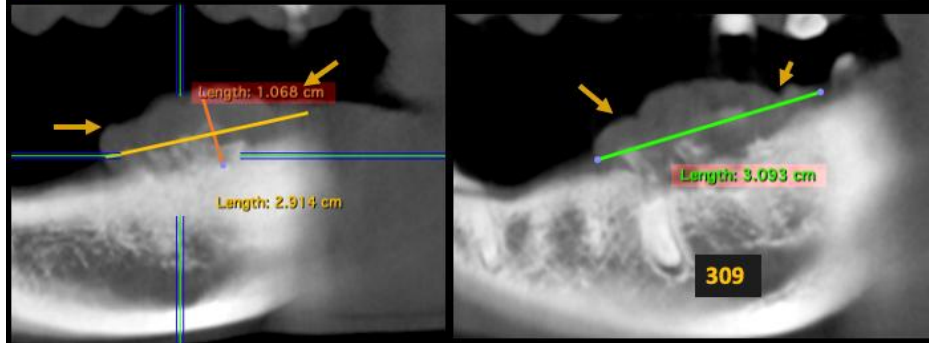
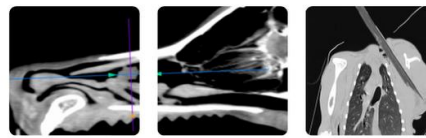


Fig. 2. Pedunculated soft tissue component identified along the buccal gingiva





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Fig. 3. Focal alveolar bone resorption involving the root of Triadan 309 with associated furcation exposure.

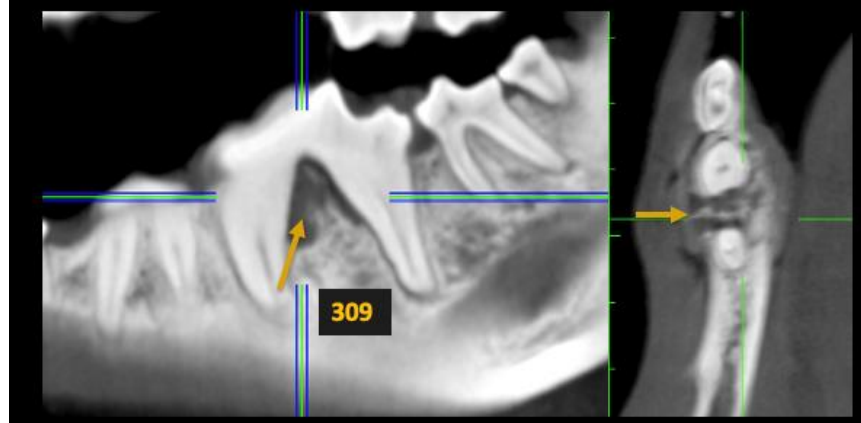
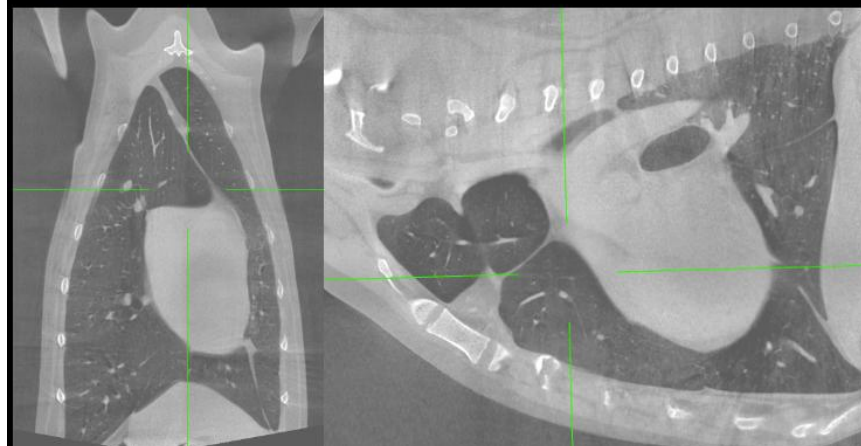


Fig. 4. Normal thorax



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