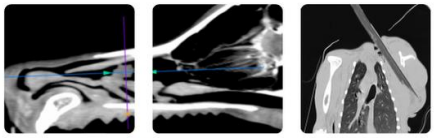


PATIENT

Roden, Shellby Roden

SPECIES

Canine

BREED

Boxer

SEX

Female Intact

AGE

7Y

WEIGHT

98.7lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Mazzante, CVT

HOSPITAL NAME

Williamsport West Veterinary Hospital

REFERRING VET

David Daverio, VMD

INVOICE

75005

DATE

5-14-26

PRESENTING CLINICAL SIGNS

Noted mass +/- hyperplastic tissue on lower jaw, right side, about 1 month ago
On/off bloody exudate
Thorax images preformed to check for metastasis

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD AND THORAX

A pre- and post-contrast CT study of the head and thorax is provided for review totaling 3 series. One pre-contrast series of the head (bone algorithm). One pre-contrast series of the thorax (bone algorithm). One post-contrast series of the thorax (bone algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

There is a large expansile and aggressive osseous lesion centered on the right mandibular body. The lesion is predominantly osteolytic with marked cortical destruction and concurrent mixed productive osseous proliferation associated with palisading periosteal reaction. The lesion originates at the level of the root of Triadan 404 and extends caudally to the level of Triadan 408.

Triadan 406 and 407 are present; however, they appear suspended within the mass effect and lack normal osseous anchorage due to severe regional mandibular bone loss. The cranial margins of the lesion are mildly ill-defined, with increased porosity involving the adjacent incisive bone. The caudal extent of the lesion reaches the level of the root of Triadan 408.

Associated adjacent soft tissue swelling is present. The right mandibular lymph nodes are enlarged and rounded.

Triadan 405 is absent. Triadan 305 is also absent and appears unrelated to the mandibular lesion.

At the level of Triadan 106, there is focal periapical alveolar bone resorption associated with a subtle oronasal communication. Additional multifocal alveolar bone resorption is identified in the contralateral maxilla involving Triadan 207 and 208. At the level of Triadan 207, there is an approximately 8 mm oronasal fistula associated with focal adjacent turbinate lysis. No significant intranasal fluid accumulation is identified.

The remaining nasal cavity and turbinate architecture are preserved.

The frontal sinuses are within normal limits.

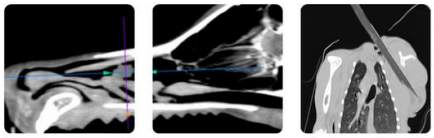
The temporomandibular joints are congruent and preserved.

The choanae and nasopharynx are unremarkable. The cribriform plate is intact.

No intracranial mass effect is identified on the available series; however, evaluation of intracranial soft tissues is limited due to the absence of post-contrast head imaging.

The globes and retrobulbar spaces are unremarkable.

THORAX



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The trachea and main bronchi are within normal limits.

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

Mild gravity-dependent peripheral pulmonary consolidation is present. The remaining pulmonary parenchyma demonstrates preserved attenuation. No pulmonary soft tissue nodules or masses are identified.

The bronchial tree demonstrates 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. Post-contrast vascular opacification is adequate.

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

Multifocal thoracic spondylosis deformans is present, including complete and incomplete ventral bridging osteophytes at the thoracic and lumbar vertebral endplates. Mild degenerative changes of the sternebrae are also noted.

Within the included cranial abdomen, the liver is markedly reduced in size and exhibits an irregular nodular contour, with overall preserved attenuation.

Mild heterogeneous fluid and mineral attenuating ingesta are present within the stomach, including small mineralized osseous fragments.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large aggressive expansile osteolytic and productive lesion centered on the right mandibular body extending from Triadan 404 to 408, associated with severe cortical destruction, periosteal reaction, regional tooth instability, and adjacent soft tissue swelling. Findings are most consistent with an aggressive osseous neoplasm.
- Right side mandibular lymphadenomegaly, reactive versus metastatic lymphadenopathy.
- Multifocal periodontal disease with periapical alveolar bone resorption at Triadan 106 and subtle oronasal fistulation.
- Multifocal alveolar bone resorption involving Triadan 207–208 with associated approximately 8 mm oronasal fistula and focal adjacent turbinate lysis, regional left side rhinitis
- No CT evidence of pulmonary or mediastinal metastatic disease.
- Markedly reduced hepatic volume with irregular nodular contour. Differential diagnoses include chronic hepatopathy/cirrhosis.
- Multifocal thoracic and thoracolumbar spondylosis deformans.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The head CT findings demonstrate a highly aggressive osseous lesion involving the right mandibular body, characterized by extensive osteolysis, cortical destruction, periosteal proliferation, and regional tooth destabilization. The imaging appearance strongly supports a malignant osseous or invasive odontogenic neoplastic process. Differential diagnoses include:
osteosarcoma, squamous cell carcinoma with marked mandibular invasion, less likely acanthomatous ameloblastoma with aggressive osseous invasion. Histopathology is required for definitive diagnosis.

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The enlarged of right mandibular lymph nodes may represent reactive inflammatory change or metastatic involvement. Consider a cytologic evaluation of right mandibular lymph nodes.

No evidence of pulmonary metastatic disease is identified on the current thoracic study.

Concurrent multifocal advanced periodontal disease and bilateral oronasal fistula formation are present.

The markedly reduced and nodular liver appearance raises concern for chronic hepatopathy or cirrhotic change. Correlation with biochemical liver function testing and abdominal ultrasound is recommended if clinically indicated.

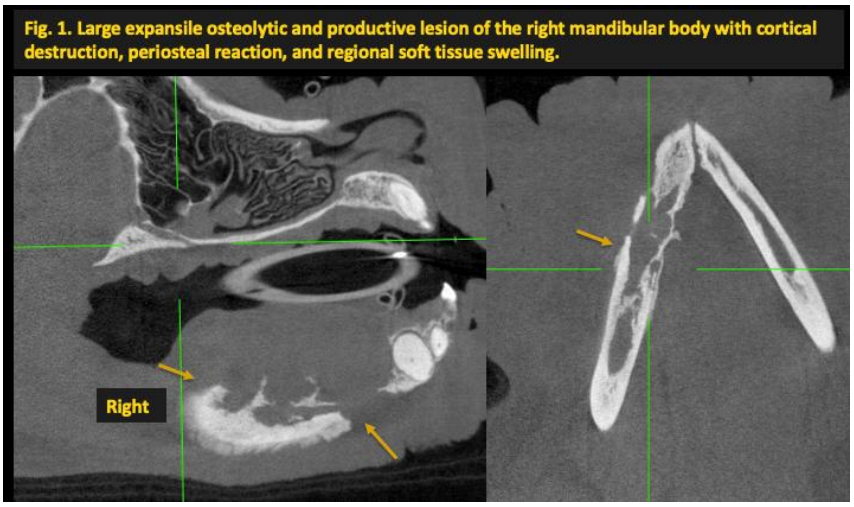

Fig. 1. Large expansile osteolytic and productive lesion of the right mandibular body with cortical destruction, periosteal reaction, and regional soft tissue swelling.

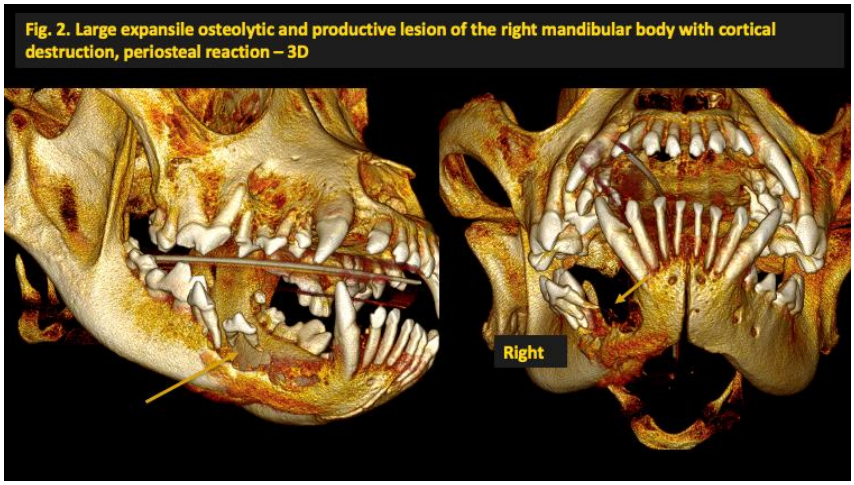

Fig. 2. Large expansile osteolytic and productive lesion of the right mandibular body with cortical destruction, periosteal reaction – 3D

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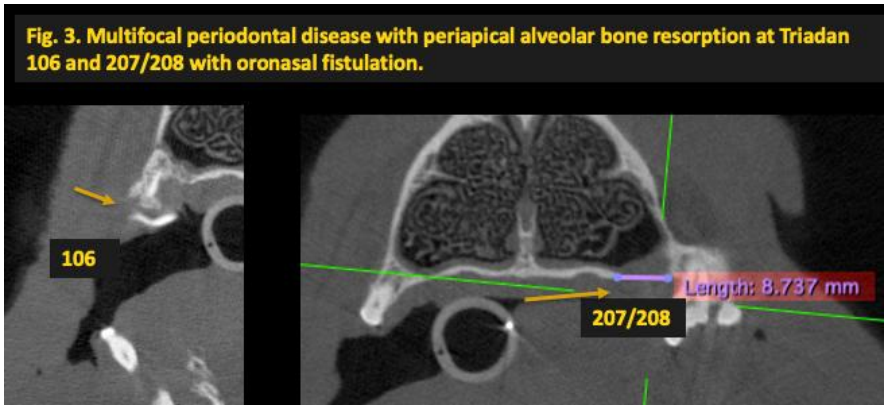

Fig. 3. Multifocal periodontal disease with periapical alveolar bone resorption at Triadan 106 and 207/208 with oronasal fistulation.

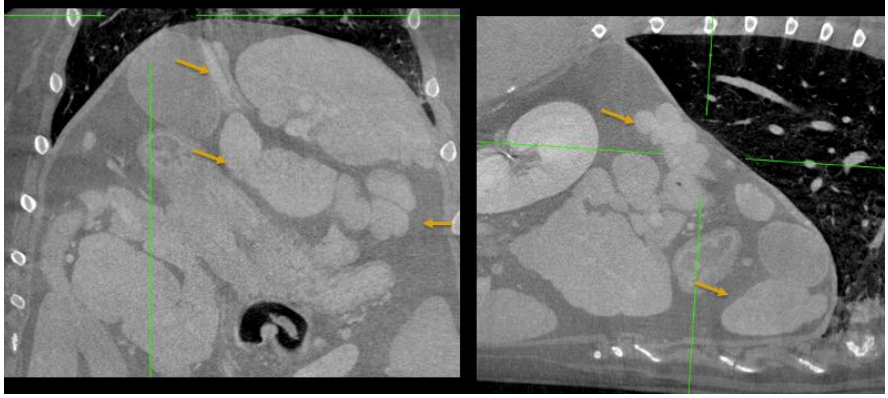

Fig. 4. Markedly reduced hepatic volume with irregular nodular contour, consistent with chronic hepatopathy/cirrhosis.

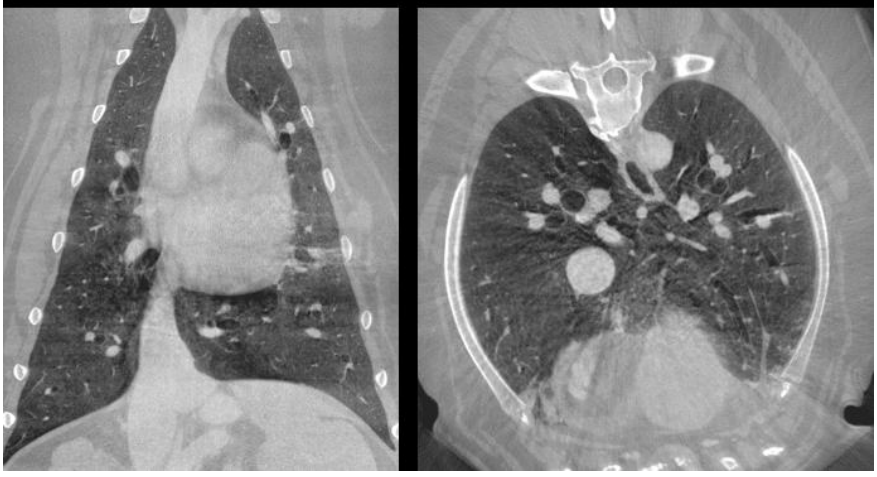

Fig. 5. Normal thorax

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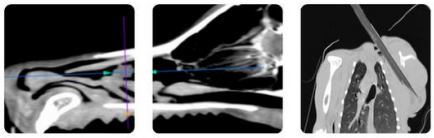

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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