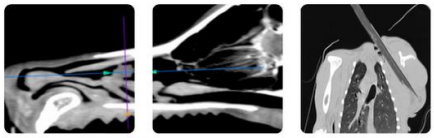


PATIENT

Boo Chon

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11Y

WEIGHT

3.58kg

INTERPRETED BY

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

IMAGING PERFORMED BY

AS/MAG

HOSPITAL NAME

Green Dog Dental and Wellness

REFERRING VET

Dr. Scott

INVOICE

75085

DATE

5-20-26

PRESENTING CLINICAL SIGNS

Presented on suspicion of oral mass, Dental radiographs showed a complete open oblique fracture of the left mandible. Multiple resorptive teeth present, no history of dental extractions. Samples taken for histology
Abnormal PE/Chem/CBC/UA Results: leukocytosis

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head is provided for review, totaling 8 series, acquired in transverse, sagittal, and dorsal planes, using soft tissue and bone algorithms.

COMPUTED TOMOGRAPHIC FINDINGS

A large expansile soft tissue attenuating mass with heterogeneous contrast enhancement and multifocal internal hypoattenuating regions is centered within the left mandibular body, extending into the adjacent masseteric fossa and portions of the left mandibular ramus. The lesion is partially defined and demonstrates aggressive osseous invasion characterized by mixed but predominantly osteolytic bone destruction, marked loss of the left mandibular body cortical disruption, and associated irregular palisading periosteal reaction.

A complete oblique fracture of the left mandibular body is present with marked displacement of the fracture segments. The fracture margins are rounded, osteopenic, and mildly remodeled, indicating chronicity.

The lesion extends rostrally to the level of tooth 307 and caudally reaches the masseteric fossa and discrete portion of the maxilla ramus.

Triadan 308 is present and demonstrates a “floating tooth” appearance with associated root resorption. Triadan 309 is absent. Due to the marked distortion of the regional anatomy and fracture displacement, accurate lesion measurements cannot be reliably obtained. However, the mass effect measures at least 4.0 x 1.8 x 2.0 cm.

Multiple teeth are absent. Remaining teeth include Triadan: 107, 108, 109, 408, 409, 404, 304, 301, 302, 303, 401, 402, and 403.

There is diffuse alveolar bone resorption affecting both the maxilla and mandible, including regions of previous tooth loss, consistent with advanced periodontal and/or resorptive dental disease.

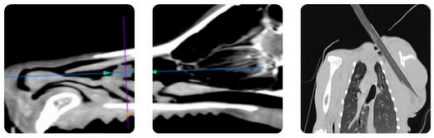
An additional region of marked osteolysis is identified within the left maxillary body at the level of the zygomatic process, characterized by regional bone loss and focal cortical interruption.

The nasal cavities, nasal septum, and cribriform plate are preserved. No nasal mass or turbinate destruction is identified.

The globes, retrobulbar spaces, and periorbital soft tissues are unremarkable.

The left zygomatic salivary gland is mildly enlarged compared with the contralateral gland. The mandibular and parotid salivary glands are within normal limits.

The nasopharynx and soft palate are unremarkable.



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The tympanic cavities are fluid-filled, with normal osseous wall contours. A small hypoattenuating, non-enhancing soft tissue nodule is identified within the left external ear canal at the level of the tympanic membrane.

No intracranial mass effect, cerebral shift, or other intracranial abnormality is identified on this study.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large aggressive invasive left mandibular mass associated with extensive predominantly osteolytic bone destruction, cortical lysis, irregular periosteal reaction, and concurrent fracture of the left mandibular body. Differential diagnoses include aggressive oral neoplasm, or severe osteomyelitis/infectious process, due to previous exposed complicated fracture.
- Severe multifocal dental and periodontal disease with diffuse alveolar bone resorption and multiple missing teeth.
- Additional osteolytic lesion (or severe reabsorption) involving the left maxillary body. Differential diagnosis severe alveolar bone reabsorption with focal osteomyelitis, or less likely neoplasia.
- Mild asymmetric enlargement of the left zygomatic salivary gland, likely reactive/inflammatory secondary to adjacent periodontal disease.
- Bilateral fluid-filled tympanic cavities with preserved osseous margins, most consistent with otitis media.
- Small hypoattenuating non-enhancing soft tissue nodule within the left external ear canal at the level of the tympanic membrane. Differential diagnoses include inflammatory debris or inflammatory polyp.
- Moderate enlargement of the left mandibular lymph nodes, reactive or metastatic lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings demonstrate a large aggressive invasive left mandibular mass associated with extensive predominantly osteolytic bone destruction, cortical lysis, irregular periosteal reaction, and concurrent fracture of the left mandibular body. Differential diagnoses include aggressive oral neoplasia, such as oral squamous cell carcinoma, fibrosarcoma or osteosarcoma, or a severe osteomyelitis/infectious process related to the previously exposed complicated fracture.

At this advanced stage of the left mandibular lesion, further narrowing of the differential diagnoses is challenging. Considerations include a primary aggressive osseous neoplasm resulting in secondary pathologic fracture versus a primary severe periodontal/infectious process with secondary osteomyelitis and pathologic fracture.

Severe multifocal dental and periodontal disease with diffuse alveolar bone resorption and multiple missing teeth, with marked resorptive lesions at the left maxilla.

Bilateral fluid-filled tympanic cavities with preserved osseous margins, most consistent with otitis media.

Small hypoattenuating non-enhancing soft tissue nodule within the left external ear canal at the level of the tympanic membrane. Differential diagnoses include inflammatory debris, inflammatory polyp, or less likely an early neoplastic process. Correlation with otoscopic examination is recommended.

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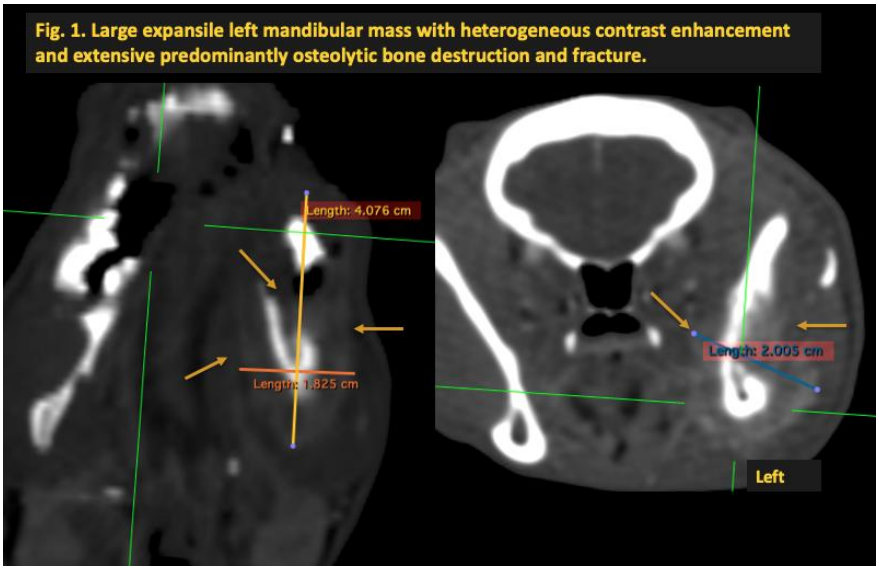

Fig. 1. Large expansile left mandibular mass with heterogeneous contrast enhancement and extensive predominantly osteolytic bone destruction and fracture.

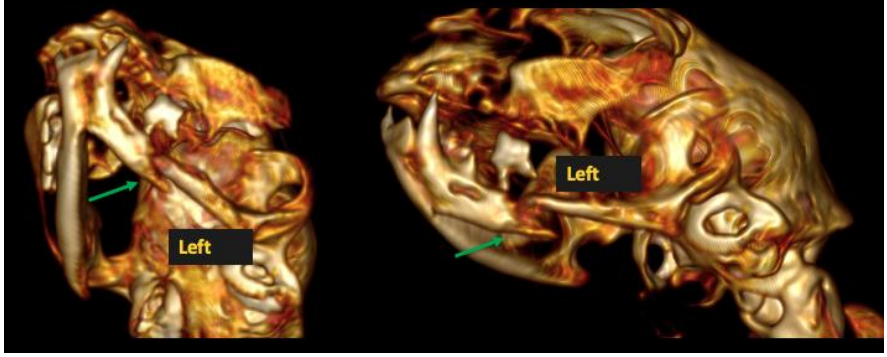

Fig. 2. Complete oblique fracture of the left mandibular body with marked displacement and chronic remodeling of the fracture margins.

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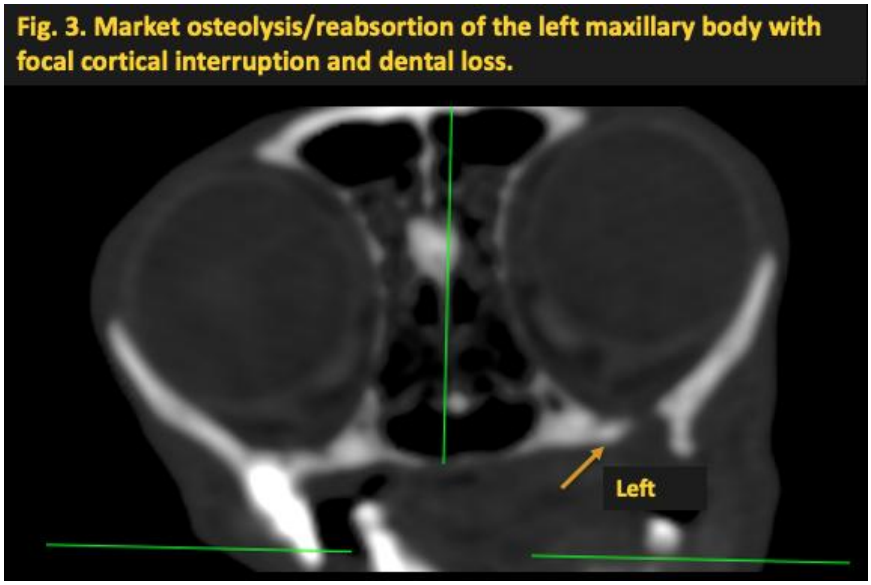

Fig. 3. Market osteolysis/reabsortion of the left maxillary body with focal cortical interruption and dental loss.

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