



PATIENT

Luna Sotelo

SPECIES

Canine

BREED

Small Mixed Breed

SEX

SF

AGE

12Y

WEIGHT

11.4lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

José L. Alvarado Bruno -
CT Scan Technician (CVT)

HOSPITAL NAME

Veterinary Image Center

REFERRING VET

Michelle Trappler, VMD,
MS, DACVS

INVOICE

74874

DATE

5-4-26

PRESENTING CLINICAL SIGNS

Patient was referred for CT scan of the head for right mandibular oral melanoma incompletely excised. Abnormal PE/Chem/CBC/UA Results: CHEM --- GGT mild increased (10) and BUN mild increased (29)

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head are provided for review totaling 3 series. One pre-contrast series of the head bone algorithm. Two post-contrast series of the head, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

An infiltrative, broad-based right intraoral soft tissue mass is identified, contiguous with the gingiva region and right mandible, centered at the level of Triadan 408. The lesion appears to envelop the root and crown of Triadan 408. It is predominantly hypoattenuating with mild peripheral contrast enhancement. The margins are partially ill-defined cranially and caudally, consistent with an infiltrative appearance. The caudal margin of the lesion is not clearly delineated but appears to terminate at the level of the distal root of Triadan 409. The lesion measures at least approximately 1.8 × 1.2 × 1.2 cm.

Adjacent to the lesion, there is mild focal osseous loss affecting the right mandibular alveolar bone, characterized by smooth and regular margins and associated with a subtle, regular periosteal cortical reaction, likely corresponding to previous surgical intervention. This focal osseous loss originates at the level of Triadan 404 and extends caudally until it becomes contiguous with the broad-based mass.

No additional aggressive osteolytic lesions are identified in the right mandible. However, a resorptive lesion involving the root and crown of Triadan 408 is contiguous with the described mass. Triadan 409 is preserved. Caudal to the primary lesion and apparently unrelated to it, there is additional crown and peri-alveolar bone resorption involving Triadan 410.

The following teeth are absent: Triadan 102, 105, 106, 207, 209, 302, 303, 305, 306, 310, 311, 405, 406, and 407.

Diffuse maxillary and mandibular alveolar bone resorption is present outside the region of the mass, more pronounced adjacent to Triadan 206 and 208.

The nasal cavities are aerated with preserved turbinate architecture. The cribriform plate, nasal septum, and hard palate are intact.

The globes and retrobulbar spaces are within normal limits.

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

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

The choanae, nasopharynx, and soft palate are unremarkable.

The right mandibular lymph nodes are markedly enlarged, heterogeneous, and peripherally contrast-enhancing.

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



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No intracranial mass effect, midline shift, falx cerebri deviation, or other intracranial abnormality is identified.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Broad-based, infiltrative right intraoral soft tissue mass centered at the level of Triadan 408, associated with osteolysis involving the adjacent tooth root and crown. Primary differential diagnoses include residual or recurrent neoplastic disease, particularly oral melanoma. There is probable involvement of the root and/or crown of Triadan 408; concurrent resorptive periodontal (infectious/inflammatory) disease should also be considered.
- Mild adjacent smooth osseous loss and subtle periosteal reaction affecting the right mandibular alveolar region, favored to represent postoperative change secondary to previous surgical intervention.
- Marked enlargement and heterogeneous peripheral contrast enhancement of the right mandibular lymph nodes, highly suspicious for metastatic lymphadenopathy.
- Additional dental disease characterized by generalized periodontal bone loss and focal crown/alveolar bone lysis more severe involving Triadan 410 and Triadan 208.
- Multiple absent teeth as described above.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings reveal a broad-based, infiltrative right intraoral soft tissue mass centered at the level of Triadan 408, associated with osteolysis involving the adjacent tooth root and crown. Given the clinical history, the primary differential diagnosis is residual or recurrent oral melanoma. Concurrent involvement of the root and/or crown of Triadan 408 by resorptive periodontal inflammatory/infectious disease cannot be completely excluded.

Mild adjacent smooth osseous loss and subtle periosteal reaction affecting the right mandibular alveolar region are favored to represent postoperative changes secondary to the previously reported surgical intervention, rather than aggressive neoplastic bone destruction.

Marked enlargement and heterogeneous peripheral contrast enhancement of the right mandibular lymph nodes are highly suspicious for metastatic lymphadenopathy.

Additional dental disease is present, characterized by generalized periodontal bone loss and more severe focal crown/alveolar bone lysis involving Triadan 410 the Triadan 208, in addition to multiple absent teeth as previously described.

Cytological and/or histopathological evaluation of the right mandibular lymph nodes is recommended for staging purposes. Thoracic imaging is also recommended, if not already performed, to assess for distant metastatic disease. Correlation with a complete oral and dental examination is advised.



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Fig. 1. Broad-based infiltrative soft tissue mass centered at the level of Triadan 408.

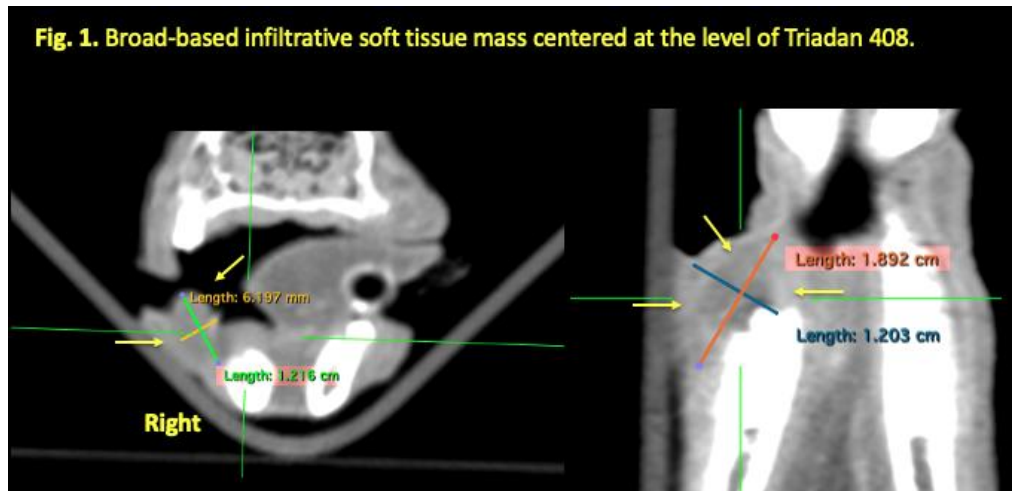


Fig. 2. Osteolytic changes affecting the root of Triadan 408.

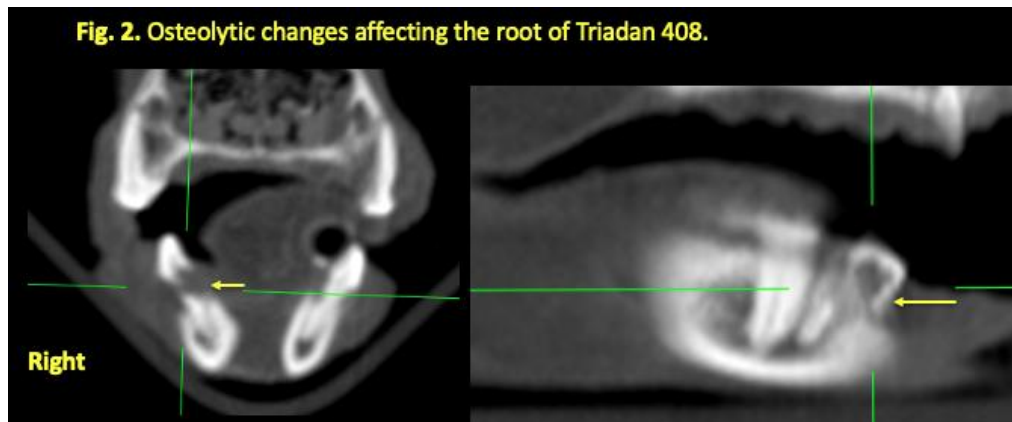
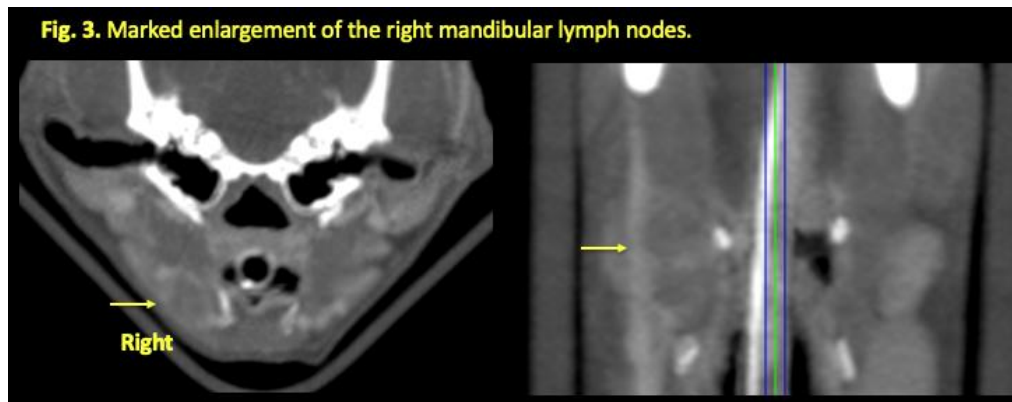


Fig. 3. Marked enlargement of the right mandibular lymph nodes.





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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