



PATIENT

Karl Claypool

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

13Y

WEIGHT

5.0kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lisa Swiastyn

HOSPITAL NAME

Bluegrass Veterinary
Specialists

REFERRING VET

Jonathan Blakely DVM

INVOICE

74900

DATE

5-5-26

PRESENTING CLINICAL SIGNS

O noticed a mass on the R side of the mandible . Mass has steadily gotten larger in size. Came in for a surgical consultation. CT scan was done to see if mass in fact was IN the mandible or not.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A single post-contrast CT study of the head is provided for review, acquired in the transverse plane using a bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

There is a large, rounded, broad-based soft tissue mass centered within the rostral mandible, predominantly involving the adjacent soft tissues; however, there is contiguous osteolytic involvement of the underlying bone. Multifocal regions of cortical disruption and osteolysis are present within the rostral mandible, more pronounced on the right side, with mild extension across the mandibular symphyseal region and subtle involvement of the left rostral mandible. The lesion measures approximately 2.6 × 1.8 cm.

On the right side, the caudal margin of the soft tissue mass is located approximately 3.9 mm rostral to Triadan 407.

Only Triadan 307 and 407 are present. Small mineralized tooth fragments/root remnants are identified adjacent to the mandibular mass. Evaluation of the maxillary incisor region was limited due to difficulty in adequately visualizing the small incisor teeth.

The right mandibular lymph nodes are mildly enlarged, the largest measuring approximately 0.7 × 0.5 cm. The left mandibular and bilateral medial retropharyngeal lymph nodes are within normal limits.

A small hyperattenuating mineral focus is identified within the right mandibular salivary gland. The gland otherwise maintains normal size, shape, and attenuation. The left mandibular salivary gland, zygomatic glands, and parotid glands are unremarkable.

A small amount of hypoattenuating material is present within the horizontal portions of both external auditory canals adjacent to the tympanic membrane region. The tympanic cavities are otherwise air-filled and within normal limits.

The nasal cavities, frontal sinuses, globes, retrobulbar spaces, nasopharynx, and temporomandibular joints are within normal limits.

No intracranial mass effect or falx cerebri shift are identified.

Within the included cranial thoracic region, marked periarticular ossification is noted affecting both shoulder joints, associated with multiple mineralized osteochondral bodies adjacent to the articulations.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large, rounded, broad-based soft tissue mass centered within the rostral mandible, associated with multifocal cortical disruption and osteolysis, predominantly affecting the right rostral mandible with mild extension into the left rostral mandible. Differential diagnoses include oral



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neoplasia such as squamous cell carcinoma, fibrosarcoma, melanoma or less likely osteosarcoma.

- Mild enlargement of the right mandibular lymph nodes, compatible with reactive lymphadenitis or possible metastatic involvement.
- Small mineral focus within the right mandibular salivary gland, compatible with incidental mineralization/sialolithiasis.
- Mild bilateral ceruminous/fluid accumulation within the horizontal external auditory canals.
- Marked bilateral shoulder osteoarthritis with multiple periarticular mineralized osteochondral bodies.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

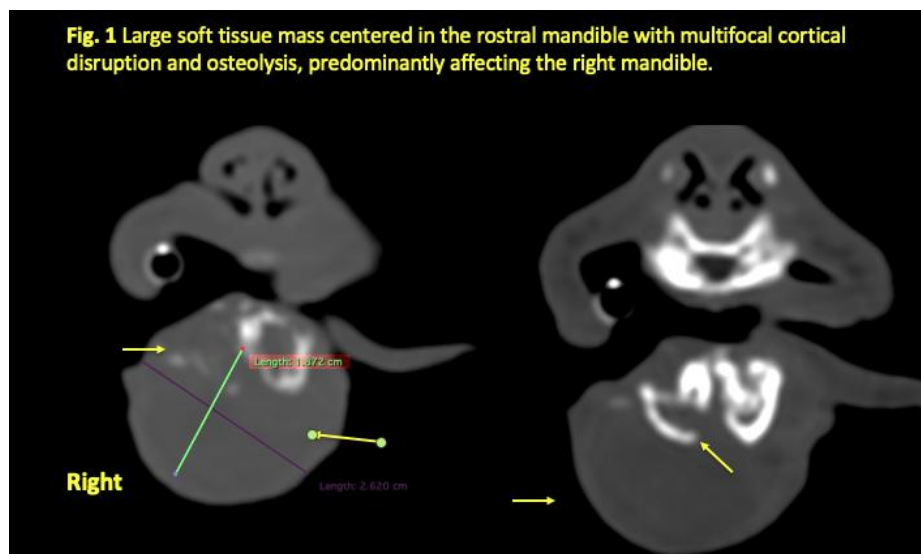
The tomographic findings reveal a large soft tissue mass centered within the rostral mandible, predominantly affecting the adjacent soft tissues but with multifocal osseous invasion and cortical destruction, especially involving the right rostral mandible. Mild extension across the mandibular symphysis into the left rostral mandible is also present. Primary differential diagnoses include squamous cell carcinoma, fibrosarcoma, melanoma or less likely osteosarcoma.

Mild enlargement of the right mandibular lymph nodes may represent reactive lymphadenopathy; however, metastatic involvement cannot be excluded.

Histopathology obtained through incisional biopsy is recommended for definitive diagnosis and treatment planning. Thoracic imaging staging is also recommended if not already performed.

Additional incidental findings include mild bilateral external ear canal debris/fluid accumulation, focal mineralization within the right mandibular salivary gland, and chronic degenerative changes affecting both shoulder joints.

Fig. 1 Large soft tissue mass centered in the rostral mandible with multifocal cortical disruption and osteolysis, predominantly affecting the right mandible.





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Fig. 2. Large soft tissue mass centered in the rostral mandible with multifocal cortical disruption and osteolysis, predominantly affecting the right mandible.

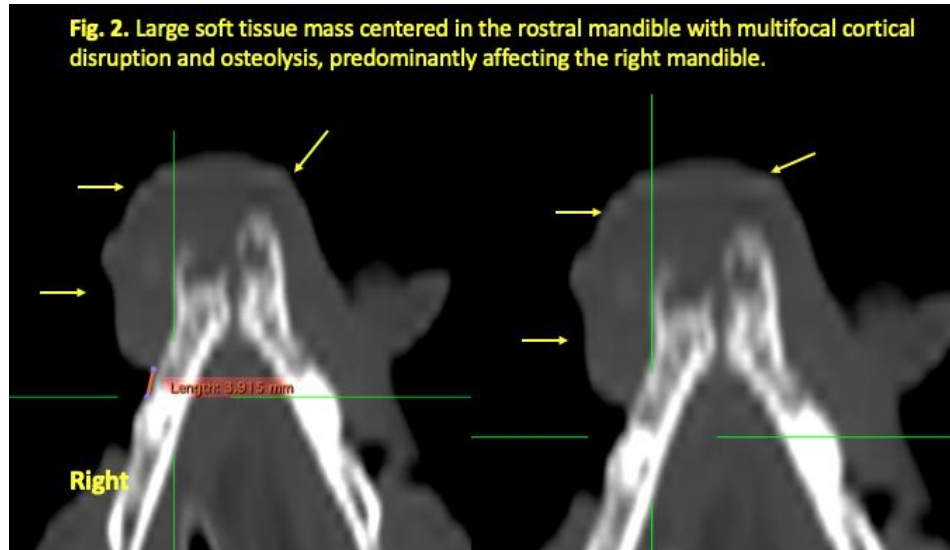
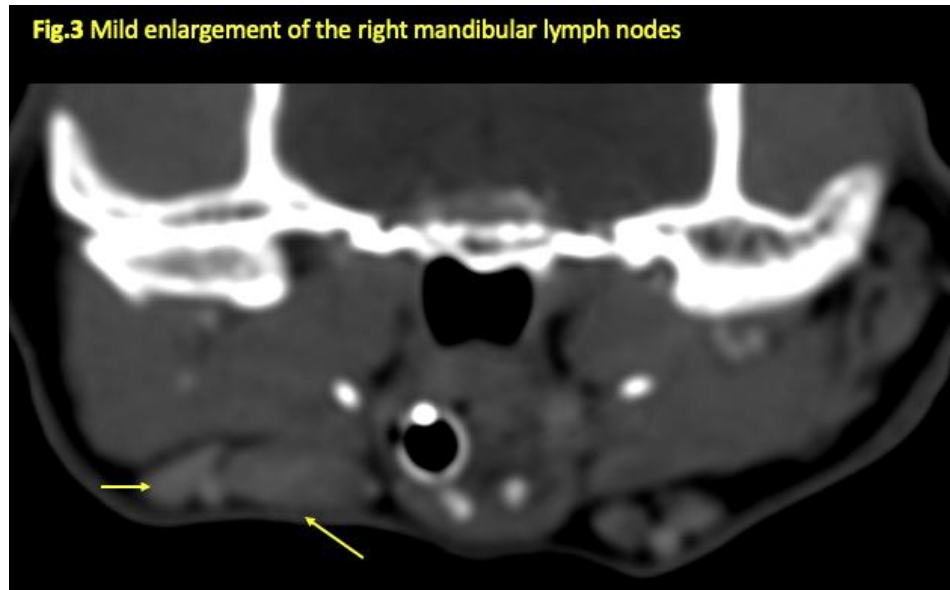


Fig.3 Mild enlargement of the right mandibular lymph nodes





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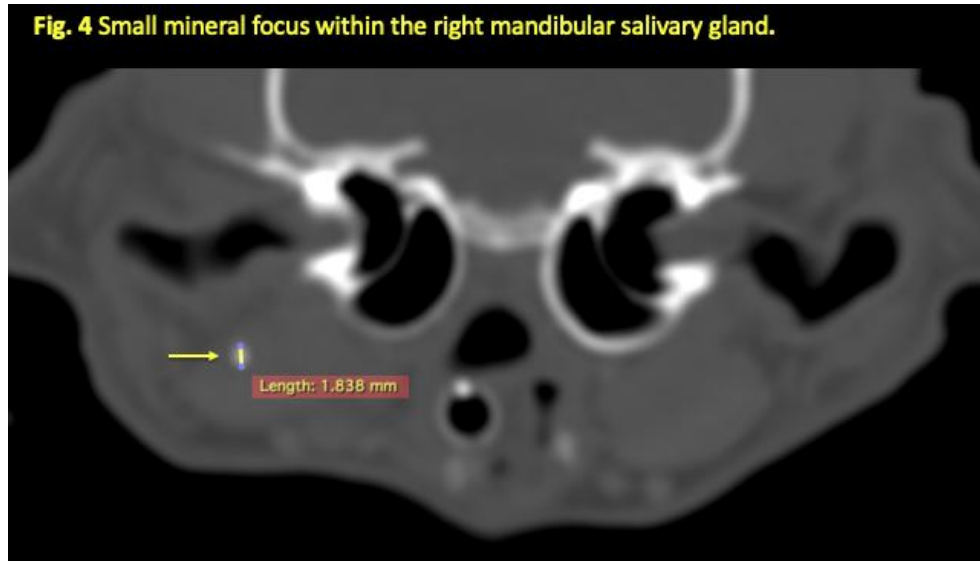
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Fig. 4 Small mineral focus within the right mandibular salivary gland.



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.

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