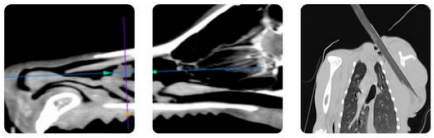

PATIENT

Cooper Buckley

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

11

WEIGHT

8.2

INTERPRETED BY

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

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center - Oceanside

REFERRING VET

Kam

INVOICE

75533

DATE

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PRESENTING CLINICAL SIGNS

3x2 cm firm mass on left submandibular region was noted.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A pre- and post-contrast CT study of the head and thorax is provided for review totaling 2 series. One pre-contrast series of the whole body (bone algorithm). One post-contrast series of the whole body (bone algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

Marked generalized periodontal disease characterized by diffuse alveolar bone loss affecting both the maxillae and mandibles, with multiple missing teeth (106, 109, 110, 205, 206, 209, 210, 310, 311, 410, and 411).

Severe periapical disease associated with the Triadan (309), including furcation exposure and adjacent focal loss of the lingual mandibular cortical bone with cortical perforation/interruption.
Ill-defined soft tissue swelling surrounding the left mandibular body adjacent to tooth 309, extending ventrally into the left buccopharyngeal fascial plane and ventral facial soft tissues. The adjacent left polystomatic sublingual salivary gland is poorly marginated.

Additional areas of more pronounced alveolar bone loss are present adjacent to the mandibular incisors and the root of Triadan 208.

Enlargement of the left mandibular lymph nodes.

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

No additional enhancing soft tissue mass is identified within the left facial or cervical regions.

Parotid glands are preserved, containing a few scattered punctate mineral-attenuating foci, incidental.

Mandibular and zygomatic salivary glands are otherwise unremarkable.

Thyroid glands are normal.

Tympanic bullae and external ear canals are unremarkable.

Soft palate, hyoid apparatus, and laryngeal cartilages are within normal limits.

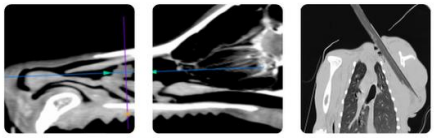
Nasal cavity, orbits, retrobulbar spaces, and cribriform plate are unremarkable

No evidence of intracranial mass effect or falx cerebri shift.

The maxillary incisor teeth are incompletely included within the scan field.

THORAX

The trachea and mainstem bronchi are within normal limits.



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

The pulmonary parenchyma is unremarkable, with no evidence of pulmonary nodules, masses, or metastatic disease.

The bronchial tree demonstrates normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-pulmonary artery ratio.

Cardiac silhouette and pulmonary vasculature are within normal limits.

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

The thoracic esophagus is unremarkable.

Mild bilateral periarticular osteophytosis of the shoulder joints.

Multiple mineralized degenerative intervertebral discs are present throughout the thoracic spine. A discrete amount of mineralized disc material protrudes into the ventral vertebral canal at T12–T13, resulting in minimal focal spinal cord compression.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Advanced generalized periodontal disease with multifocal alveolar bone loss and multiple missing teeth.
- Severe periapical disease of tooth 309 with lingual mandibular cortical perforation/interruption and associated left mandibular cellulitis/phlegmon extending into the left buccopharyngeal fascial plane and ventral facial soft tissues. Differential diagnosis concurrent osteomyelitis, less likely focal neoplasia.
- Poor definition of the adjacent left polystomatic sublingual salivary gland, usually in this patient's size the gland is difficult to evaluated, however consider a concurrent inflammation.
- Reactive left mandibular lymphadenopathy.
- Incidental mild bilateral shoulder osteoarthritis.
- No significant thoracic abnormalities or evidence of metastatic disease identified.
- Multilevel thoracic intervertebral disc degeneration with discrete mineralized disc hernia at T12–T13 causing subtle spinal cord compression.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings demonstrate advanced periodontal disease with signs of severe odontogenic infection centered on Triadan 309, resulting in periapical osteolysis, lingual mandibular cortical perforation, and extension of inflammatory soft tissue changes into the adjacent left buccopharyngeal fascial plane and ventral facial soft tissues. Differential diagnoses include focal neoplasia.

These findings provide the most likely explanation for the palpable left submandibular swelling. The enlarged left mandibular lymph node is most consistent with reactive lymphadenopathy.

The adjacent left polystomatic sublingual salivary gland is poorly defined. Although small salivary glands are often difficult to assess in patients of this size, concurrent inflammation cannot be excluded.

Correlation with the oral examination is recommended to guide definitive dental treatment, which may include extraction of the affected tooth and management of the associated periodontal disease, at the

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clinician's discretion. Importantly, the marked cortical bone loss affecting the left mandible has resulted in significant weakening of the bone in this region, increasing the risk of pathologic or iatrogenic fracture during tooth extraction. This should be carefully considered when planning the surgical approach. Histopathologic evaluation and/or bacterial culture of debrided tissue may be considered if the lesion fails to resolve following appropriate dental treatment. Follow-up imaging may also be warranted if the mandibular swelling persists or progresses.

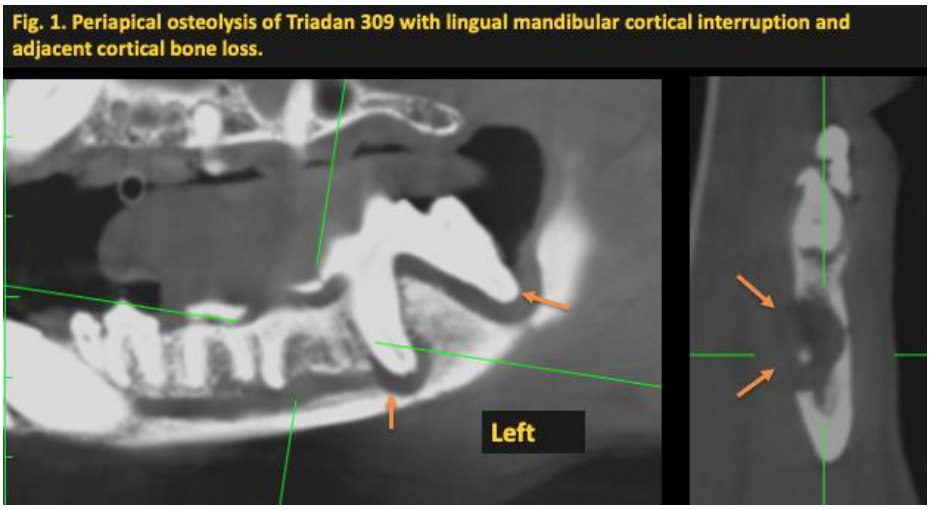

Fig. 1. Periapical osteolysis of Triadan 309 with lingual mandibular cortical interruption and adjacent cortical bone loss.

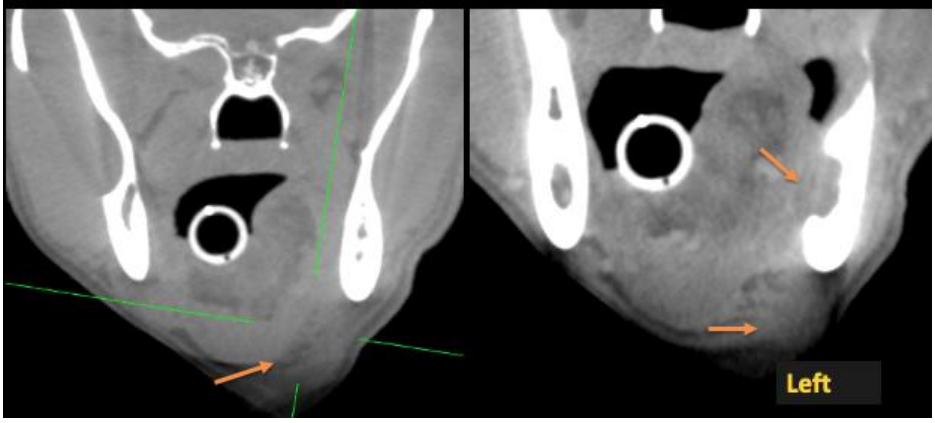

Fig. 2. Ill-defined inflammatory soft tissue swelling extends from the left mandibular body into the left buccopharyngeal fascial plane and ventral facial soft tissues..

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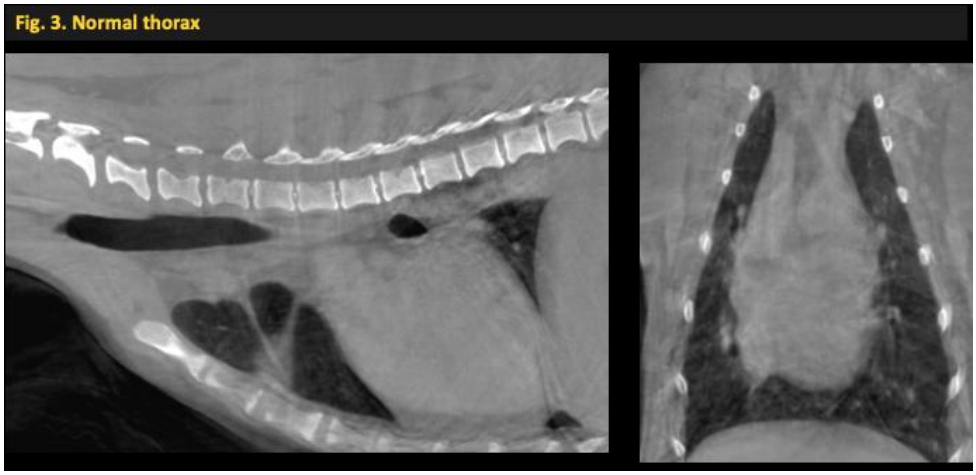

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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