


**PATIENT**

Molly Gooding

**PRESENTING CLINICAL SIGNS**

Oral mass on 108, there is bone loss on 108 and 108 is damaged from the mass. Mass bleeds very easily. Biopsy taken, results- Poorly differentiated malignant neoplasia

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX AND ABDOMEN**

A pre- and post-contrast CT study of the head, thorax and abdomen are provided for review totaling 6 series. One pre-contrast series of the head, soft tissue algorithm. One pre-contrast series of the thorax, soft tissue algorithm. One pre-contrast series of the abdomen, soft tissue algorithm. One post-contrast series of the head, soft tissue algorithm. One post-contrast series of the thorax, soft tissue algorithm. One post-contrast series of the abdomen, soft tissue algorithm.

**BREED**

Staffordshire Bull Terrier

**COMPUTED TOMOGRAPHIC FINDINGS**
**HEAD**
**SEX**

Female

There is a regional soft tissue mass effect, expansile osteolytic osseous lesion adjacent to the tooth roots of the triadans 108 and 109, right maxilla. The osteolytic changes of the mass extend beyond the alveolus bone, and they are causing a destructive appearance of the root of the triadan 108 within a contiguous osseous proliferation. The alveolar osteolysis extends to the zygomatic process of the right maxilla. The alveolar extension of the lesion is approximately 3.1 cm in length. The soft tissue portion of the mass has a pedunculated appearance and extends to the soft tissue subcutaneous labial portion and intra-orally, and a heterogeneous contrast enhancement is seen in some portions. The soft tissue portion of the mass effect measures approximately 3.6cm by 3.2cm by 1.6cm.

**AGE**

9 Years

**INTERPRETED BY**

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

A second lesion with different characteristics, focal irregular proliferation osseous bone, is seen in the external/dorsal border of the left maxilla at the height of the triadan 207 and measures approximately 1.0cm by 1.0cm.

The remaining teeth and maxilla bone are unremarkable.

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The nasal cavities, turbinates, choana, nasopharynx, and larynx are normal.

The cribriform plate is intact.

The frontal sinuses are unremarkable.

**REFERRING VET**

Dr. Molly Ellison

The bulla cavities and external auditory canals are normal.

No mass effect is seen in the brain, normal attenuation.

The temporomandibular joints are bilaterally congruent.

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The fascial, cervical, and head muscle mass is symmetrical, and unremarkable.

The globes and retrobulbar spaces are unremarkable.

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The medial retropharyngeal lymph nodes and mandibular lymph nodes are unremarkable.


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THORAX

The trachea is normal in luminal diameter and position.

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The lumen of the main bronchus is normal.

Multiple subpleural hyperattenuating foci in the pulmonary parenchyma. The remaining pulmonary parenchyma is normal in attenuation and volume expansion.

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The cardiac silhouette and pulmonary vessels are normal. The contrast media adequately fills the cardiac chambers and vessels on post-contrast series.

The tracheobronchial lymph nodes are normal.

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

**SEX**

Female

The pleural space and diaphragm are normal.

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The liver is homogeneously soft tissue attenuating and uniformly contrast enhancing with normal size and shape. The gallbladder is unremarkable.

The spleen is mildly enlarged, homogeneously soft tissue attenuating, and uniformly contrast enhancing, and within the spleen head two accessory spleen are seen, one triangular and one rounded, incidental.

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The stomach is almost empty and contains a small amount of gas admixed with homogeneous opaque fluid material.

The small intestines are normally distributed, mildly dilated, contain a small amount of gas, and homogeneous soft tissue fluid material.

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The colon contains gas admixed with heterogeneously dense soft tissue attenuating fecal material.

The pancreas and mesentery are normal.

The abdominal lymph nodes and adrenal glands are normal.

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Dr. Molly Ellson

The renal silhouettes are normal in size, shape, contour, and attenuation pre- and post-contrast. The renal length is 6.1cm in the right kidney and 6.0cm in the left kidney.

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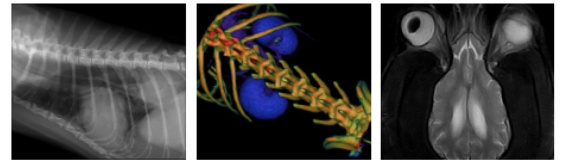
The urinary bladder is moderately filled, with the apex in the plane of L6, and is homogeneously soft tissue attenuating.

The abdominal serosal detail is normal, no mass effect is identified.

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Mild incomplete bridging spondylosis deformans at the L7-S1



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**SEX**

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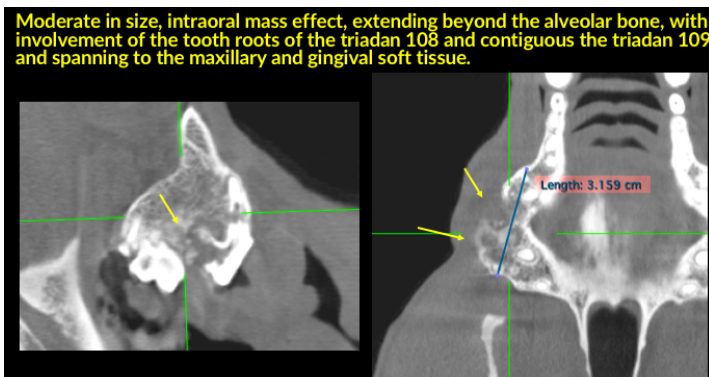
**COMPUTED TOMOGRAPHIC DIAGNOSIS**

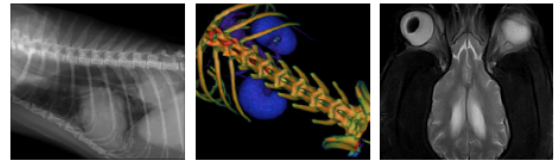
- Moderate in size, intraoral mass effect, extending beyond the alveolar bone, with alveolar bone and involvement of the tooth roots of the triadan 108 and contiguously the triadan 109, and spanning to the maxillary and gingival soft tissue. The differential diagnosis includes neoplasm process, with aggressive behavior, with alveolar bone and dental involvement, likely odontogenic tumor.
- A second alveolar osseous bone proliferative lesion is seen in the left maxillary bone, a small and circumscribed lesion, adjacent to triadan 207. The differential diagnosis includes metastatic focus, incidental bone expansion, and focal bone proliferation correlated to previous trauma.
- Incidental pulmonary osteomas, otherwise, normal pulmonary parenchyma. There is no evidence of pulmonary metastatic disease.
- Accessory spleens, incidental.
- Otherwise, a normal abdomen.
- L7-S1 spondylosis deformans

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The tomographic findings confirm and is correlated to the previously detected oral mass, as suspected the mass causes an osteolytic and reabsorption of the alveolar bone with involvement of the tooth root of the triadan 108; however, the lesion extends caudally adjacent the tooth roots of the triadan 109 and throughout the zygomatic process of the right maxilla. The origin of the lesion could be likely an odontogenic tumor, however maxillary or soft tissue with bone involvement could be considered. A second lesion, with different characteristics is noted at the left maxilla, and it is possible to be incidental. A biopsy is suggested to confirm the diagnosis in both lesions.

No evidence of metastatic thoracic disease, or pulmonary metastatic disease.





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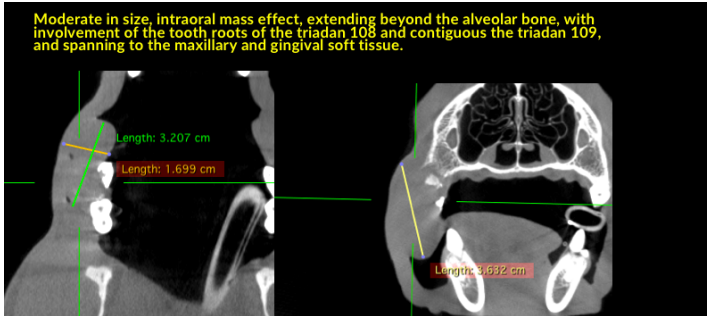
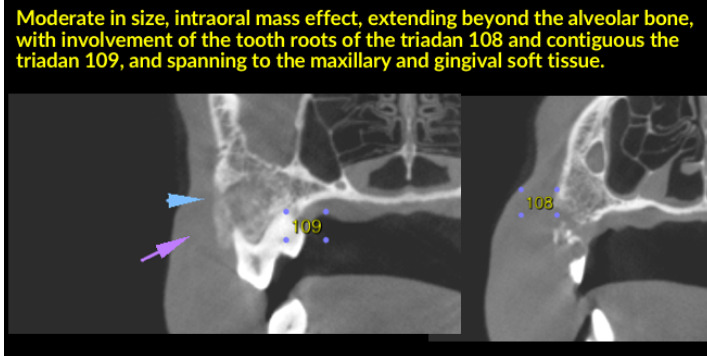
Staffordshire Bull Terrier

**SEX**

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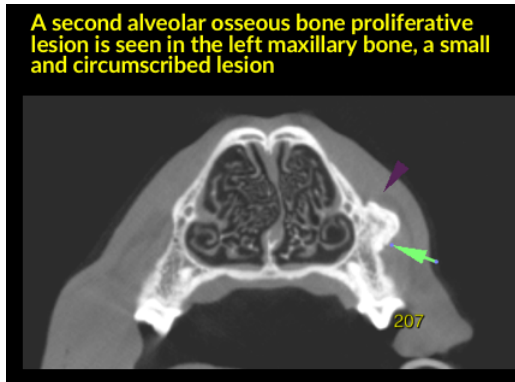
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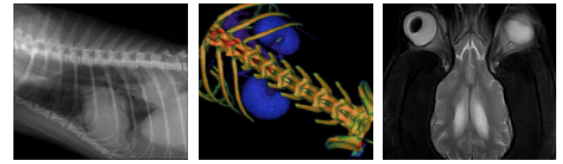


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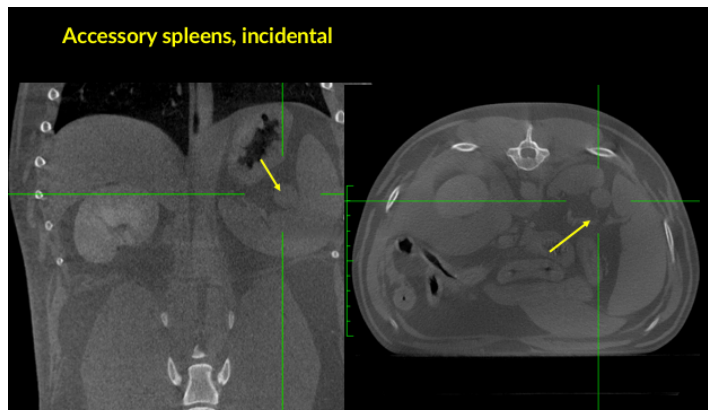
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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