

Report Requested By
REDACTED FOR PRIVACY



Report Provided By
Dr. Bob O'Brien DVM, DACVR
service@peregrinerad.com
Mobile: 513.655.3157
901 Calle Amanecer; Suite 150
San Clemente, CA 92673
<http://www.Peregrinerad.com>

PEREGRINE-2020-009674

Patient: Zooney

Canine | Other | 7 years | Spayed, Female | 23 kg | Cope

Closed: 2020-12-03 14:33
Date Opened: 2020-12-03 07:13
Submitted: 2020-12-02 20:40

Admin Details

Services

Diagnostic Imaging - CT (single site)

Clinical Findings

History & Clinical Signs

Referral from REDACTED FOR PRIVACY. Evaluated 11/23/2020 for evaluation of mandibular mass first noted by owner ~11/16/2020, growing quickly according to owner. Mass description: mandibular pink raised gingival mass 1.5 cm and firm swelling on rostral mandible bilaterally from canine to canine. History of Prednisone administration at 10mg BID for ~48 hours prior to oncology referral. Pet eating/drinking well, showing no sign of discomfort other than quivering jaw more.

Current Medications

DENAMARIN TABLET 425MG	11/23/2020	Please give 1 tablet by mouth every 24 hours. Give 30 minutes before food or other medications. Liver Protectant.
Buprenorphine suspension 0.5mg/ml 120 ml	11/23/2020	Please give 0.5mls by mouth every 8-12 hours for pain. CAN CAUSE SEDATION.
Deramaxx Chew tab 75 mg	11/23/2020	Please give 1/2 tablet every 24 hours for pain and inflammation. NSAID. DO NOT GIVE WITH STEROIDS. DO NOT STOP SUDDENLY.
Gabapentin Capsules 100 mg	11/23/2020	Please give 1-2 capsules by mouth every 8-12 hours for pain. CAN CAUSE SEDATION.

Drugs or Sedation Used

Dexdom/Hydromorphone IM premed; propofol IV induction; sevo maintenance

Number of Images Submitted

67.0mL Omnipaque 300ug/mL IV contrast

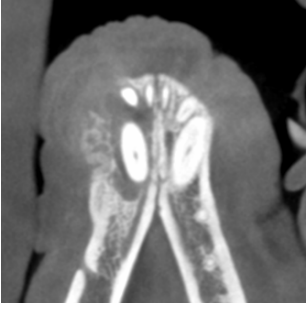
CT Report

Findings

Survey and post-i.v. contrast CT of the skull

Nasal Cavity: No fluid or mass seen. No turbinate lysis or deviation or lysis of the septum

Oral cavity: Mass: expansile mass associated with right rostral mandible; lesion is centered on tooth 404. Aggressive appearing, mandible lysis and spiculated periosteal proliferation. 2.5 cm long x 2 cm wide, gross margins limited by symphysis. Caudally extends into region of tooth 405



Dentition: normal appearing. No periodontal lysis is seen. No missing teeth seen

Orbital structures appear normal.

Frontal sinuses: Right side and left side air filled. No frontal bone lysis seen

Ventral nasal meatus: air filled

Nasopharynx: air filled

Nasal vault: No maxilla, nasal bone or hard palate lysis seen

Cribriform plate: no lysis seen

Brain: No evidence of aberrant meningeal contrast enhancement or deviation of the falx. Pituitary gland normal size (6.0 mm tall)

Tympanic Bullae: air filled and no bulla wall lysis or thickening seen. hyperostotic tympanic bone spicules (HTBS)

External ear canals: air filled and no wall thickening

Temporomandibular joints (TMJ's) appear normal

Mandibular LN's: symmetrical normal shape and size (5.3 mm wide)

Medial retropharyngeal LN's: symmetrical normal shape and size (5.0 mm wide)

Conclusion

Oral mass: aggressive, right side, mandible; consider

1. neoplasia: SCC, melanoma, FSA
2. tooth based neoplasia (e.g., epulis)
3. periapical abscess thought less likely

Recommendations

incisional biopsy

pending histology, 1 cm excisional margins would include tooth 304 and 406

Signed:

Dr. Bob O'Brien DVM, DACVR