



**PATIENT**

Stella Etherington

**PRESENTING CLINICAL SIGNS**

Over 12 months ago had a mass removed from RHS caudal palate area which was histologically diagnosed as OSA, apparently had 4x sx to get palate to close over. Has SI mucoïd discharge from RHS nostril. Only defect around 109 area. Not a lot of bone defect noted. Reverse sneezing getting worse over past 3 weeks.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD**

Plain and post contrast studies in soft tissue and bone windows available for review.

**BREED**

Australian Kelpie Cross

Study appears to be right/left flipped since the side with the pathology is marked left here however the history refers to changes on the righthand side of the patient. The changes will be described according to the clinical history of the patient on the righthand side.

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

Spayed Female

Patient has a history of osteosarcoma in the area of the right palate and multiple prior surgeries.

The findings are compatible with partial right hemimaxillectomy caudal to the triadan 107. Part of the right hard and soft palate have been removed as well.

**AGE**

10 Years

There is a bilobed defect within the caudal right palate measuring 3.5 cm in length and 3.0 cm in width. The osseous defect is wider than the defect in the soft palate.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Extensive turbinate destruction is seen within the right nasal cavity accentuating the mid third. Swelling of the mucosal lining of the remaining nasal turbinates is seen accentuating the rostral third. Swelling of the soft tissues of the right nare is seen. Multiple semicircular well delineated mineral attenuating structures are seen within the right nare and rostral third of the right nasal cavity.

**HOSPITAL NAME**

Adelaide Plains  
Veterinary Surgery

No aggressive osteolytic changes and no macromorphological evidence of regrowth of a soft tissue mass is seen.

Mineralizing nuclear sclerosis and reduced size of the left eye are seen.

The right submandibular lymph nodes are moderately enlarged with heterogeneous contrast enhancement and central cavitation.

**REFERRING VET**

John Katakasi

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- History of osteosarcoma of the palate with multiple prior surgeries and acquired cleft palate.
- Cleft palate with large defect of the osseous and soft palate to the right of the midline.
- Chronic destructive righthand sided rhinitis.
- Mineral attenuating material within the rostral third of the right nasal cavity and right nare.
- Right submandibular lymphadenomegaly.

**INVOICE**

54504

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

10-5-22

A large defect is seen within the right maxillary caudal alveolar crest and right palate. Moderate chronic destructive rhinitis is present on the righthand side as well which may be due to



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perpetual infection, inflammation, and/or necrosis. The mineral attenuating material within the right nare and rostral third of the right nasal cavity may represent displaced pieces of bone based on their size and shape. However, dystrophic mineralization is a potential differential diagnosis.

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At this time, no macromorphological evidence of a regrowing tumor or aggressive osteolytic changes was found.

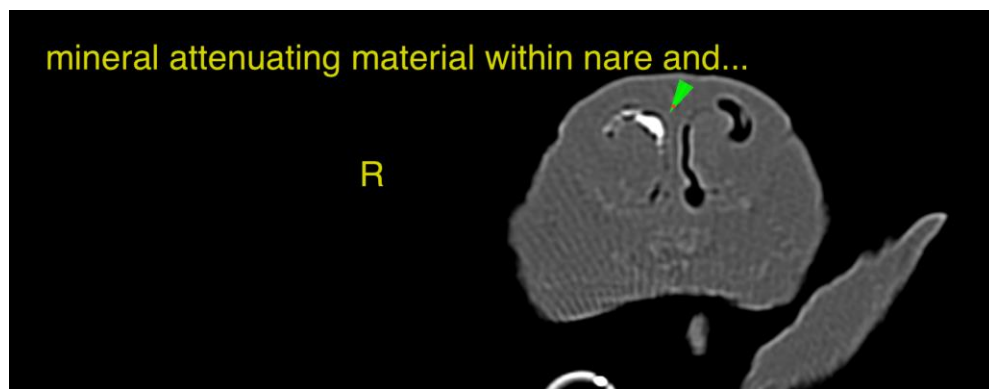
**BREED**

Australian Kelpie  
Cross

The right submandibular lymphadenomegaly may represent reactive hyperplasia or metastatic disease. Further definition by means of excisional biopsy or fine needle aspiration is recommended if not performed already.

**SEX**

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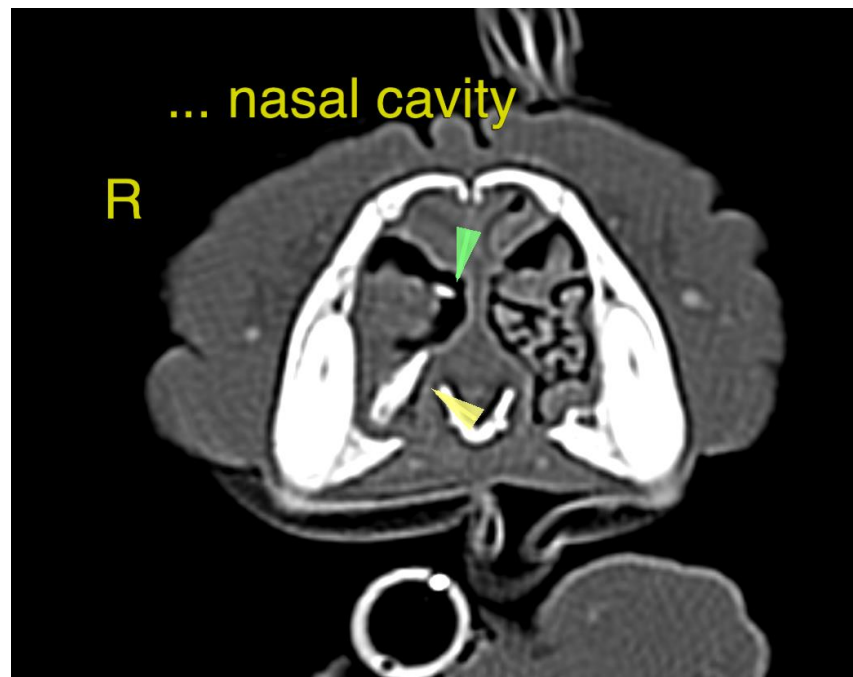


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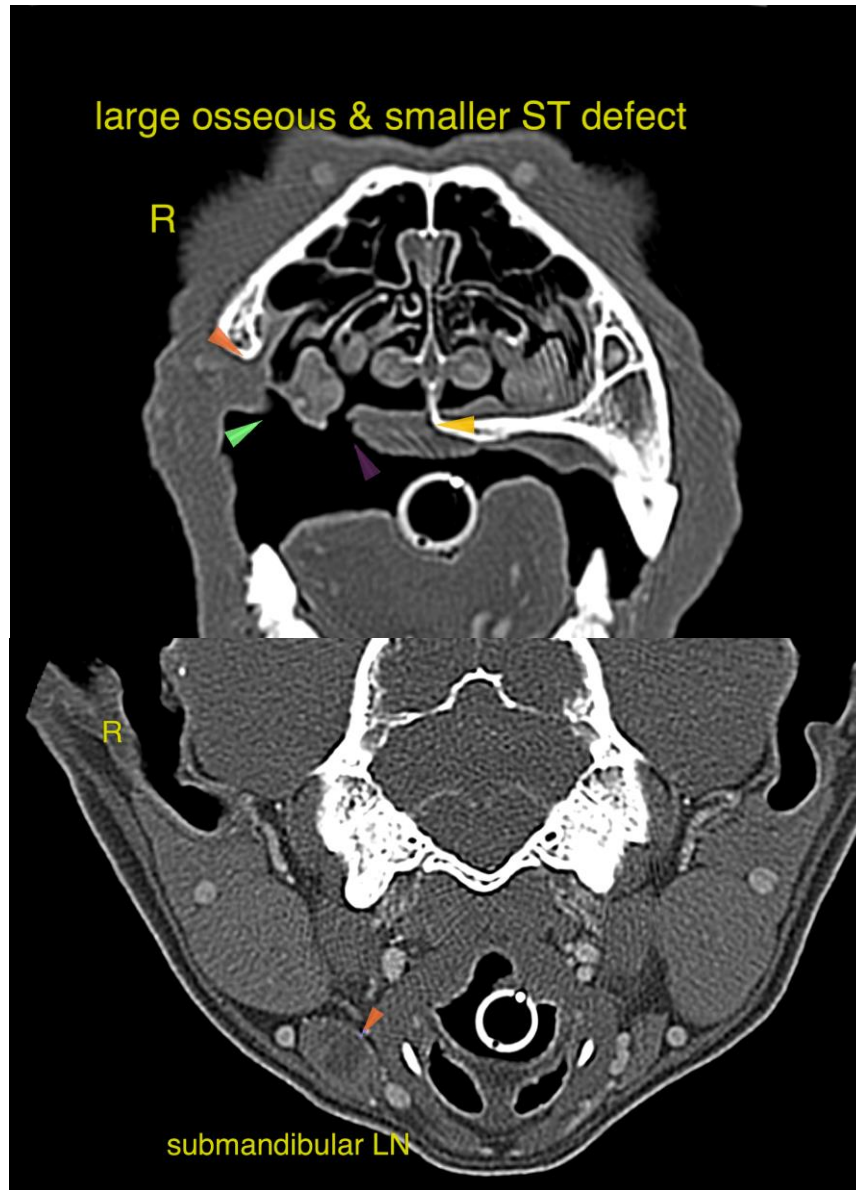
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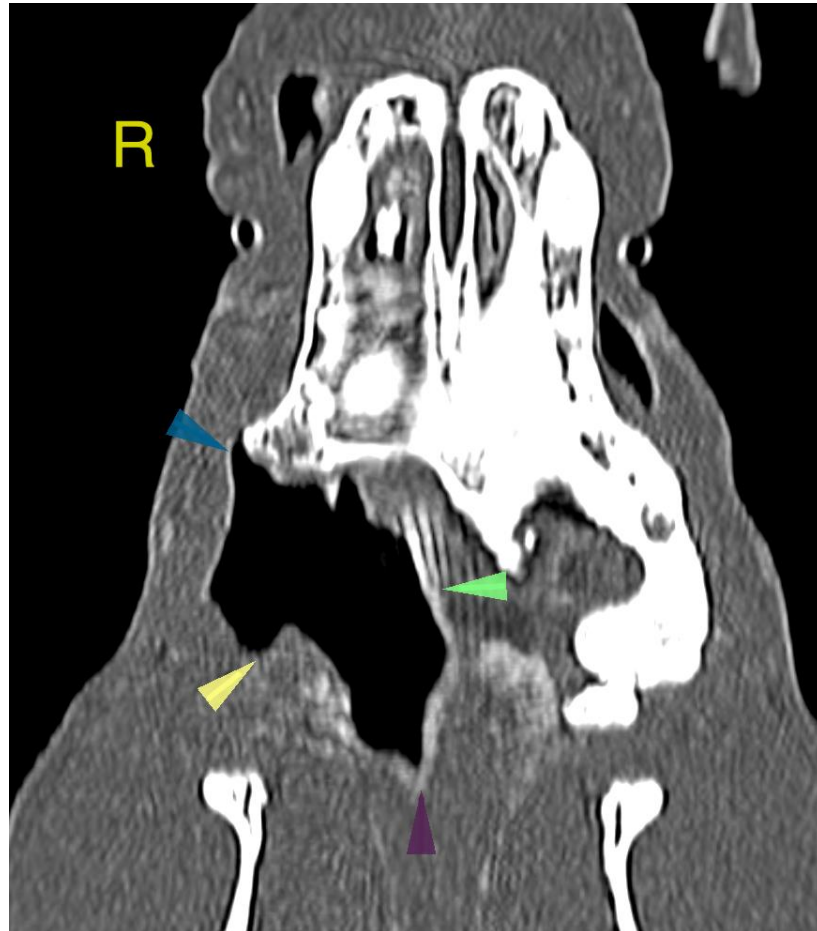
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
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