



PATIENT PRESENTING CLINICAL SIGNS

BULLET WANG 3 week hx of swelling (firm swelling) under Right eye- non antibiotic responsive (Clindamycin), Prominant right submandibular lymph node

SPECIES COMPUTED TOMOGRAPHIC AND RADIOGRAPHIC STUDY OF THE THORAX, ELBOWS & HEAD

Canine

Plain and post contrast CT studies of the head are available for review. Three view radiographic study of the thorax is available. Mediolateral and craniocaudal radiographic views of the elbows are available for review.

BREED

Husky Mix

COMPUTED TOMOGRAPHIC AND RADIOGRAPHIC FINDINGS

ELBOWS

SEX

MN

Amorphous periosteal new bone is seen in the medial distal right humerus in the area of the medial humeral epicondyle. There appears to be permeative osteolysis of the subchondral bone of the medial humeral condyle.

AGE

15

THORAX

No evidence of pulmonary nodules is seen. The vertebral heart score is 7.7.

Mild spondylosis is seen within the mid thoracic spine.

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape and there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

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The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

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The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The lung parenchyma presents the expected architecture and opacity. The intrapulmonary vascular branching is seen up to the third order lung vessels.

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The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

HEAD

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The right maxilla and right zygomatic arch present extensive permeative osteolysis with amorphous periosteal new bone formation and regional soft tissue swelling. The lesion perforates into the right nasal cavity. Extensive heterogeneous contrast enhancement is seen in the surrounding soft tissues.



PATIENT

BULLET WANG The right submandibular lymph nodes are mildly enlarged.

Multifocal CORL lesions are seen throughout the dentition. A dental fistula is seen at the tooth 103.

SPECIES

Canine Note the presence of soft tissue swelling and fluid accumulation throughout the right nasal cavity.

COMPUTED TOMOGRAPHIC AND RADIOGRAPHIC DIAGNOSIS

BREED

- Aggressive osteolytic lesion of the right distal humerus
 - Aggressive right maxillofacial lesion with
 - Right submandibular lymphadenomegaly
- Husky Mix**
- Multifocal coral with dental fistula 103
 - Mild thoracic spondylosis
 - No evidence of pulmonary nodules
 - Hypovolemia with microcardia

SEX

MN

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

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15 The right distal humerus presents an aggressive osteolytic lesion concerning for a primary or a secondary bone tumor. Osteosarcoma is considered most likely, however, potential metastatic spread from the craniofacial lesion should be considered as well.

INTERPRETED BY

Nele Eley (Ondreka), DVM Dr. med. vet., DipECVDI The right maxilla and zygomatic arch lesion are consistent with an aggressive neoplastic process, likely primary bone tumor or aggressive carcinoma.

The submandibular lymphadenomegaly may represent reactive change or early metastasis.

Note the multifocal CORL lesions with alveolar bone loss and oral nasal communication at the tooth 103.

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The thoracic radiographs show no metastatic pulmonary lesions at this time.

Consider histopathology and biopsy of the right maxilla / zygomatic arch and right distal humerus for definitive diagnosis, as well as FNA of the right submandibular lymph node.

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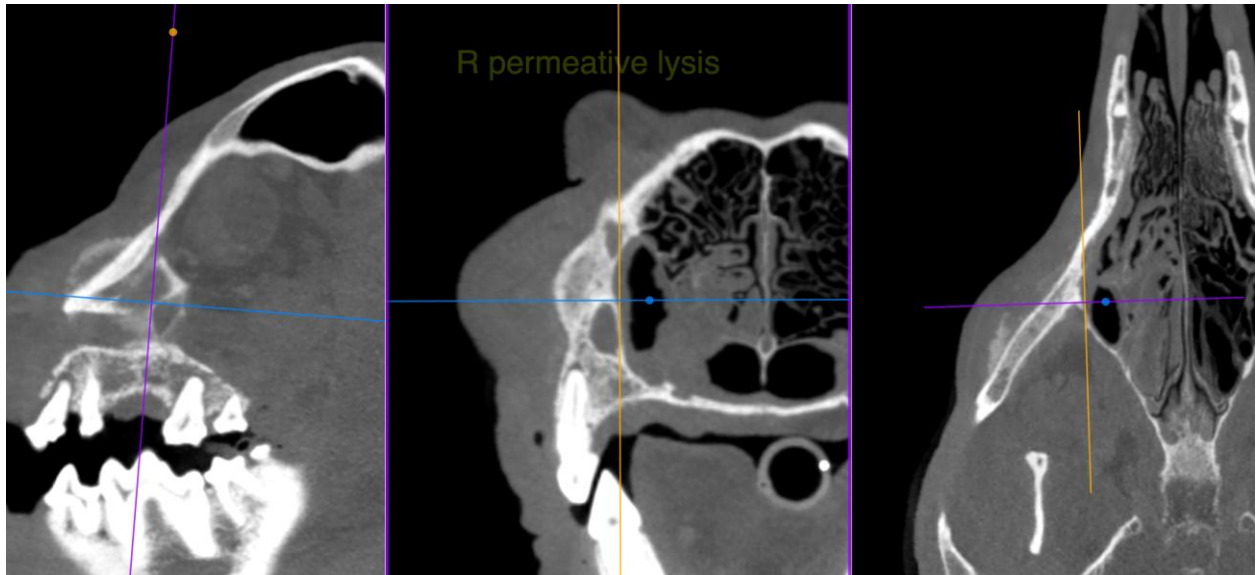
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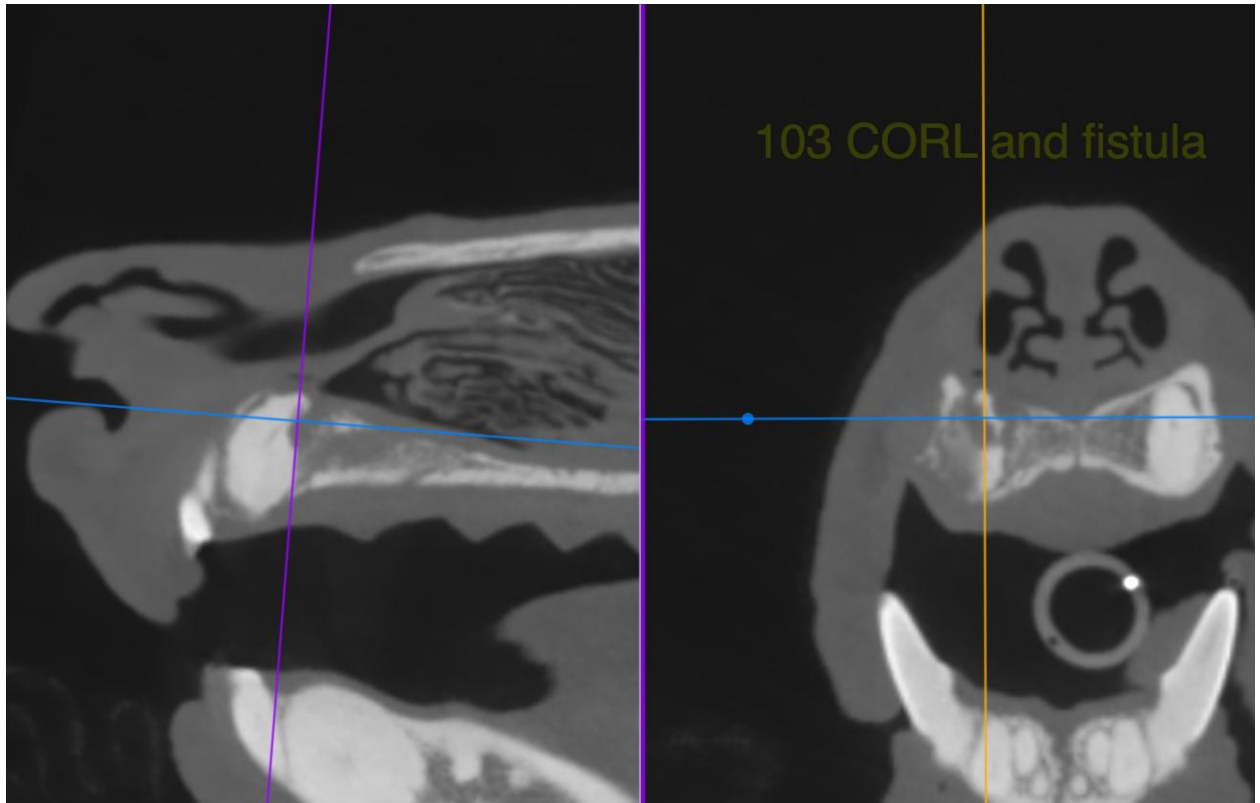
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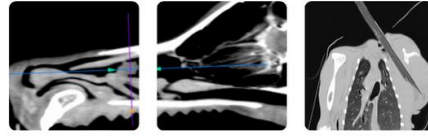
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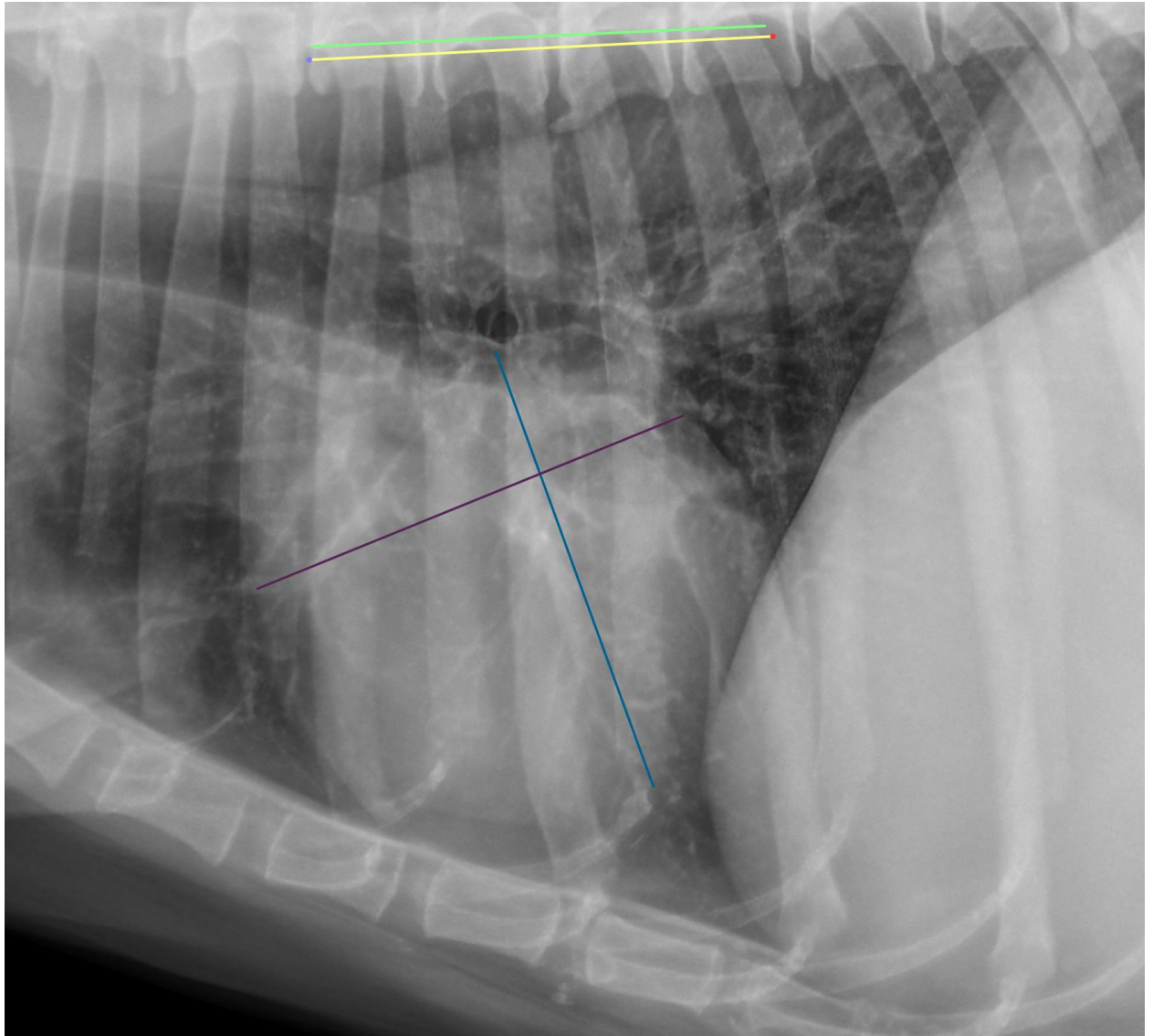
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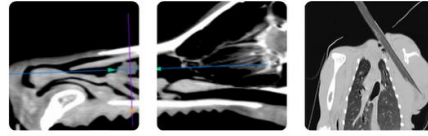
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BULLET WANG The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine 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.

BREED

Husky Mix **Nele Eley (Ondreka)**, DVM, Dr. med. vet., DipECVDI
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