



PATIENT

Cookie Martes

PRESENTING CLINICAL SIGNS

Patient was presented for evaluation of fast growing soft to firm mass on dorsal head. Mass was noticed around a month ago. Patient developed epistaxis at left side 2 days ago. Patient is currently on prednisone 2 mg/kg/day, yunnan bayao, panacur and phenylephrine (intranasal).
 Abnormal PE/Chem/CBC/UA Results: PE: soft to firm large mass at dorsal head, epistaxis at left side, periodontal disease, epiphora, mild third eyelid prolapse of left eye, epiphora bilaterally
 CBC - thrombocytopenia at 52k Chemistry - mildly elevated ALT and ALP fecal - hookworms
 radiographs - large soft tissue opacity at dorsal head with mild bone lysis

SPECIES

Canine

BREED

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Cocker Spaniel Mixed

Plain and post contrast studies including head through thorax available for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

SF

Head

A large 6.5 x 6.5 x 4.5 cm sized mass is seen in the dorsum of the skull. The mass is hypoattenuating with predominance of peripheral enhancement and causes extensive aggressive osteolysis of the parietal and frontal bones with intracranial invasion and meningeal thickening as well as amorphous periosteal new bone formation.

AGE

13 Years

The frontal sinuses are filled with fluid attenuating material and present a mix of osteolysis and hyperostosis.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

Both submandibular and medial retropharyngeal lymph nodes are moderately enlarged.

Thorax

A 3.5 cm sized lipoma is seen cranial of the right humerus.

HOSPITAL NAME

Veterinary Image
 Center

The cervical, axillary, and mediastinal lymph nodes present within normal limits.

There is no evidence of pulmonary metastatic disease.

REFERRING VET

Dr. M. Martes, DVM

Multifocal vertebral end plate defects and ventrally bridging new bone formation as well as vertebral end plate sclerosis of the thoracic vertebrae T3-T10 are seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

INVOICE

49128

DATE

12-18-21

- Large soft tissue neoplastic with secondary aggressive osteolysis in the dorsum of the cranium presenting early intracranial invasion.
- Bilateral secondary obstructive frontal sinusitis.
- Regional lymphadenomegaly of bilateral submandibular and medial retropharyngeal lymph nodes.
- Multiple vertebral end plate defects and spondyloses throughout the thoracic spine.
- Right front limb lipoma.



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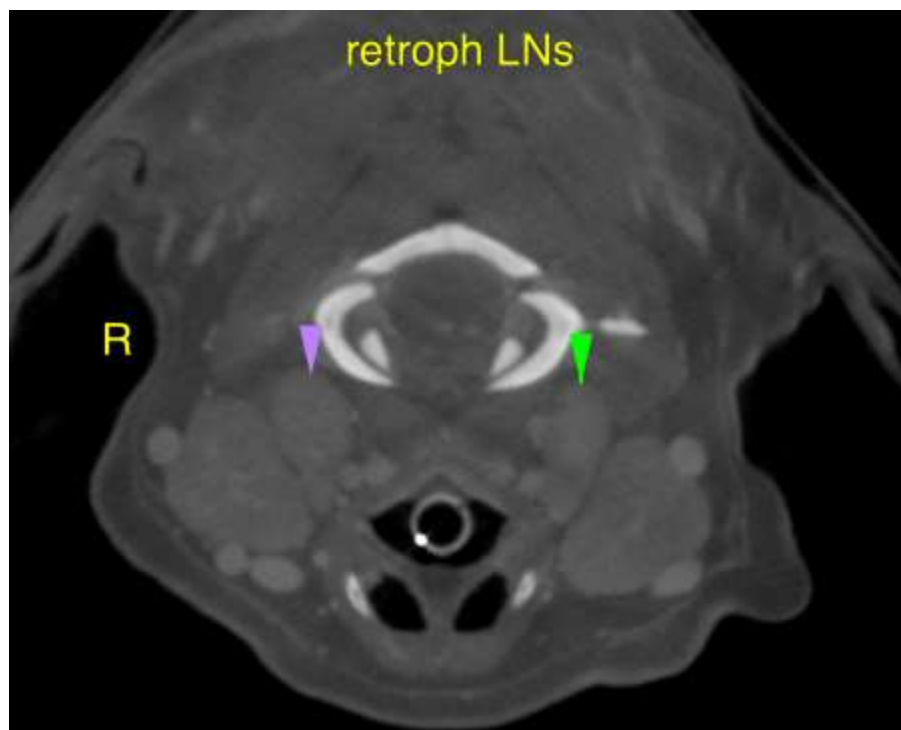
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with malignant soft tissue neoplasia in the dorsum of the calvarium with secondary aggressive osteolysis and early intracranial invasion. Soft tissue sarcoma and lymphosarcoma are thought most likely. Final diagnosis would require sampling for histology, which could be considered along with full staging including fine needle aspiration of the regional lymph nodes should the owners be interested in pursuing palliative tumor treatment.

Please note the concurrent presence of multiple vertebral end plate defects demarcated by sclerosis in the thoracic spine from T3 through T10.

Differential diagnosis includes chronic low grade discospondylitis versus Schmorl's nodes or other vertebral end plate remodeling which, however, is thought less likely.

The changes are not typical for metastatic bone disease.





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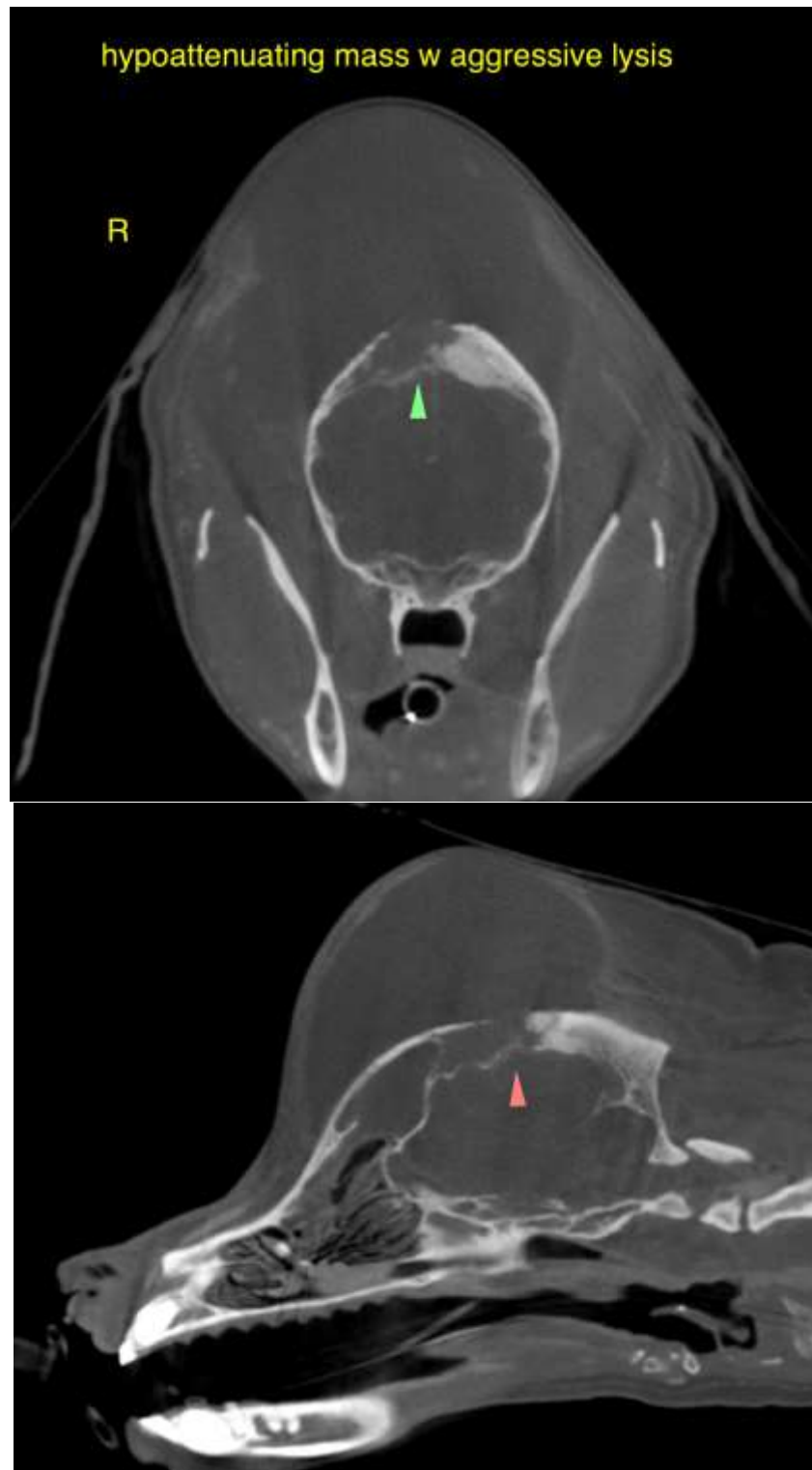
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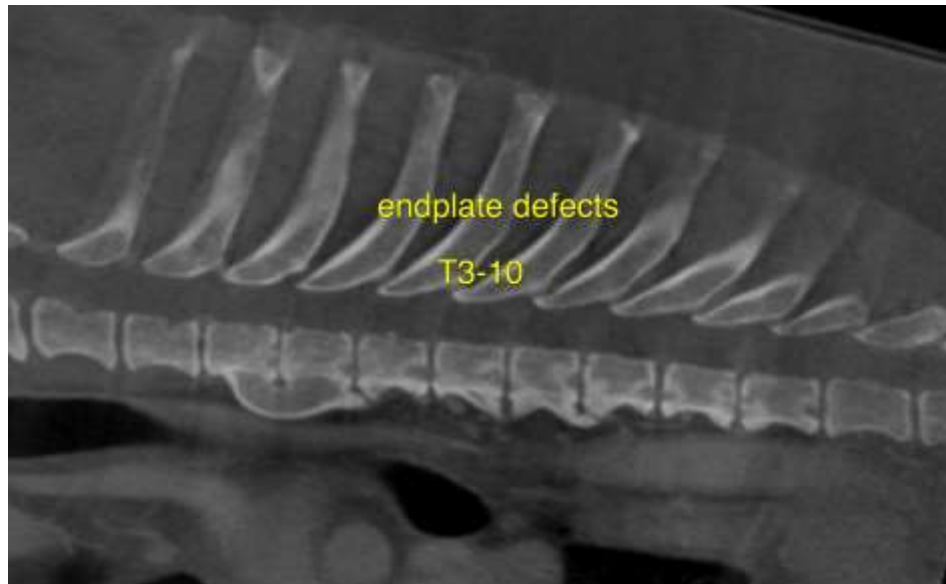
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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