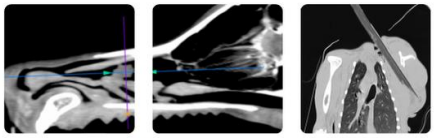


PATIENT

Hattaash Anderson

SPECIES

Canine

BREED

Shar Pei

SEX

Male Neutered

AGE

11Y, 9M

WEIGHT

19.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Emily Johnson

HOSPITAL NAME

Bluegrass Veterinary Specialists

REFERRING VET

Whitney Jones

INVOICE

74558

DATE

4-14-26

PRESENTING CLINICAL SIGNS

Initially presented after biting the inside of his cheek while they were traveling from Florida (2 day drive). When arriving at the new house, he was restless and could not settle. He is currently being treated by his vet in Florida for nasal and ocular discharge. There is suspected MMM from RDVM & neurologist (bloody antigen assay was negative).
Multiple areas of alopecia, some with scabbing, mucoid drainage
moderate dental tartar, plaque and gingivitis. Ulcer on inner left cheek has eroded and is bleeding (laceration repair was done prior to CT)
Immature cataracts OU, brown debris AU
Congested with L nostril mucoid drainage, audible upper airway sounds when breathing
probable cognitive decline also noted on initial exam
Abnormal PE/Chem/CBC/UA Results: RBC - 4.95 Hematocrit - 29.7 Hemoglobin - 10.5 MCV - 60 Neutrophils - 12.42 Platelets - 81 MPV - 13.8 Plateletcrit - 0.11 Glucose - 171 BUN - 42 CHloride - 100 Globulin - 2.4 ALP - 1235 GGT - 71 Amylase - 275

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, THORAX, & ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Head & Neck

A large aggressive infiltrative osseous and soft tissue mass is involving the right neurocranium affecting the occipital bone, temporal bone, parietal bone, frontal bone, and cribriform plate with permeative osteolysis. Lesion margins are ill-defined. Heterogeneous contrast enhancement is noted as well as a significant mass effect with intracranial invasion.

The right retropharyngeal lymph node is mildly enlarged.

The right tympanic bulla contains a mild amount of fluid.

The right frontal sinus and right nasal cavity are invaded by the mass. Mild fluid accumulation is present in the right nasal cavity.

The cervical lymph nodes and thyroid gland present within normal limits.

Thorax

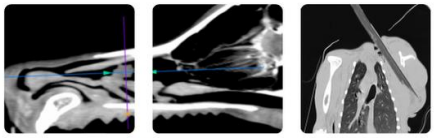
The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior. No evidence of pulmonary metastatic disease is seen.



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Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

Biliary microlithiasis is present.

Small incidental hepatic cysts are noted.

The splenic volume is reduced with multiple myelolipoma-like nodules.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe aggressive osteolytic skull mass with intracranial extension most consistent with osteosarcoma or other highly aggressive malignant bone tumor.
- No CT evidence of thoracic or abdominal metastasis.
- Biliary microlithiasis.
- Small hepatic cysts.
- Splenic volume contraction and myelolipomas.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging findings are consistent with highly aggressive primary bone tumor of the skull with extensive local destruction and intracranial invasion. Invasion of the right frontal sinus and right nasal cavity is present as well. The pattern of osteolysis and heterogeneous enhancement strongly supports a malignant neoplasia with osteosarcoma being the leading differential.

No evidence of pulmonary metastatic spread is identified at this time.

Abdominal findings are considered incidental or age related degenerative changes and unlikely to be related to the primary disease process.

The regional lymph node enlargement is mild and compatible with reactive change. Early metastatic disease cannot be excluded.

Histopathologic confirmation of a definitive diagnosis can be considered as well as oncologic consultation for palliative treatment planning. However, given the intracranial extension, the prognosis is guarded to poor.

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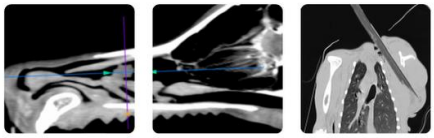

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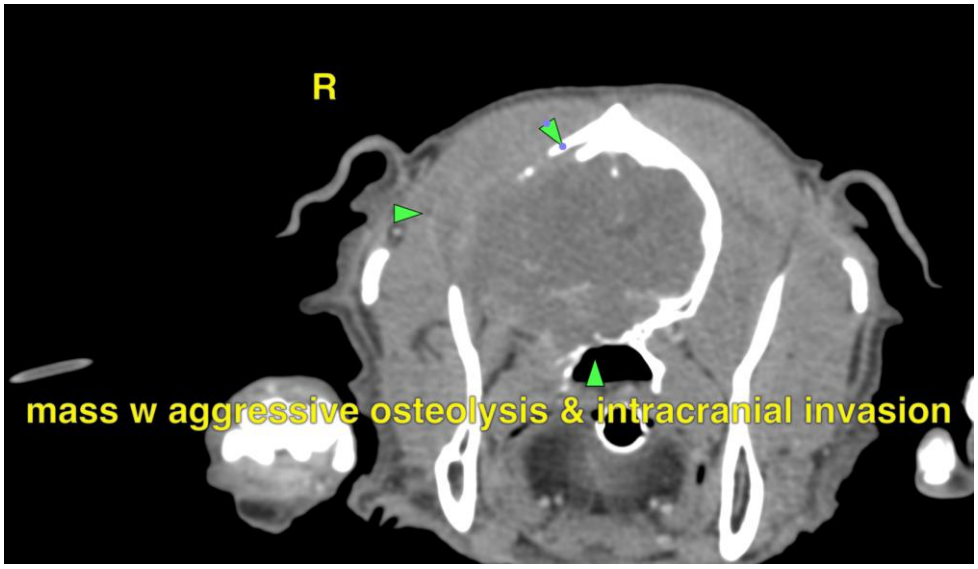

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
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