



PATIENT

Missy Eastap

SPECIES

Canine

BREED

Catahoula Mix

SEX

FS

AGE

9 Years, 4 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Dr. Fugazzi

INVOICE

51812

DATE

4-27-22

PRESENTING CLINICAL SIGNS

Patient History for Missy Eastap Presenting Complaint: Missy presented with None Specified When did you first notice the problem? Saw RDVM in February for limping on right forelimb, rads were taken and cranial mass was discovered Has Missy had any previous history of this? None that owner had noticed Does the patient have any underlying conditions?? None Has Missy had any diagnostics or procedures Rads done at rdvm How has Missy's appetite been? n/a When did Missy last eat? n/a Have you noticed any vomiting, diarrhea, urinary concerns, coughing, or any other abnormal signs? None reported If so, when did you first notice these? n/a Are you currently giving Missy any medications or supplements? RDVM prescribed Carprofen and Gabapentin. Owner is just giving as needed and reports Gabapentin works the best.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, & THORAX

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head & Neck

An expansile osteoproliferative and osteolytic mass of the left supraoccipital bone is seen. The mass measures approximately 3.8 cm in length, 3.5 cm in width, and 3.5 cm in height. Aggressive osteolysis of the left supraoccipital bone is seen which allows for extension of the mass into the caudal and cranial fossa with an extraaxial mass effect onto the left cerebellar hemisphere and left occipital lobe. Invasion of the left osseous tentorium of the cerebellum is noted. The mass also extends into the caudal temporal muscle. Stippled mineralization is noted throughout all portions of the mass as well as moderate nonuniform contrast enhancement.

The medial retropharyngeal, submandibular, and cervical lymph nodes present within normal limits.

Thorax

The 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.

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



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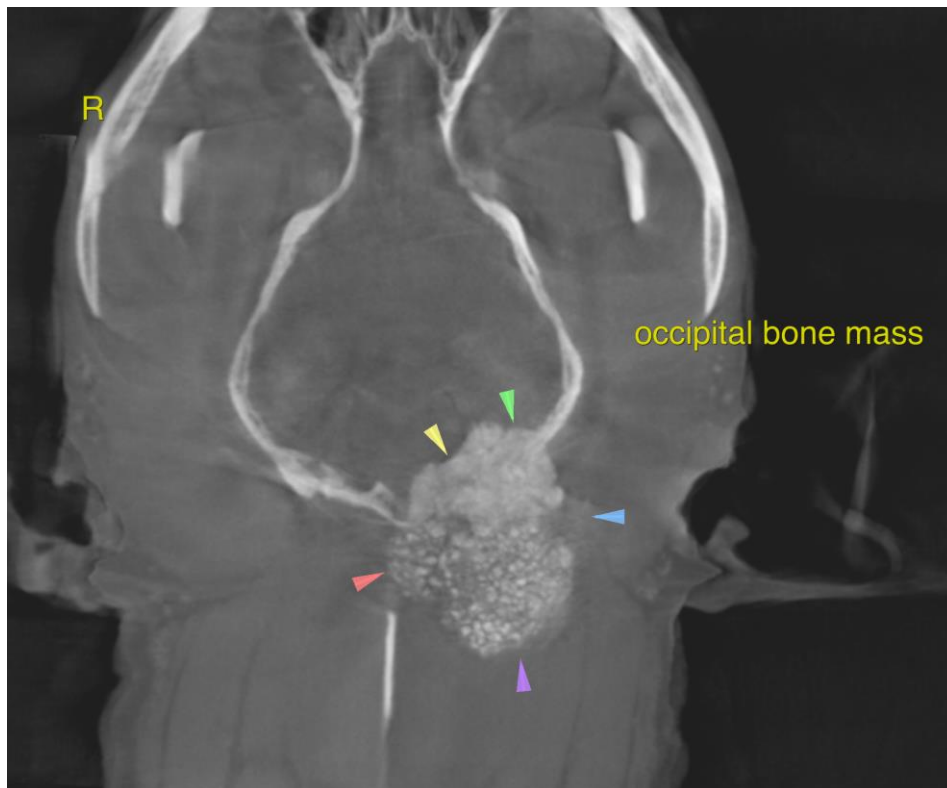
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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic aggressive osteoproliferative and osteolytic mass of the left supraoccipital bone with intracranial and extracranial extension.
- No evidence of metastatic disease to the regional lymph nodes or lung.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a monostotic aggressive osteoproliferative and osteolytic mass of the left supraoccipital bone. The findings are compatible with multilobulated osteosarcoma which should be considered the tentative diagnosis until proven otherwise. In theory, osteosarcoma, chondrosarcoma, and other neoplasia cannot be ruled out entirely. However, based on the CT findings, MLO is considered by far most likely. MLO tends to grow locally invasion. An extraaxial mass effect onto the cerebellum and occipital lobe is present here. Metastatic disease, however, is rare and surgical excision of the tumor could be considered. The recurrence rate varies between 30% and 50% though.





PATIENT

Missy Eastap

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.

SPECIES

Canine

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