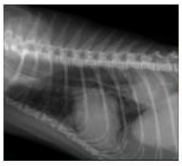
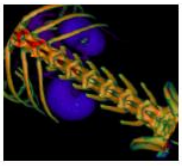
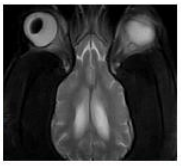

PATIENT

Roxy Martinez

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

10 Years

INTERPRETED BY

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

HOSPITAL NAME

Mobile Pet Imaging CFL

REFERRING VET

Meaux

INVOICE

57586

DATE

4-3-23

PRESENTING CLINICAL SIGNS

Mass Left eye.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Plain and post contrast studies of the head and post contrast study of the thorax available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head

Severe aggressive osteolysis with long transition zone to the unaffected bone of the left maxilla, nasal, and frontal bone is seen. Permeative lysis of the affected bones is noted with a large amount of amorphous periosteal new bone and multiple cortical bone defects. The lysis appears to cross the maxillary symphysis and involves the incisor portion of the right maxilla. Involvement of the left zygomatic arch and large soft tissue component occupying the left nasal cavity, left frontal sinus, and part of the left orbita is seen. The soft tissue component presents moderate nonuniform contrast enhancement and is distorting the tip of the nose. Regional turbinate destruction is noted within the left nasal cavity. The skull base and cribriform plate appear to be intact. Loosening of the dental elements in the left maxillary arcade is seen. There is a moderate left hand sided exophthalmos.

The left submandibular lymph nodes present within normal limits. Mild symmetric enlargement of the left retropharyngeal lymph node is noted.

Thorax

Moderate T10/11 spondylosis deformans is seen.

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Aggressive osteolytic mass of the left maxilla, left nasal, and frontal bone with soft tissue component and obstruction of the nasal passage as well as left hand sided exophthalmos.
- Mild left medial retropharyngeal lymphadenomegaly.
- No evidence of pulmonary metastases.

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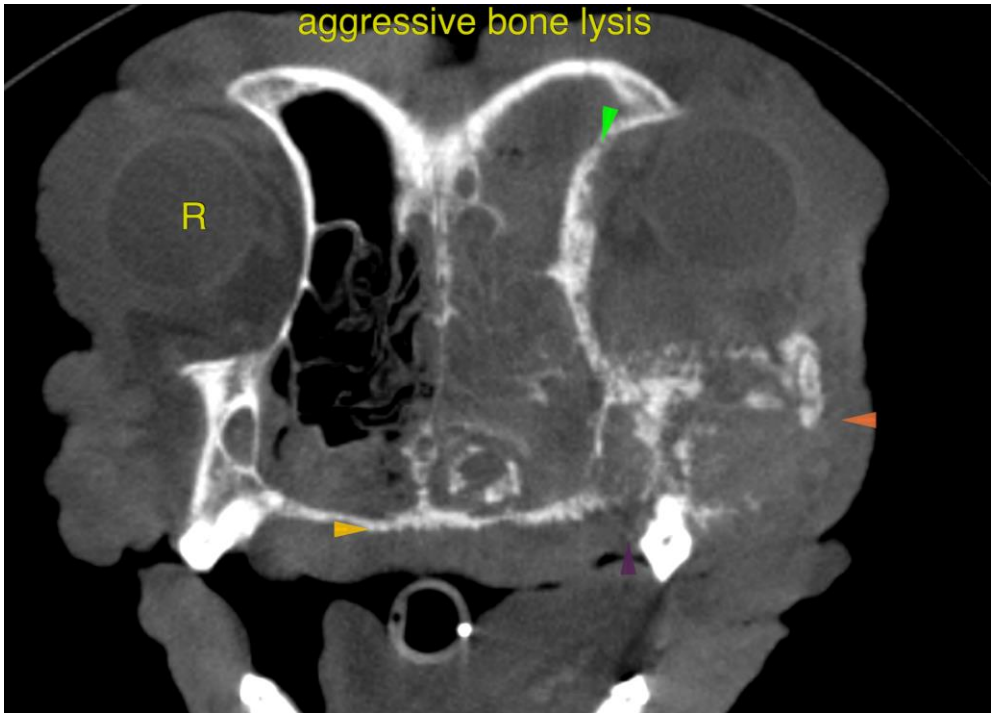
INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals an aggressive osteolytic mass of the left maxilla, left nasal, and left frontal bone with a large soft tissue component obstructing the left nasal passage and causing a left hand sided exophthalmos. Differential diagnosis includes osteosarcoma, chondrosarcoma, soft tissue sarcoma, and less likely round cell neoplasia. Final diagnosis would require sampling for histology. The mass is non-resectable. Cytoreductive surgery, chemotherapy, or tumor radiation could be considered depending on the type of tumor.

The changes of the left retropharyngeal lymph node are suggestive for reactive for hyperplasia. Early metastatic disease cannot be ruled out. Fine needle aspiration is recommended for further definition.



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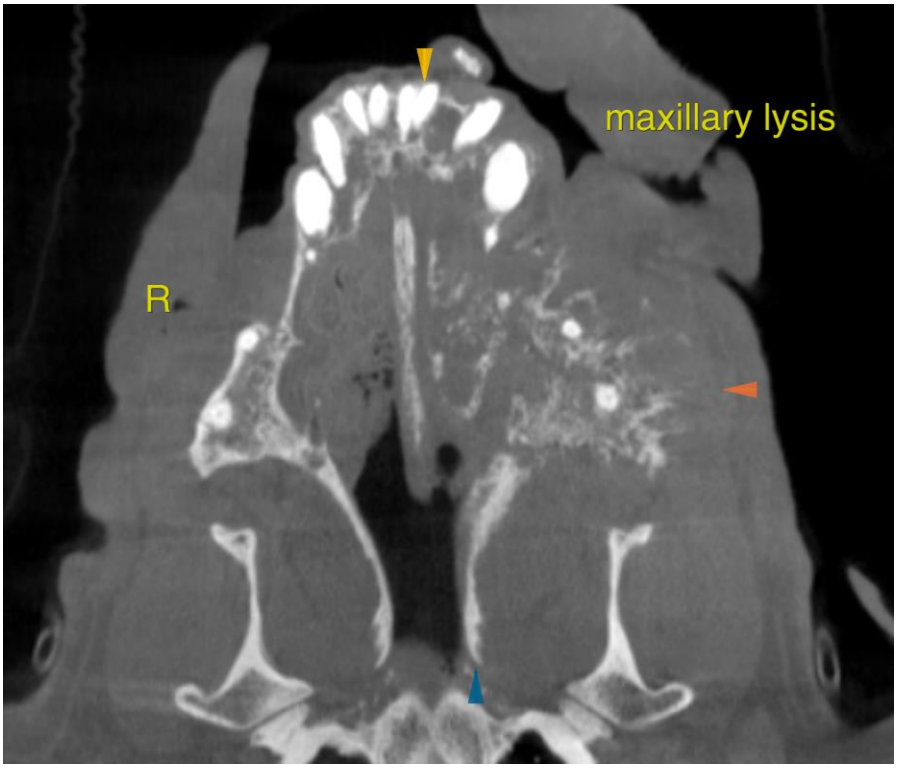

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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