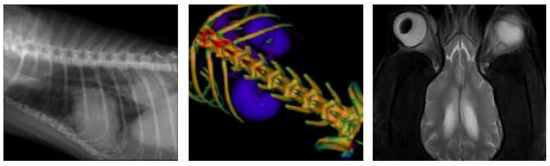
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sammy Nicholson

SPECIES

Canine

BREED

Australian Shepard Mix

SEX

MC

AGE

10 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Emergency Hospital Deland

REFERRING VET

Dr. Schwanebeck

INVOICE

52189

DATE

6-1-22

PRESENTING CLINICAL SIGNS

Patient developed a nasal mass at the end of April. He was seen at his primary veterinarian on 5/9 who performed chest and skull radiographs which were unremarkable. On 5/13 he had a surgical debulking procedure performed on the mass and a biopsy was sent out. The biopsy came back as squamous cell carcinoma. CT performed for further assessment of mass extent. Abnormal PE/Chem/CBC/UA Results: Ulcerative nasal mass protruding from rostral nose - larger mass extension on L nare but better airflow present from L nostril

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, & ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Head

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry. The pituitary gland presents within normal limits.

An irregular shaped and ill-defined soft tissue attenuating mass is seen in the nasal planum with caudal extension into the alar cartilages and nasal septum. Partial obliteration of both nares accentuating the right side is seen. The length of the mass is 19mm, width is 22mm, and height is 27mm. Lesion margins are ill-defined. The contrast enhancement is moderate and heterogeneous. No evidence of involvement of the nasal, maxillary, and incisor bones is seen.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external auditory meatuses present within normal limits.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

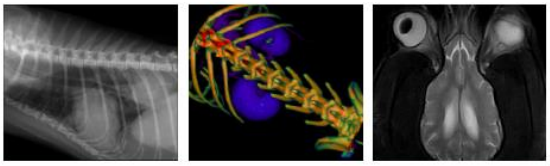
The salivary glands present within normal limits.

The visible dentition is within normal limits.

Thorax

Motion related streak artifacts are seen.

Mild to moderate bilateral shoulder osteoarthritis and multifocal mild spondylosis deformans are noted.



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sammy Nicholson

SPECIES

Canine

BREED

Australian Shepard Mix

SEX

MC

AGE

10 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Emergency Hospital Deland

REFERRING VET

Dr. Schwanebeck

INVOICE

52189

DATE

6-1-22

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.

Abdomen

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

There are occasional small cortical renal cysts seen in both kidneys. The remainder of the nephrogram and pyelogram present within normal limits.

The right adrenal gland presents within normal limits. An 8mm sized slightly hyperenhancing nodule is expanding the cranial pole of the left adrenal gland.

Occasional hyperenhancing splenic nodules are noted.

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable. A mild amount of hypoattenuating sediment is seen within the gallbladder.

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 patient is obese.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass with aggressive biological behavior in the nasal planum with extension into the alar cartilages and cartilaginous nasal septum - no evidence of regional bone involvement, no evidence of regional lymphadenomegaly.
- No evidence of pulmonary metastatic disease.
- Splenic nodules.
- Expansile cranial pole nodule of the left adrenal gland.
- Presumably degenerative cortical renal cyst.

SonoPath Teleradiology
EDUCATIONAL TELECONSULTATION SERVICES™
SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sammy Nicholson

SPECIES

Canine

BREED

Australian Shepard Mix

SEX

MC

AGE

10 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Emergency Hospital Deland

REFERRING VET

Dr. Schwanebeck

INVOICE

52189

DATE

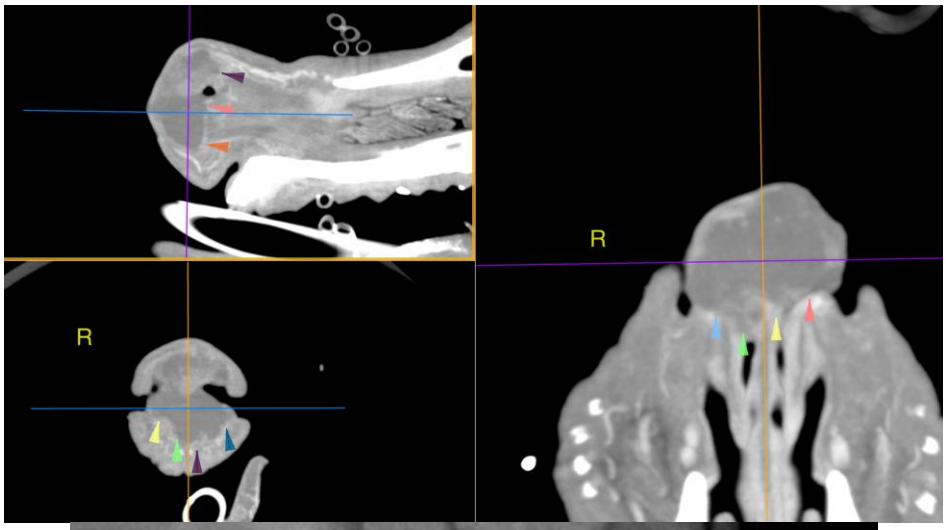
6-1-22

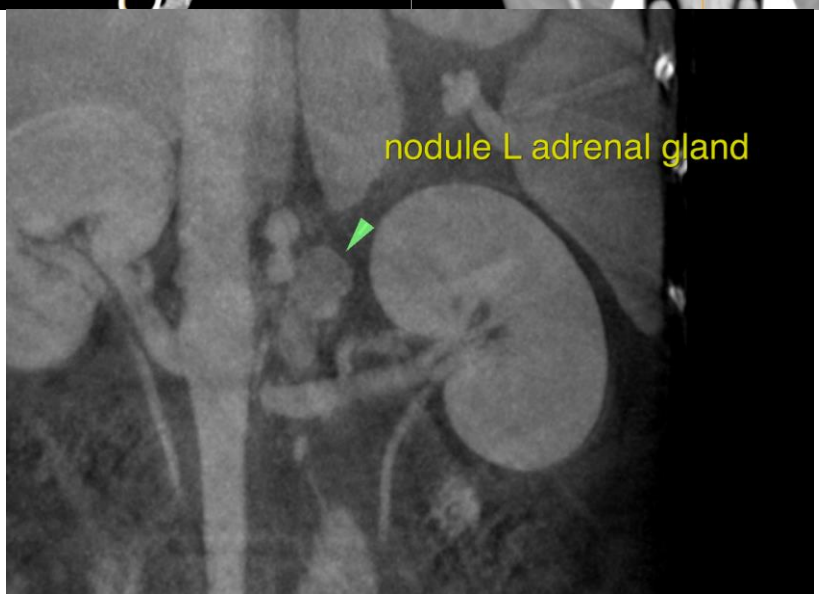
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings of the nasal planum are consistent with the history of (recurring) squamous cell carcinoma. The mass extends approximately 22mm caudally from its most rostral aspect and involves the bilateral alar cartilages as well as the rostral aspect of the cartilaginous nasal septum. No evidence of bone involvement is seen. Bilateral stenosis of the nares is noted. There is no evidence of metastatic disease to the regional lymph nodes or lung.

The splenic nodules are more likely to represent benign nodular hyperplasia than metastatic disease even though this cannot be ruled out entirely.

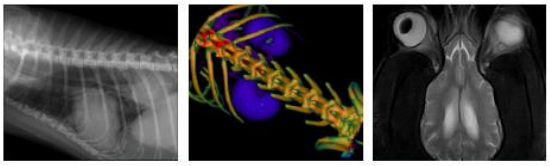
Differential diagnosis for the nodule expanding the cranial pole of the left adrenal gland include myelolipoma, early adenoma, adenocarcinoma, pheochromocytoma, or incidentaloma as well as metastatic disease even though not necessarily likely in this case.





SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sammy Nicholson

SPECIES

Canine

BREED

Australian Shepard Mix

SEX

MC

AGE

10 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Emergency Hospital Deland

REFERRING VET

Dr. Schwanebeck

INVOICE

52189

DATE

6-1-22

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com