



PATIENT

Gordie Hotrum

PRESENTING CLINICAL SIGNS

May 31,23 owners noted mass behind incisors . Mass removal June 08, histopathology revealed squamous cell carcinoma. Bloodwork all values within normal limits. CT for surgical planning and staging.

SPECIES

Abnormal PE/Chem/CBC/UA Results: ~1 cm mass rostral mandible on PE

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

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

BREED

COMPUTED TOMOGRAPHIC FINDINGS

King Charles Cavalier

Head

SEX

The patient has a history of removal of a rostral mandibular soft tissue mass which histopathology resulted in squamous cell carcinoma.

MN

An approximately 11 x 4 mm sized soft tissue mass is seen in the rostral mandibular incisor area in a lingual position. Most of the mass is to the right of the midline; however, lesion margins are ill-defined and blend over to the left side as well. Moderate uniform contrast enhancement is seen. Permeative lysis is noted in the right rostral mandible level with the triadans 401-402.

AGE

4 Years

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

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The tympanic bullae are small and partially filled with fluid attenuating material.

Hyperplasia of the supraoccipital bone is noted with overcrowding of the caudal fossa and mild cerebellar herniation.

HOSPITAL NAME

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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.

REFERRING VET

Jerome Gagnon

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.

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The lung parenchyma presents the expected architecture and attenuation behavior.

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



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COMPUTED TOMOGRAPHIC DIAGNOSIS

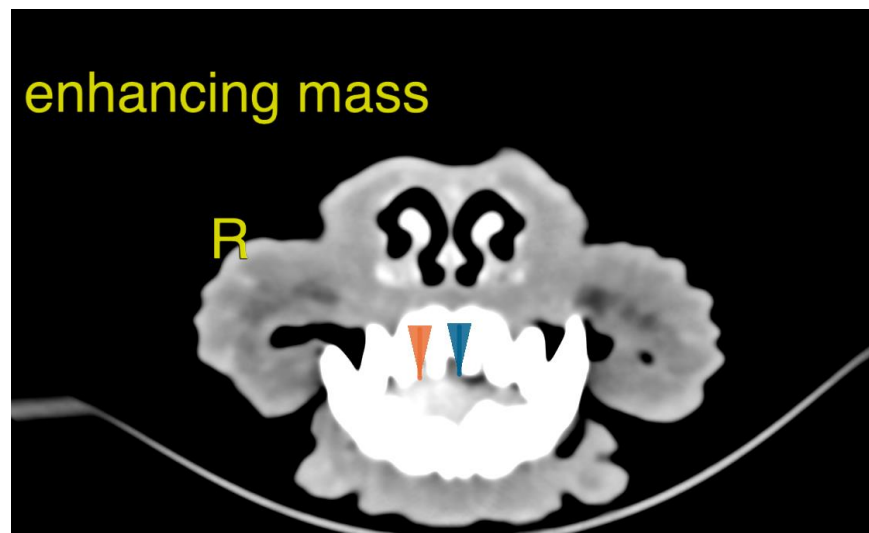
- Recurring rostral mandibular soft tissue mass with aggressive biological behavior and early aggressive osteolytic changes of the right rostral mandible.
- No evidence of metastatic disease to the regional lymph nodes or lung.
- Bilateral otitis media, suspect primary secretory otitis media secondary to stenosis of the auditive tubes.
- Chiari like malformation with caudal fossa overcrowding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT screening was negative for metastatic disease to the regional lymph nodes and lung.

The findings of the rostral mandible are compatible with recurring aggressive soft tissue neoplasia (reportedly squamous cell carcinoma). Note the presence of early aggressive osteolytic changes of the right rostral mandible. The CT results should be discussed with a specialized surgeon and removal of the mass with safety margins is going to require partial rostral mandibulectomy.

The CT study did not reveal macromorphological lymph node enlargement. FNA of the regional submandibular lymph nodes could be considered nevertheless in order to complete the staging.



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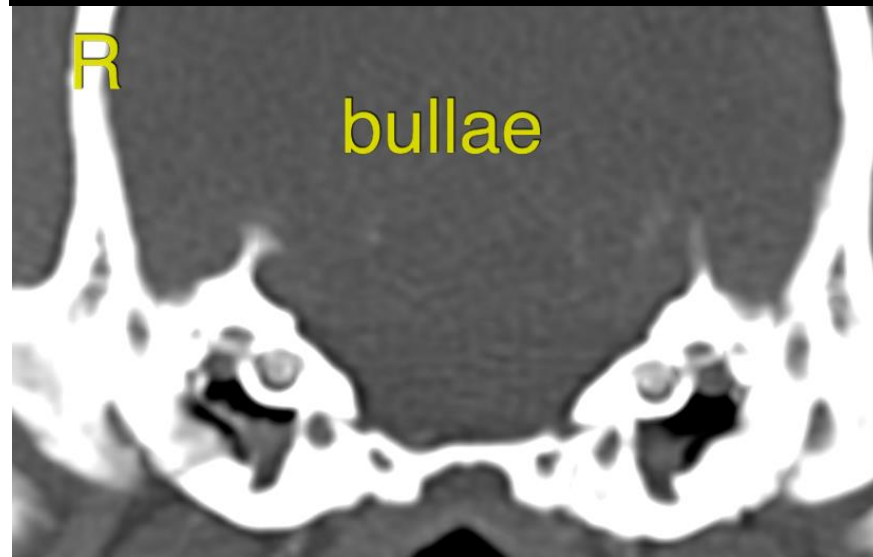
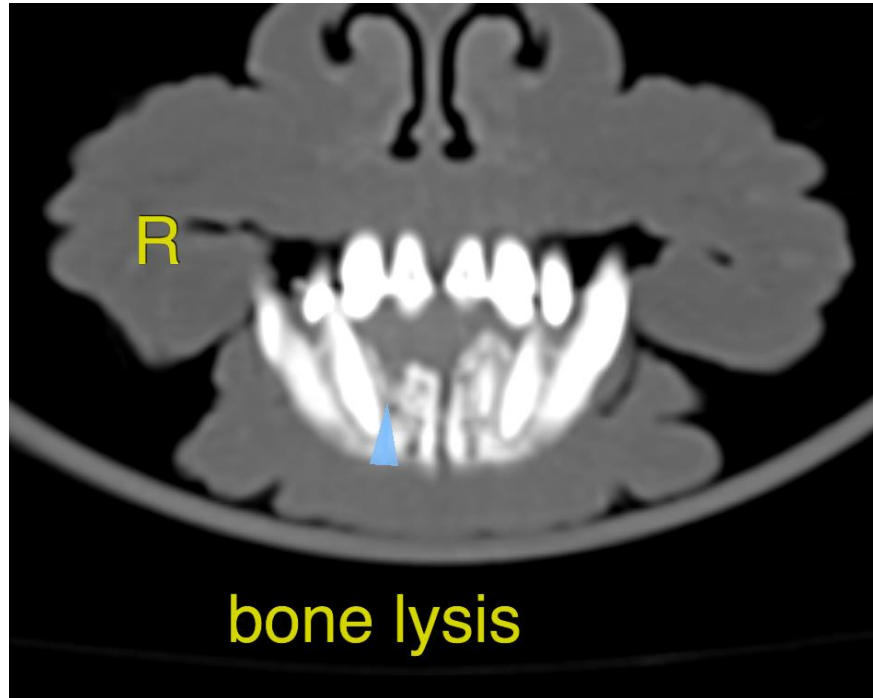
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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
info@sonopath.com

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