



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Bailey Smith

SPECIES
Canine

BREED
German Shepherd

SEX
Female

AGE
6

INTERPRETED BY
Nele Eley, DVM
Dr. med. Vet. DipECVDI

Bailey presented to SOVSC ER 3/11/22 for jaw pain and diarrhea. On 7/6/22, Bailey's rDVM drained 6mL of bloody fluid from the swelling on her left temporal region and recommended she follow up at SOVSC for possible CT and internal medicine consult. Bailey had some mammary mass excisions 5/10/22, the histology report stated that they were all benign. Her last CBC and blood chemistry were run by SOVSC 3/11/22, she has not had any radiographs or other imaging. Per Bailey's owner, she has been having jaw pain since March and is still unable to eat dry food. She currently eats wet food, and at this moment is eating well but has had a history of anorexia when she is not taking pain medications. Michelle noticed she was painful while eating due to Bailey crying out while eating. Then in June, a lump slowly began to grow over her left temporal region. Michelle reports that both she and her rDVM think the lump has continued to grow on the Prednisone. Michelle adopted Bailey from the South Coast Animal Shelter about 14 months ago. She was found as a stray in Los Angeles, so little is known about her history before the shelter. She has had 2 cysts/ masses removed since adoption that histology revealed to be benign. Bailey is doing well at home, she is eating her wet food well but has still been having diarrhea. Her wet food brand/ flavor has been changed several times to encourage her to continue eating. Bailey is currently taking Prednisone every 48 hours and 600mg of Gabapentin every 12 hours. This seems to be moderately managing her pain, but Bailey continues to refuse hard foods and cried out when her rDVM tried to examine her mouth. She also just finished a 10 day course of Clavamox. Jaw pain in March. Never full resolved but worsened again around 3-4 weeks ago - a bit before the mass was noted. she has only eaten soft food since March. Before that, she would eat veterinary bone type treats/greenies. Not a stick chewer. She has not had those since march. No wounds or draining tract has been seen in the head but she has had foxtails in her ears before. No troubles swallowing. 22g FNA taken from the left zygomatic arch. Soft bone felt with needle penetration. Small amount of blood tinged fluid removed. In house cytology shows nucleated cells

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies available for review.

HOSPITAL NAME COMPUTED TOMOGRAPHIC FINDINGS

Southern Oregon
Veterinary Specialty
Center

The CT study reveals an irregular shaped ill-defined lobulated soft tissue mass in the left side of the face extending from the temporal region into the left orbita passing the temporomandibular joint and into the masseter area. The mass measures approximately 7.0 cm in length, 8.0 cm in height, and 3.5 cm in width. The mass effect and intraorbital extension do cause moderate rostral deviation of the left eye. The lesion margins are ill-defined. Multifocal granulated intralesional mineralizations are seen. There is moderate nonuniform contrast enhancement within the mass and polyostotic aggressive osteolytic changes of the left temporomandibular joint, left zygomatic arch, and coronoid process of the left mandible are seen.

REFERRING VET
Kimberly Winters

The left medial retropharyngeal and submandibular lymph nodes present minimal symmetric enlargement. Short-to-long-axis ratio and contrast enhancement pattern are maintained.

INVOICE COMPUTED TOMOGRAPHIC DIAGNOSIS

52880

- DATE**
7-14-22
- Soft tissue mass with multiple mineralizations and polyostotic aggressive bone lysis in the left temporomandibular joint and masseter region with orbital extension and exophthalmos.
 - Minimal left sided retropharyngeal and submandibular lymphadenomegaly.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are suggesting neoplasia rather than abscess or granuloma. Soft tissue neoplasia with secondary aggressive bone lysis such as soft tissue sarcoma is a primary consideration. Other type of neoplasia including epithelial cannot be ruled out entirely; however, is thought less likely based on the CT presentation. Final diagnosis will require sampling for histology.

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The lymph node changes are compatible with reactive hypoplasia. Metastatic disease is thought unlikely at this point with the pertinent CT changes. Fine needle aspiration of the lymph nodes could be considered for further definition and for a complete staging.

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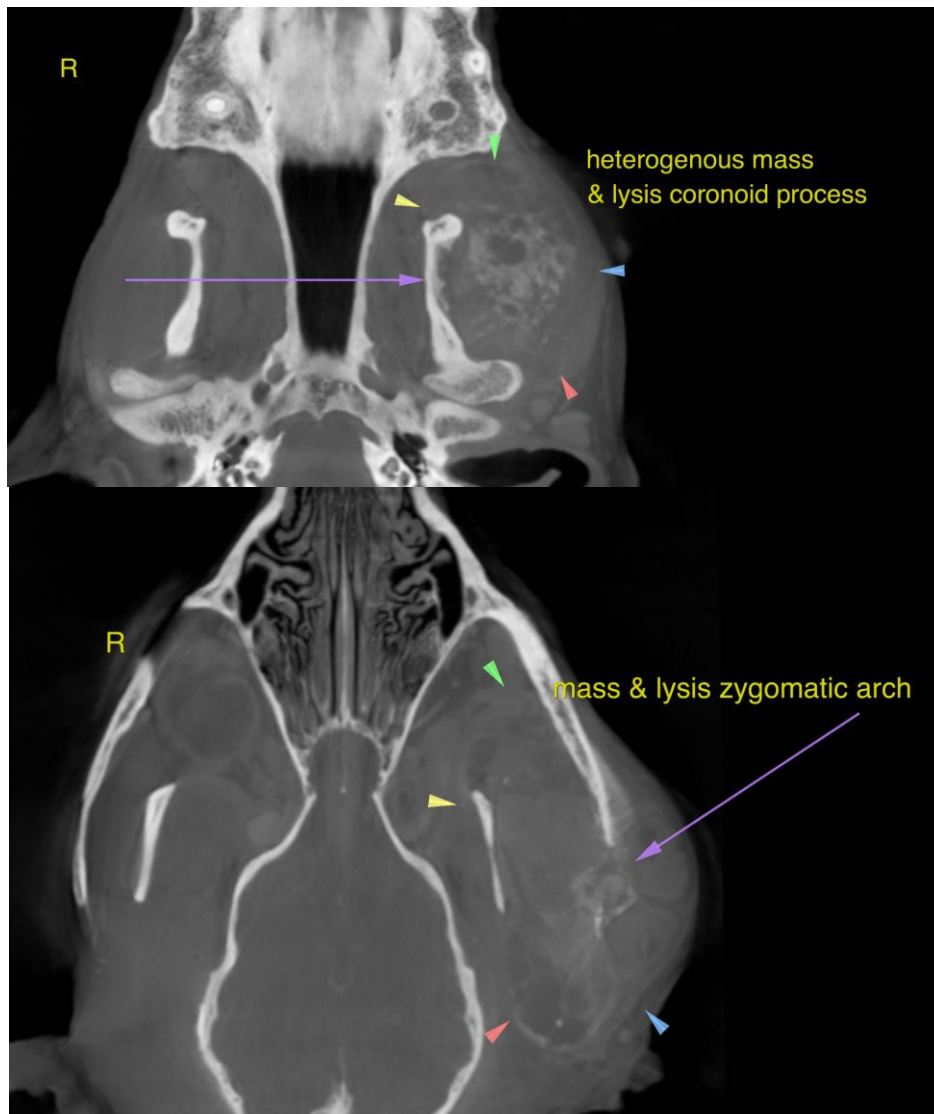
Kimberly Winters

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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

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