



**PATIENT**

Ted Floyd

**PRESENTING CLINICAL SIGNS**

Presented in clinic today for an oral mass that O noticed about 2.5 weeks ago. O has noticed it growing rapidly since first noticed. Drinking normally. Decreased appetite. Abnormal PE/Chem/CBC/UA Results: see attachments for blood work

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX**

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

**BREED**

French Bulldog

**COMPUTED TOMOGRAPHIC FINDINGS**

**Head**

The CT study reveals a large, irregular shaped, and ill-defined mass emerging from the right zygomatic arch. Severe aggressive osteolysis is noted with a soft tissue attenuating mass effect of approximately 3.5 cm length and 3.0 cm diameter. The soft tissue component of the mass extends into the retromolar and right orbital tissues as well as into the oral cavity. Lysis of the zygomatic arch and maxillary alveolar crest are seen. The mass presents early extension into the right nasal cavity. Heterogeneous contrast enhancement is noted.

**SEX**

Male

**AGE**

8 Years, 6 Months

The right submandibular lymph nodes and the right medial retropharyngeal lymph node are moderately enlarged respectively.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

A moderate amount of hypoattenuating material is present within the lumen of the right tympanic bulla. The left tympanic bulla presents within normal limits.

Multifocal signs of periodontal disease of the molar teeth are seen.

**Thorax**

**HOSPITAL NAME**

Neel Veterinary  
Hospital

Mid thoracic kyphosis with congenital vertebral malformation and spondylosis deformans is noted.

Mild multiple cranial mediastinal lymphadenomegaly is noted.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

**REFERRING VET**

Dr. Ellen Domnick

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.

The esophagus is moderately dilated. Mild caudally accentuated generalized wall thickening of the esophagus is seen.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

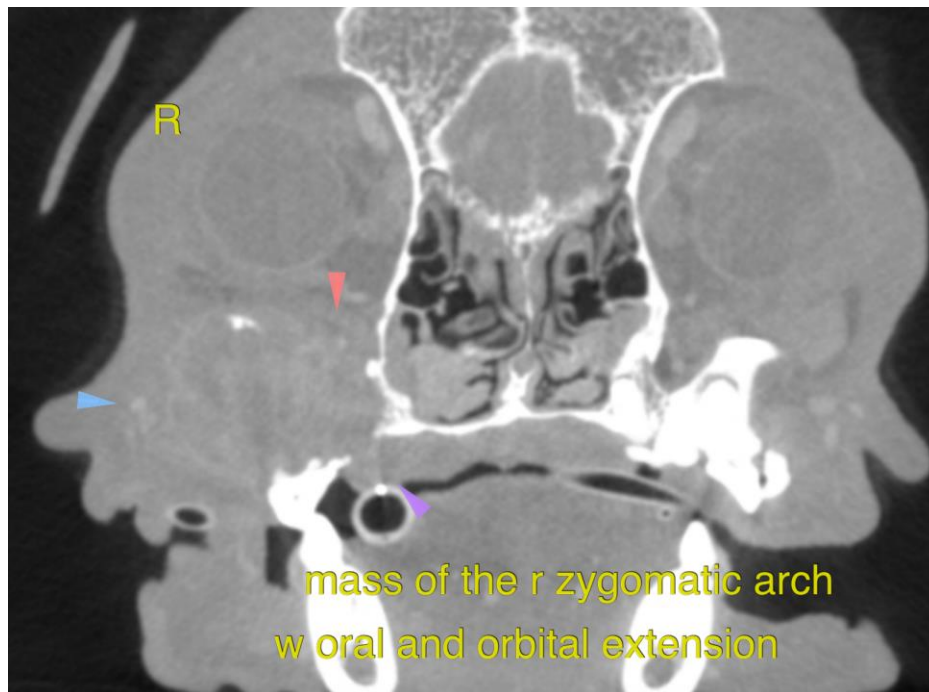
- Mass of the right zygomatic arch with aggressive biological behavior and extension into the right orbita, oral cavity, retromolar soft tissues, and early extension into the right nasal cavity.
- Right hand sided submandibular and medial retropharyngeal lymphadenomegaly.
- Cranial mediastinal lymphadenomegaly.
- Suspect esophagitis.
- Periodontal disease.
- Right hand sided otitis media – primary secretory versus infectious.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings are compatible with a malignant neoplasia of the zygomatic arch. Differential diagnosis includes primary neoplasia of bone such as osteosarcoma or chondrosarcoma as well as soft tissue sarcoma. Final diagnosis will require sampling for histology.

The lymph node changes may represent metastatic disease. Reactive hyperplasia cannot be ruled out entirely but is thought slightly less likely.

At this time, there was no evidence of pulmonary metastases.





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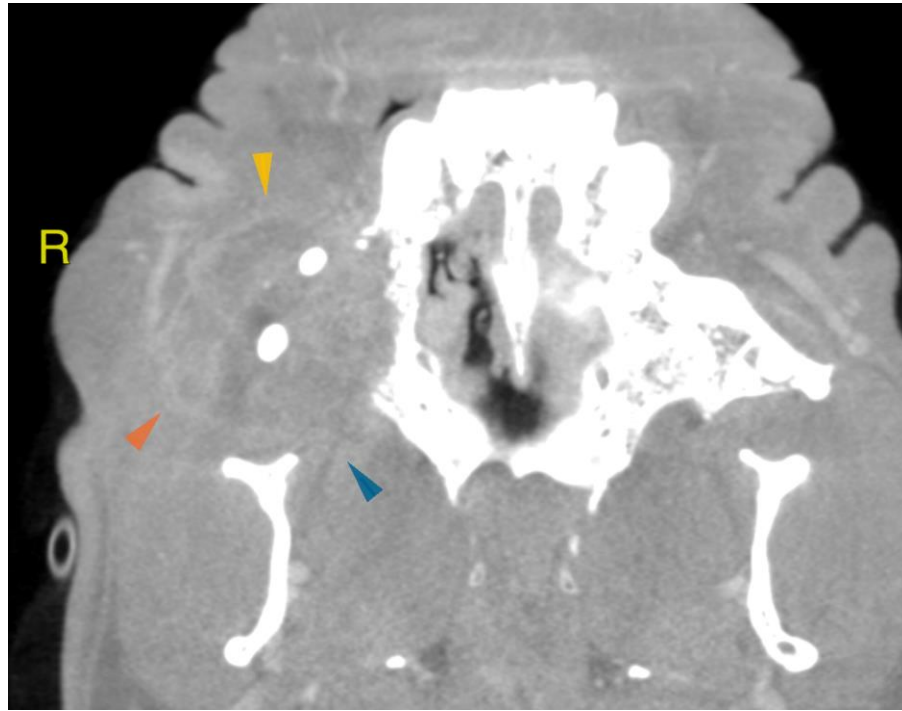
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**HOSPITAL NAME**

Neel Veterinary  
Hospital

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.

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