



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Max Whittman

SPECIES
Canine

BREED
Shih Tzu

SEX
MN

AGE
13 Years

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

HOSPITAL NAME
Animal Health Partners

REFERRING VET
Dr. Jeffery Biskup

INVOICE
53229

DATE
8-2-22

Max presented for evaluation of a Apocrine adenocarcinoma on lower lip. The mass was initially noticed 5 months ago. Max had a laser treatment and biopsy. Mass does not cause pain and discomfort; but sometimes rubs on stuff. Normal EDUD; No VDSC; Energetic Max has had a previous history of: Multiple benign skin tags and masses removed Skin irritation Ear infections Anal gland problems Parathyroid gland removal surgery at VEC (benign) Historic bladder stones December 2020 Max current medications:None Max is currently eating canine life muffins, with low oxalate diet. Max is UTD on vaccines.
Abnormal PE/Chem/CBC/UA Results: INTEG: Mass on right lower lip

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Head

The patient has a history of right sided parathyroidectomy. The left thyroid lobe presents within normal limits. A 5 x 8mm sized soft tissue attenuating and enhancing structure is seen in the position of the right thyroid lobe.

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.

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

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.

Multifocal mild to moderate periodontal disease is seen.

A 6mm sized enhancing nodule is seen in the right rostral lower lip.

Thorax

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



PATIENT uniform and considered within normal limits.

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

Flattening of the dorsal tracheal ligament is noted.

SPECIES

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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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Moderate peripheral atelectasis is noted.

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

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Multiple splenic nodules are seen.

There is mild gallbladder microlithiasis.

COMPUTED TOMOGRAPHIC DIAGNOSIS

AGE

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- Soft tissue nodule in the lower lip known to represent apocrine adenocarcinoma.
- No evidence of metastatic disease to the lymph nodes.
- Small enhancing structure in the position of the right thyroid lobe.
- Normal age related CT findings of the lung.
- Redundant dorsal tracheal ligament.
- Splenic nodules.
- Biliary microlithiasis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The CT study does not reveal evidence of metastatic disease to the lymph nodes or the lung.

The tissue in the position of the right thyroid lobe may represent remnants of the thyroid / parathyroid. Small supernumerous lymph node would be a potential differential diagnosis.

REFERRING VET

Dr. Jeffery Biskup

Differential diagnosis for the splenic nodules includes benign nodular hyperplasia and extramedullary hematopoiesis. Neoplasia including metastatic disease is thought unlikely.

I am not sure whether I identified the soft tissue mass in the lower lip correctly. It is hard to delineate because of the multiple skin folds. Please let me know in case amendments need to be made.

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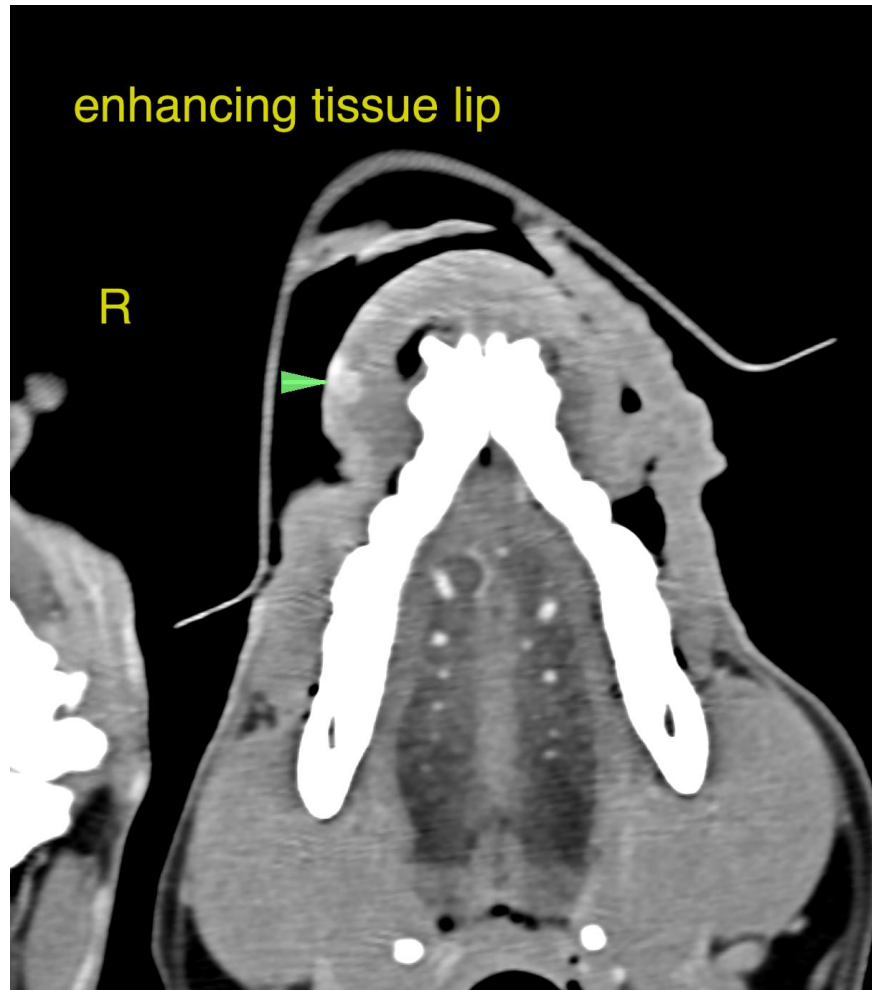
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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