



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Gio Vega
SPECIES Canine
BREED Italian Greyhound
SEX Neutered Male

History: Presented to rDVM on 10/18 for further evaluation of his recently diagnosed lymphoma. He was found to have increased liver enzymes on routine evaluation and ultrasound identified perihepatic lymphadenopathy and cytology diagnosed lymphoblastic lymphoma. He was diagnosed with epilepsy years ago and is on pheno barbitol and potassium bromide without having a seizure for years. He also takes soloxine and budesonide 0.75 mg per day for presumptive IBD for years. He is feeling well. We began therapy with CHOP April 22nd and he has tolerated that well until developing neutropenic sepsis May 6th after cytoxan. He recovered quickly and is now feeling well at home. He had an episode of collapse June 20th with profound neurologic deficiency and behavior change. This resolved completely on 5 mg prednisone per day starting June 28th. July 8th he was feeling well but had an enlarged abdominal lymph node. Given his fragile state we have elected to monitor the lymph node without additional chemotherapy at this point. He developed acute exophthalmia the 15th with pain opening the mouth. This did not respond to antibiotics. He has been partially anorexic with some vomiting since taking clavamox and then clindamycin.

Abnormal PE/Chem/CBC/UA Results: exophthalmia OD, severe periodontal disease, loose incisors

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

AGE 14 Years

The interhemispheric gap is in the midline with no evidence of a mass effect. As far as can be assessed, there are regular cortical gyri in the cerebral and cerebellar region with a symmetrical ventricular system. Brain stem and cerebellum are inconspicuous. Pituitary gland is within normal limits.

INTERPRETED BY Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

Bony structures of skull and the skull foramina of the cranial nerves are laterally symmetrical and inconspicuous.

Both tympanic bullae are completely ventilated with a regular tympanic bulla wall.

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External ear canals are ventilated in all sections, walls of the external ear canals are inconspicuous. The adjacent temporomandibular joints present a narrowed/collapsed joint space more obvious on the left side.

Frontal sinuses are inconspicuous. Nasal cavities are ventilated with subtle accumulations of fluid.

REFERRING VET Meaux

The maxillary/mandibular teeth show different stages of degenerative changes partially with marked periapical and horizontal lysis of the alveolar bone and roots (for example s. 304). The maxillary premolar roots partially have direct contact to the nasal cavities (for example s. 105).

INVOICE 13880

The right eye bulb shows lateral deviation/protrusion caused by a medial/retrobulbar soft tissue dense mass with homogeneous enhancement. The latter is clearly defined measuring 1.98 cm in maximum length. The periorbital detail and bony borders are intact. Both lenses present age-appropriate sclerosis.

DATE 10/19/21



PATIENT COMPUTED TOMOGRAPHIC DIAGNOSIS

- PATIENT** Gio Vega
- Retrobulbar mass right orbit with secondary exophthalmos
 - Normal findings of the neurocranium
 - Degenerative changes of the teeth and the temporomandibular joints
- SPECIES** Canine
- Bilateral nucleus sclerosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Italian Greyhound

CT findings are highly suspicious for right retrobulbar mass. Secondary inflammation may be possible but is unlikely as a primary cause since the retrobulbar detail is intact. Ultrasound guided FNA for further evaluation may be beneficial. Signs of a “dental” rhinitis or orbital cellulitis are missing. Currently a local aggressive growth/erosion of the adjacent bone is not detected. A painful mouth opening caused by the retrobulbar lesion and the exophthalmos appears plausible.

SEX

Neutered Male

The neurocranium appears normal. Intra-axial lesions such as infarcts, small edema or low-grade neoplasia are difficult to recognize in CT and therefore not ruled out completely.

AGE

14 Years

Dental status is age-appropriate and somewhat expected. I assume these do not explain the reported painful mouth opening. The degenerative changes of the TMJ are chronic issues and again do not match with a sudden onset of pain.

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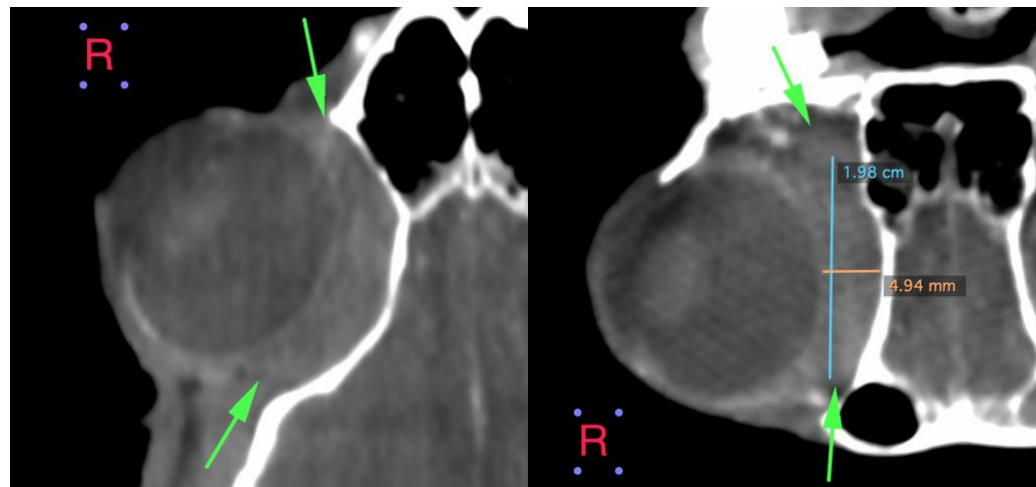
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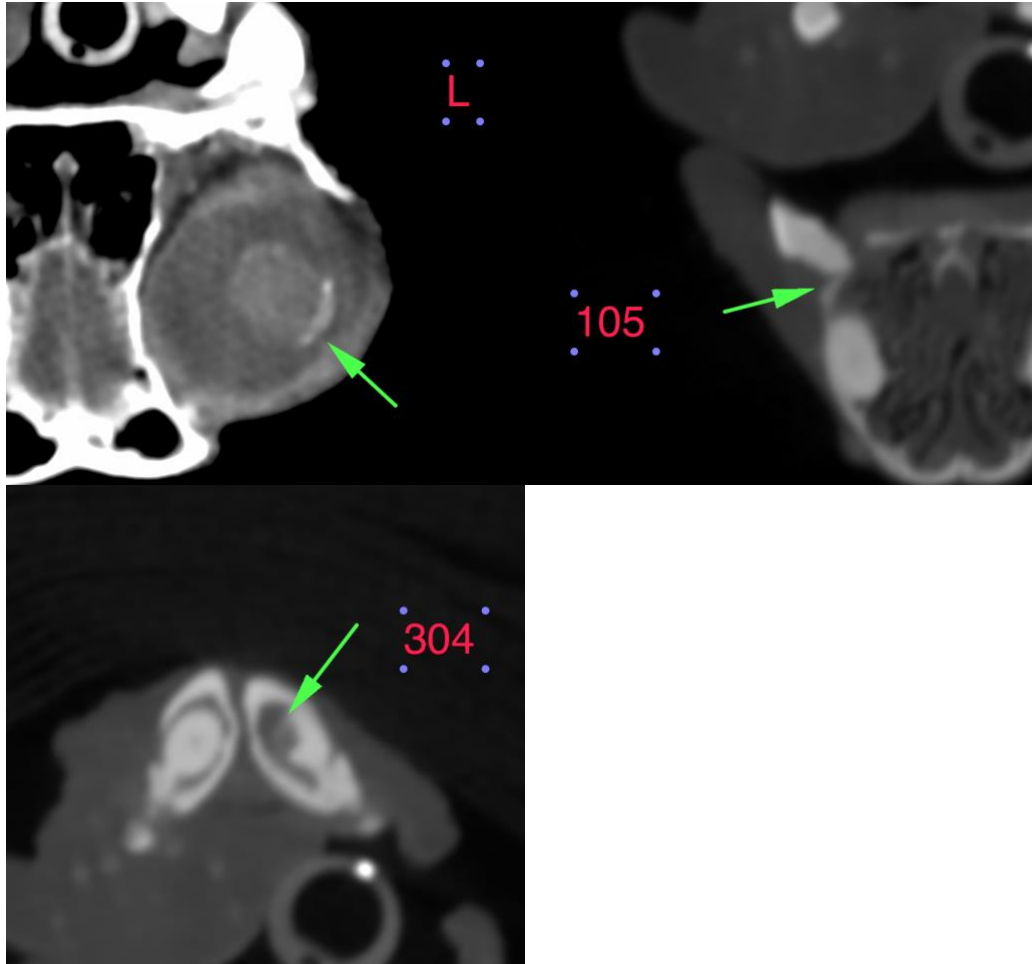
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
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