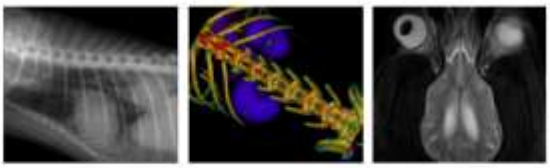

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Tyson Chapman

SPECIES

Canine

BREED

Boxer

SEX

Male Intact

AGE

12 Years

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

HOSPITAL NAME

Bluegrass Veterinary Specialists

REFERRING VET

Gover

INVOICE

48001

DATE

10-26-21

PRESENTING CLINICAL SIGNS

Approximately 2.5 week history of increasing anorexia, right sided head tilt, ataxia, circling and right sided blindness. 2 seizures in the past 6-8 months. Suspected right sided lung tumor seen on x-rays as well. Responded to prednisone but when tapered symptoms returned and increased.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Pre/post contrast studies provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head

There is a mild shift of the midline to the right noted at the level of the frontal lobe originating from an ill-defined area of increased contrast uptake. The bone of the cranial vault appears lytic at the level of the right presphenoid bone rostral to the optic canal.

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

External ear canals are ventilated in all sections with significant metaplastic calcifications of the canal walls (incidental finding).

The adjacent temporomandibular joints and the nasopharyngeal meatus have no particular findings.

Frontal sinuses and the orbital contents are laterally symmetrical without evidence of a retrobulbar lesion.

Soft tissues of the head and neck are symmetrical and of homogeneous density, especially the medial retropharyngeal lymph nodes.

Thorax

The right caudal thorax shows a large pulmonary mass with marked deviation of the supplying bronchi and vessels. There are multiple round nodules detected (s. right cranial and left cranial lobe) measuring up to 1.7 cm in diameter. Multiple bronchial infiltrates with bronchial wall thickening are detected.

Enlargement of the tracheal/bronchial lymph nodes is assumed. Thoracic trachea and esophagus present as expected.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intracranial mass left frontal lobe with mass effect/midline shift
- Osteolysis of the right presphenoid bone

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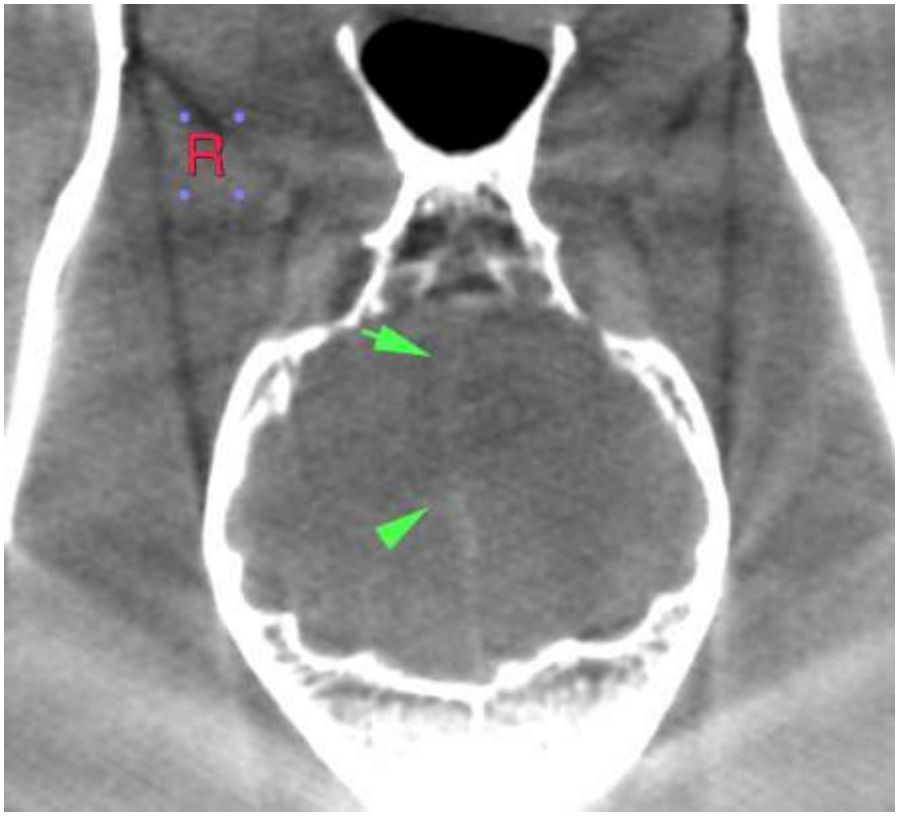
- Lung neoplasia and pulmonary/bronchial metastasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT findings are highly suspicious for a neoplastic process of the left frontal lobe and the right presphenoid bone. Intra-axial lesions such as brain edema or low-grade neoplasia are difficult to recognize in CT and often are indirectly revealed by a midline shift. The lysis/atrophy of the presphenoid bone may be secondary to a soft tissue lesion in the direct periphery. Affection of the right optic nerve is assumed.

Chest CT is pathognomonic for lung neoplasia. I would rule out an inflammatory and/or granulomatous disease.



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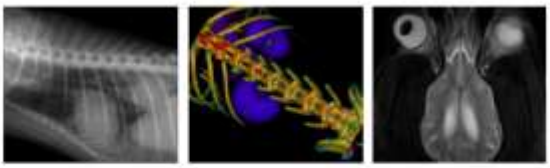

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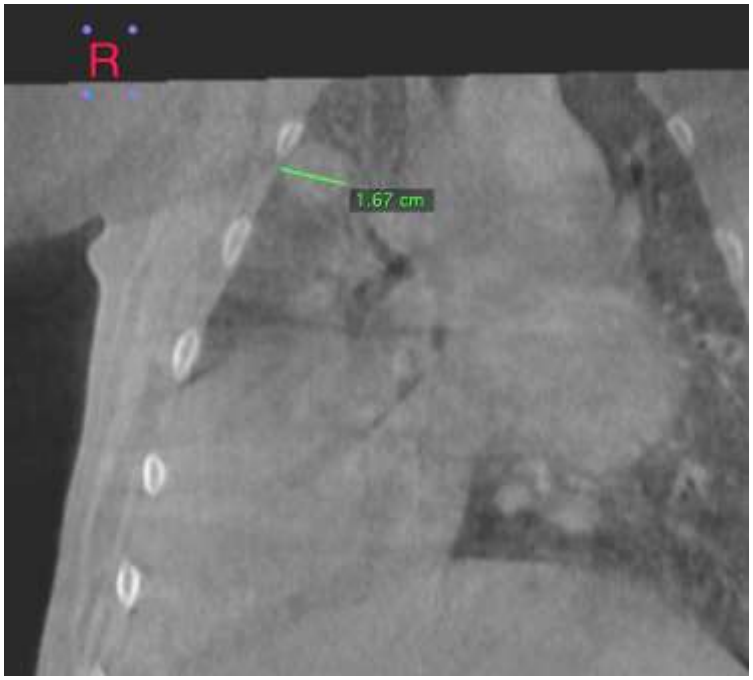

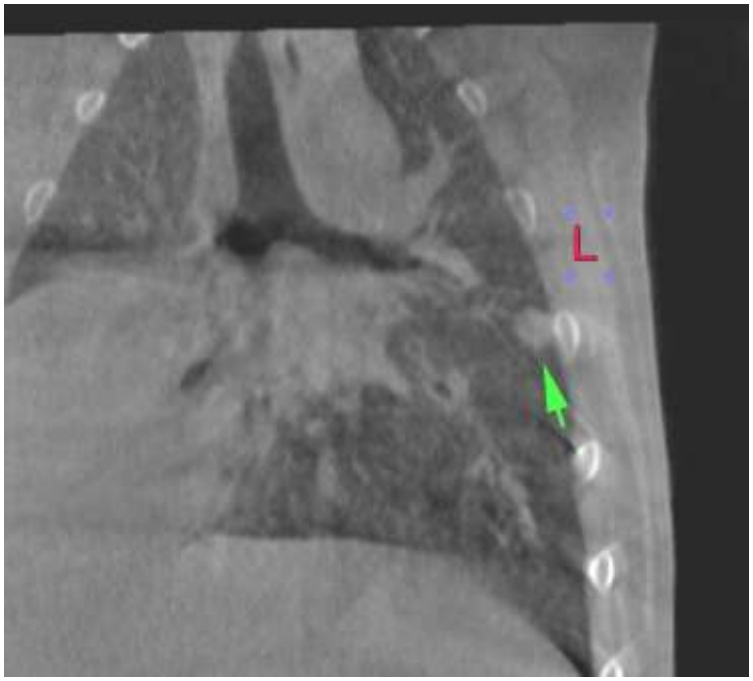

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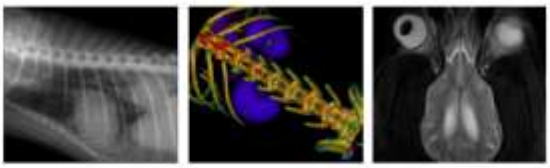

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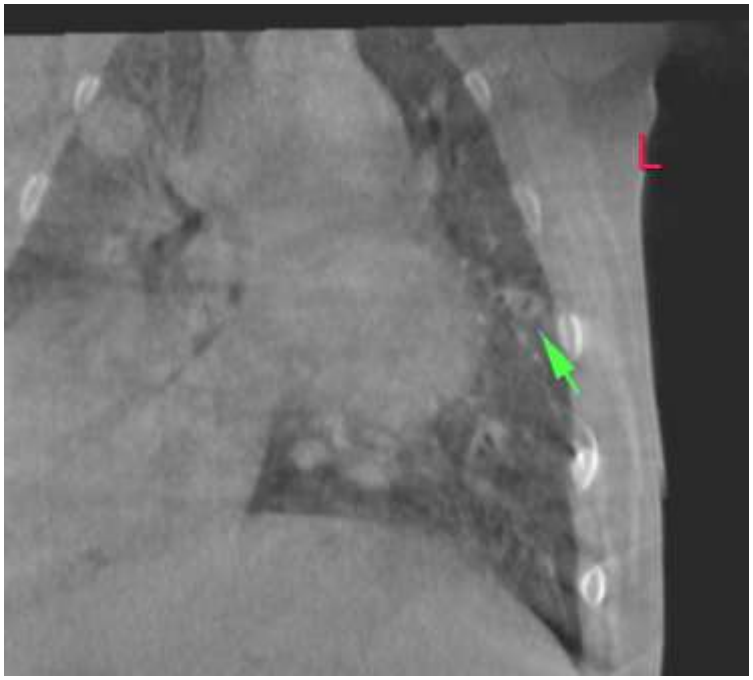

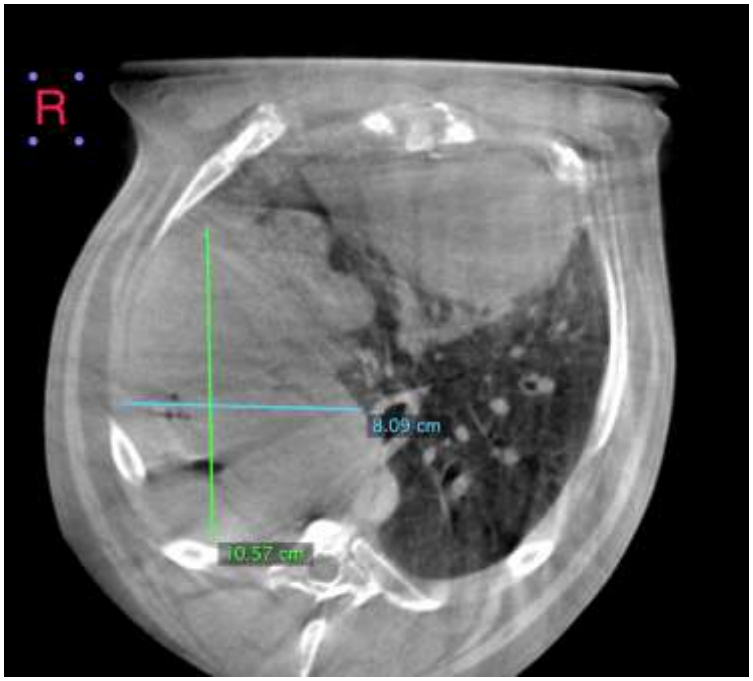

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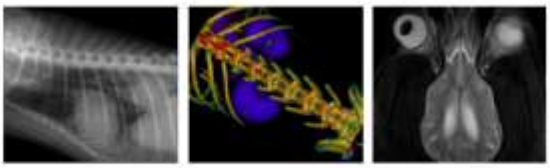

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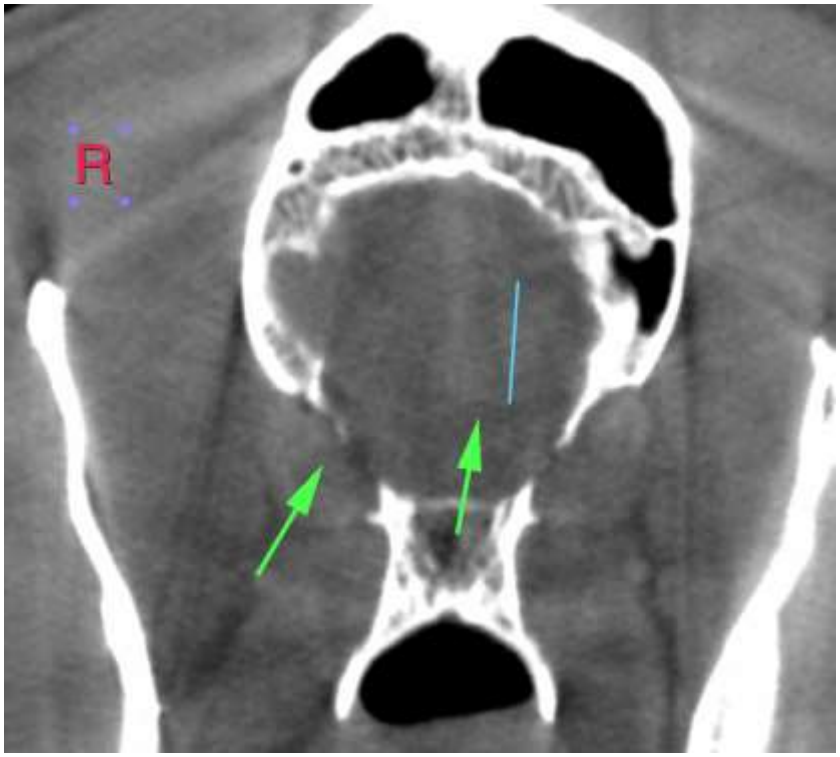

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Sebastian.Jawinski@sonopath.com