



PATIENT

Luna Hutchinson

SPECIES

Canine

BREED

Pit Bull Mix

SEX

FS

AGE

9 Years

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

HOSPITAL NAME

Wilson Veterinary
Hospital

REFERRING VET

Dr. Monica Peebles

INVOICE

50166

DATE

2-8-22

PRESENTING CLINICAL SIGNS

Per owner, the pet slipped and fell on the ice in December and developed a swelling on the R side of her head. Pet was taken to her regular vet who told them it was a hematoma and would resolve. Pet presented to ER clinic 1/29/22 for decreased appetite, lethargy, and worsening of the swelling on the head that progressed to involve muzzle as well. Pet was found to be febrile (105.7). Skull and chest films were NSF. Bloodwork showed an increased WBC count- mostly neutrophils, but was otherwise unremarkable. Pet was started on Carprofen and Clavamox and a CT was recommended. On presentation for the CT, owner reported the pet was feeling much better and the swelling on the muzzle had improved, but remained in the top R side of the head. Pet was still mildly febrile at 103.0.

Abnormal PE/Chem/CBC/UA Results: Slab fracture of 108 was noted on PE- the tooth was extracted after the CT scan was done. Non-clotting blood was aspirated from the swelling on the top R side of the head. Cytology revealed RBC's with occasional neutrophils and macrophages. C/S of the fluid was submitted

COMPUTED TOMOGRAPHY OF THE HEAD

Pre/post contrast studies provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The neurocranium shows normal findings. Bony structures of the 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. External ear canals are ventilated in all sections, walls of the external ear canals, the adjacent temporomandibular joints and the nasopharyngeal meatus have no particular findings.

Beginning with the supra-orbital region a large, fluid filled lesion is detected on the right side being located in the masticatory muscles (temporal and masseteric muscle), extending far caudal and showing maximum diameters of approximately 7.5 cm in length and 4.4 cm in width and height. The lesion appears mainly capsulated with a ring-enhancement post contrast. The inner outline shows mild undulations and disruption of the capsule with the lesion having broad based contact to the temporal/masseteric fossa. The adjacent bone surface is smooth and well-defined without signs of periosteal reactions or fracture.

Frontal sinuses and the orbital contents are laterally symmetrical without evidence of a retrobulbar lesion. Nasal cavities are ventilated regularly. The 108 presents a fracture.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large, cystic, intra-muscular lesion of the right masticatory muscles
- Fractured 108



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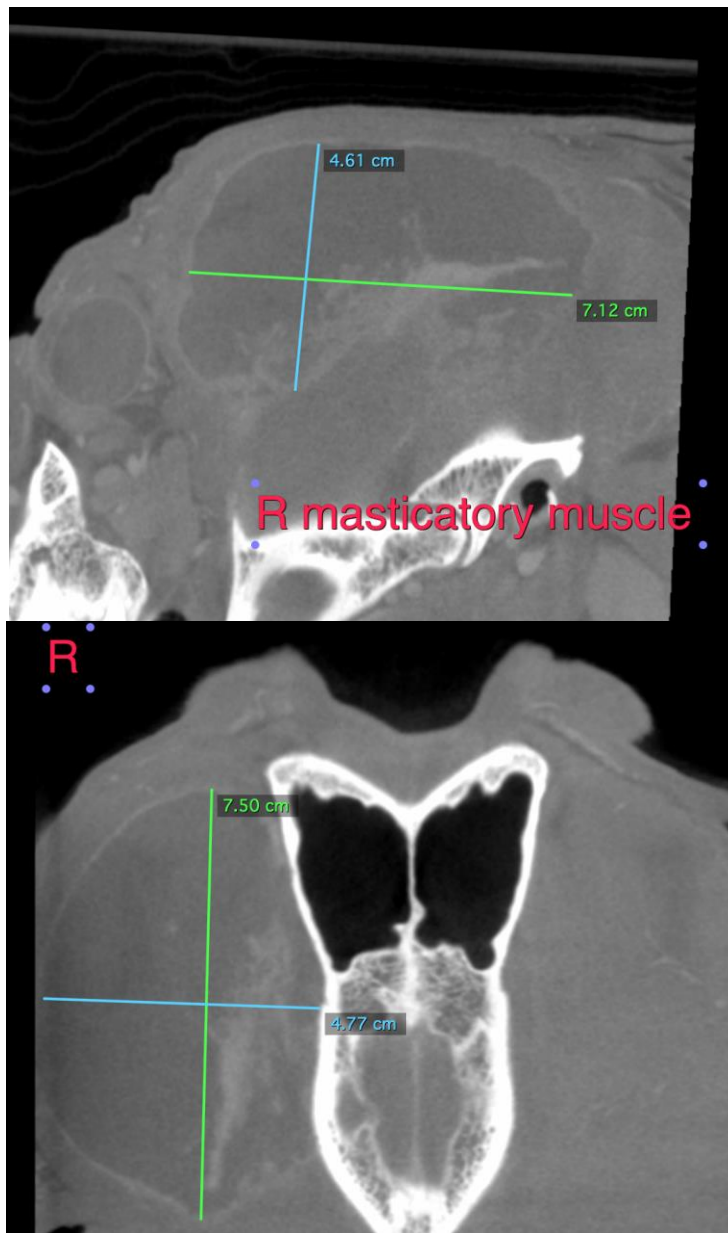
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT findings show no signs of a neoplastic or severe inflammatory process. The detected cystic lesion is still consistent with seroma/hematoma after trauma. Traumatic periostitis, initial abscess formation and central muscle necrosis are a differential diagnosis. Foreign material is not detected but cannot be fully excluded. Neoplasia is not suspected from a CT perspective. However, biopsy/FNA are needed for further evaluation. Extraction of 108 is recommended (as already performed).





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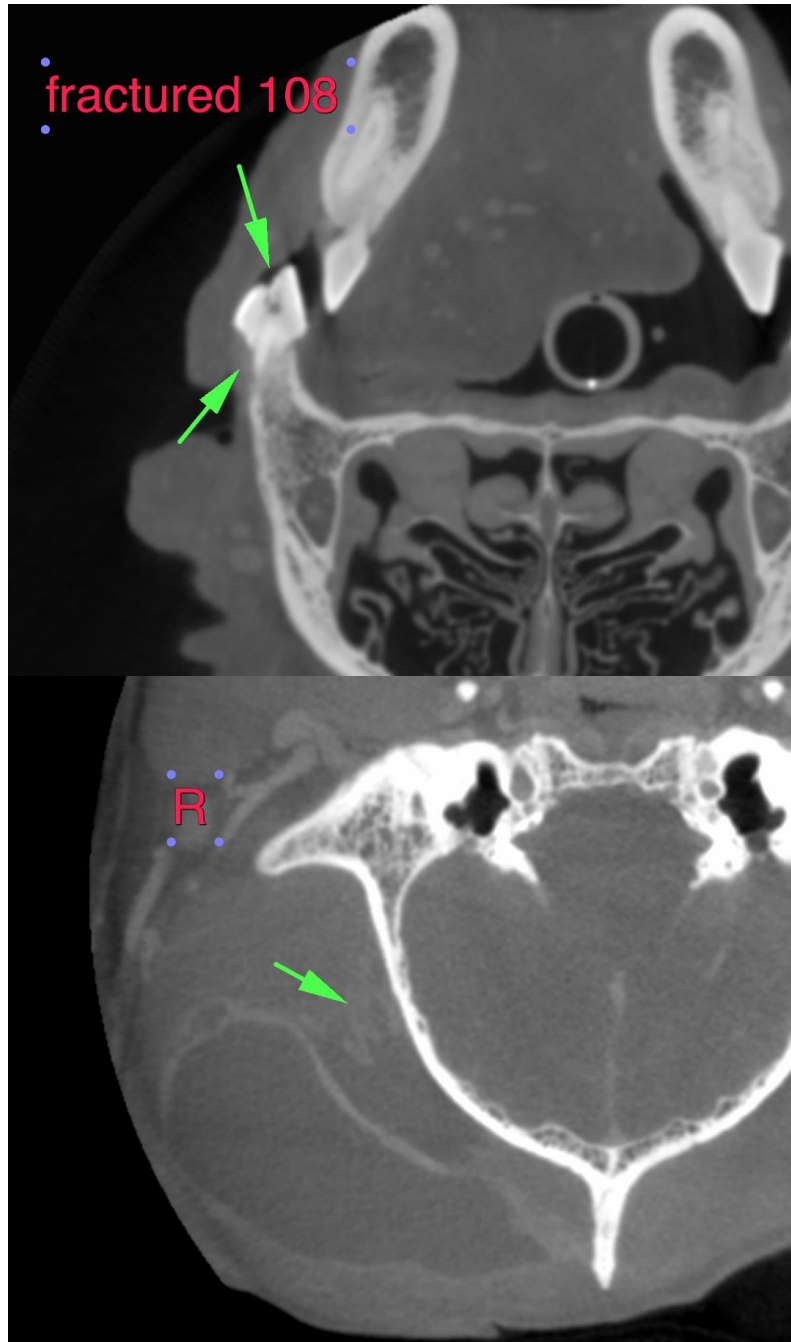
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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