



PATIENT PRESENTING CLINICAL SIGNS

Dutchie Giminiani Mass on her head, does seem to hurt her if she bumps it against something, and rubs her nose against furniture. She is not as interested in eating-used to hound food now they have to put chicken broth in her food to get her to eat.

SPECIES Abnormal PE/Chem/CBC/UA Results: Glucose 156 mg/dL BUN 5 mg/dL Globulin 4.7 g/dL ALP 248 U/L Lyme positive

Canine

COMPUTED TOMOGRAPHY OF THE HEAD, THORAX, ABDOMEN, & SPINE

Pre/post contrast studies available for review.

BREED

COMPUTED TOMOGRAPHIC FINDINGS

Beagle Mixed Breed

Head:

SEX

The head presents a large mass with estimated diameters of approximately 7 cm, which causes severe lysis of the bony structures including the nasal, maxillary, and frontal bone as well as of the cribriform plate. The mass is predominantly located subcutaneously with invasion of both orbitae compression at least the right eye bulb, invasion of the right nasal cavity and the cranial vault deviating/compression the olfactory lobe showing marked meningeal enhancement. The frontal sinuses are destroyed. Beside large cystic areas unstructured and amorphous mineralization is detected.

Female

AGE

6 Years, 1 Month

The cervical lymph nodes (medial retropharyngeal and mandibular) are unremarkable.

INTERPRETED BY

Spine:

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

Presented bony structures of the spine are unremarkable with multiple sclerotic spots within the vertebral bodies and displayed bones of the forelimbs. There is no evidence of a fracture and/or subluxation.

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Vertebral discs present calcification of the nuclei at multiple levels. At the level of C7/Th1 a mild, broad-based, mineralized, and medial disc protrusion is recognized causing mild dorsal elevation of the spinal cord. Another mild, medial, and broad-based protrusion is recognized at the level of L7/S1 without relevant compression of the caudal fibers. Bilateral severe osteoarthritis of the coxofemoral joints is noted.

REFERRING VET

Janis McGill, DVM

Chest:

The lungs are regularly ventilated with close contact to the inner thoracic wall on all sides. There is no evidence of pleural thickening, fluid accumulation or free pleural gas. Pulmonary density is within normal limits, there is no evidence of focal or nodular pulmonary lesions. Several mineralized foci are recognized throughout the lungs. The mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal. The thoracic trachea and esophagus present as expected.

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PATIENT Dutchie Giminiani
 Inconspicuous representation of the main pulmonary artery, of the pulmonary artery branching, of the large intrathoracic and the hepatic vessels shown. The heart is inconspicuous as far as can be assessed with CT.

SPECIES Canine
 The diaphragm appears normal.

Abdomen:

The uterus is moderately filled with fluid showing bilateral prominent ovaries.

BREED

Beagle Mixed Breed

Abdominal lymph nodes and abdominal vessels have no particular findings.

Signs of peritoneal/retroperitoneal effusion or free gas are not recognized. All other abdominal organs are inconspicuous.

SEX

Female

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large aggressive/invasive and expansile mass dorsal head with severe lysis of the bony structures and invasion of the cranial vault, nasal cavities, frontal sinuses and the orbitae
- Normal findings of the thorax
- Multiple degenerative changes of the spine (s. above)
- Signs of a pyo-/hemo-/mucometra

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are pathognomonic for a malignant, neoplastic process of the dorsal head. The bony structures of the frontal bone and the cribriform plate are potential origins. Malignant bone neoplasia is likely (for example osteosarcoma/osteochondrosarcoma). Other neoplasia such as nasal carcinoma and squamous cell carcinoma are possible as well. Biopsy and histopathology are needed for further evaluation. Invasion of the cranial vault is considered to have a bad prognosis. Curative surgery is not possible from a CT perspective. Radiation therapy is described to prolong survival time.

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Metastasis (regional and distant) are not detected.

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The filling of the uterus is a more chronic circumstance. I suspect a hemo-/mucometra.

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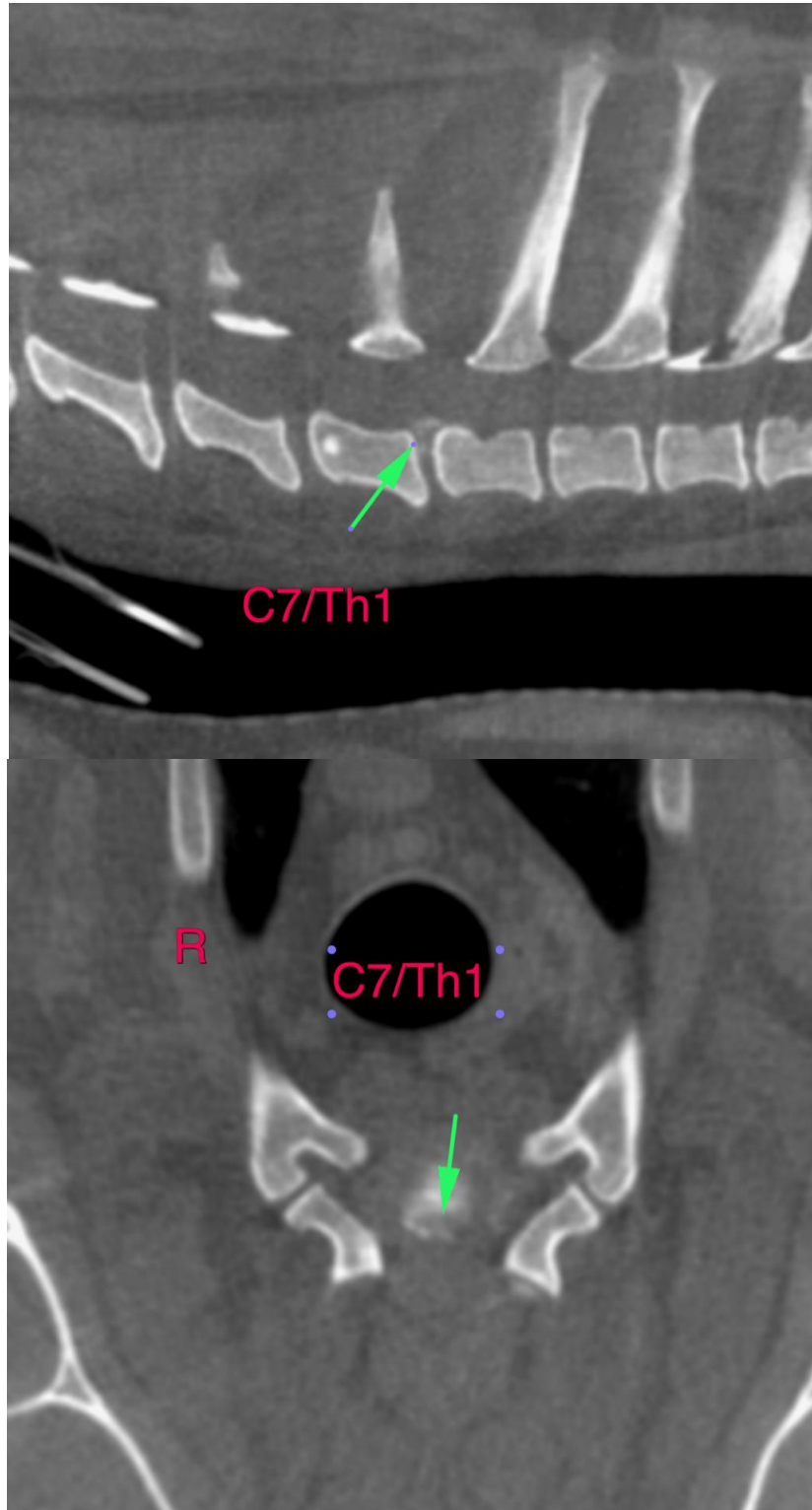
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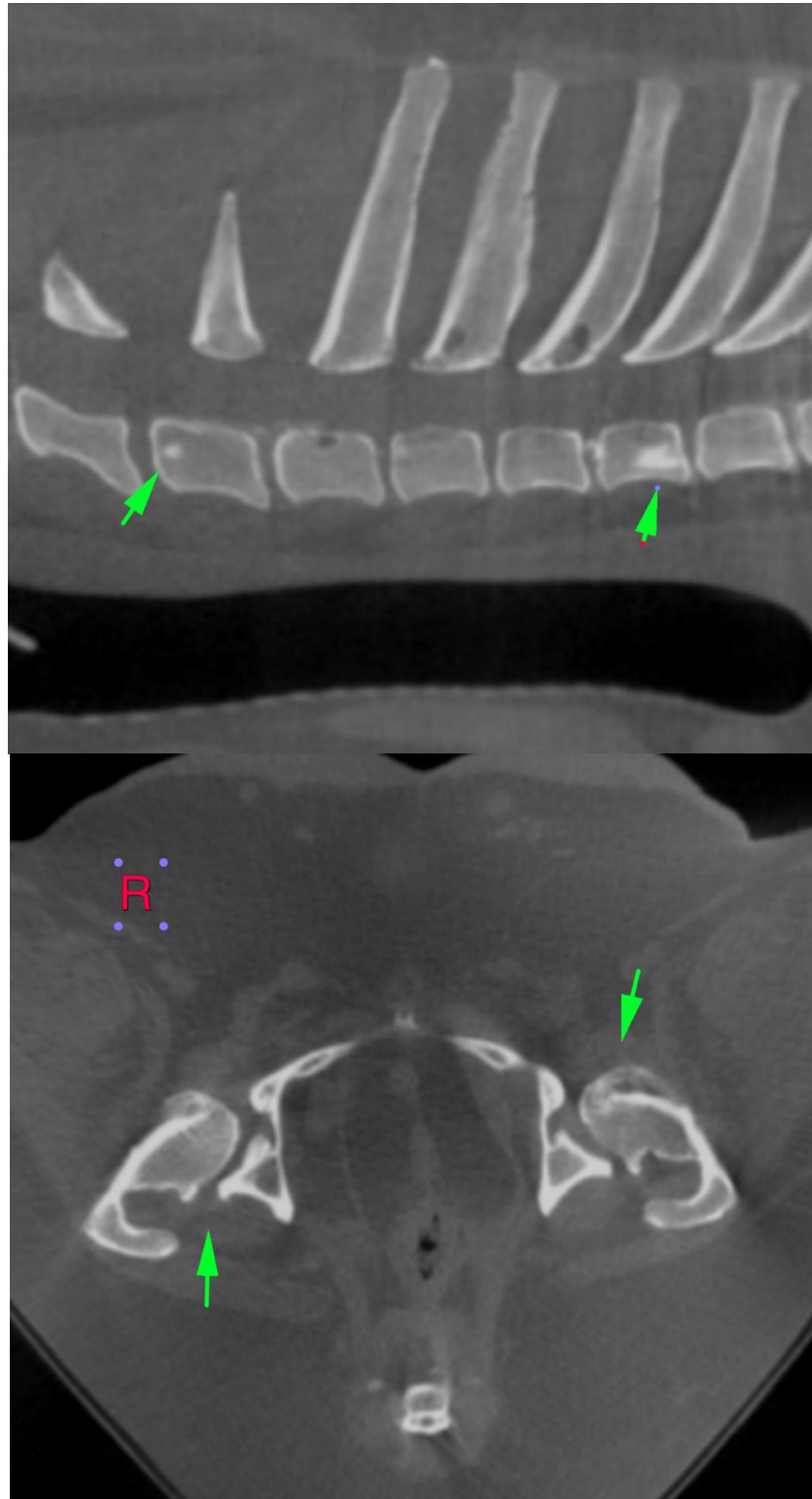
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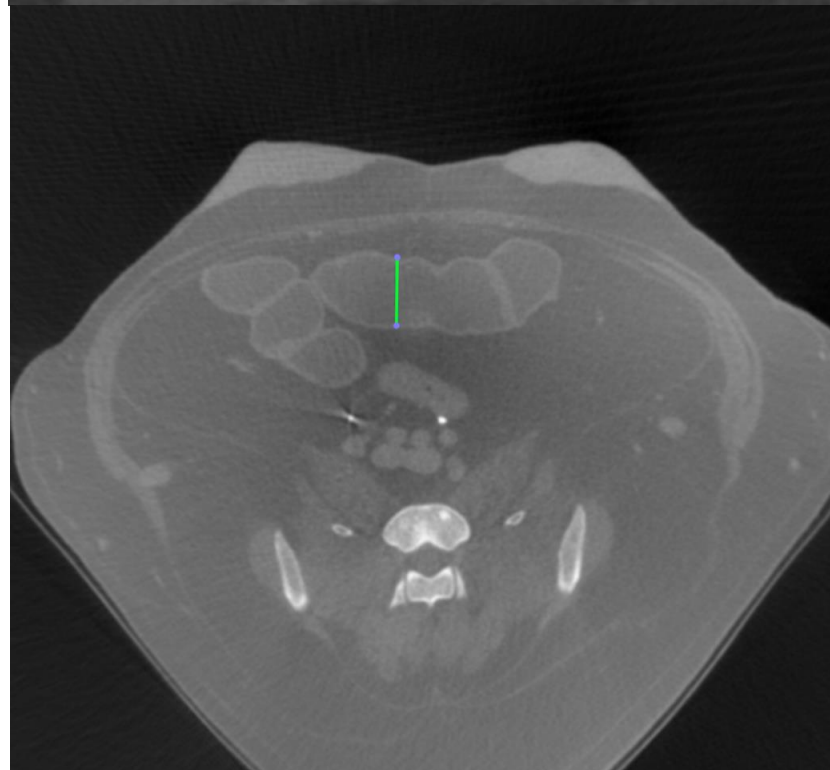
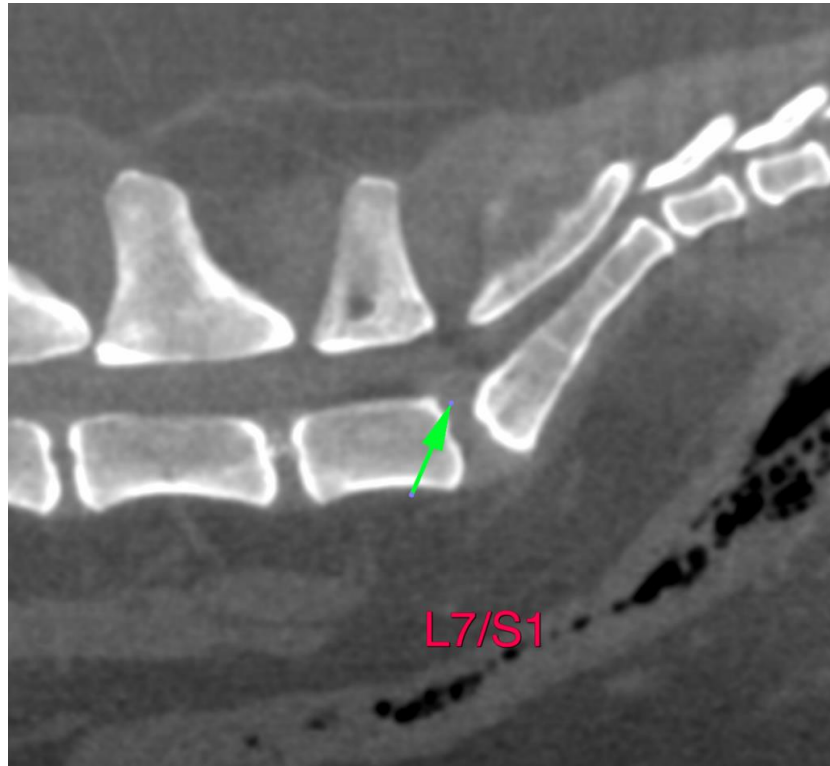
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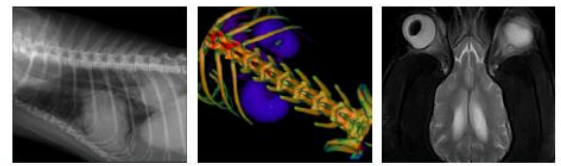
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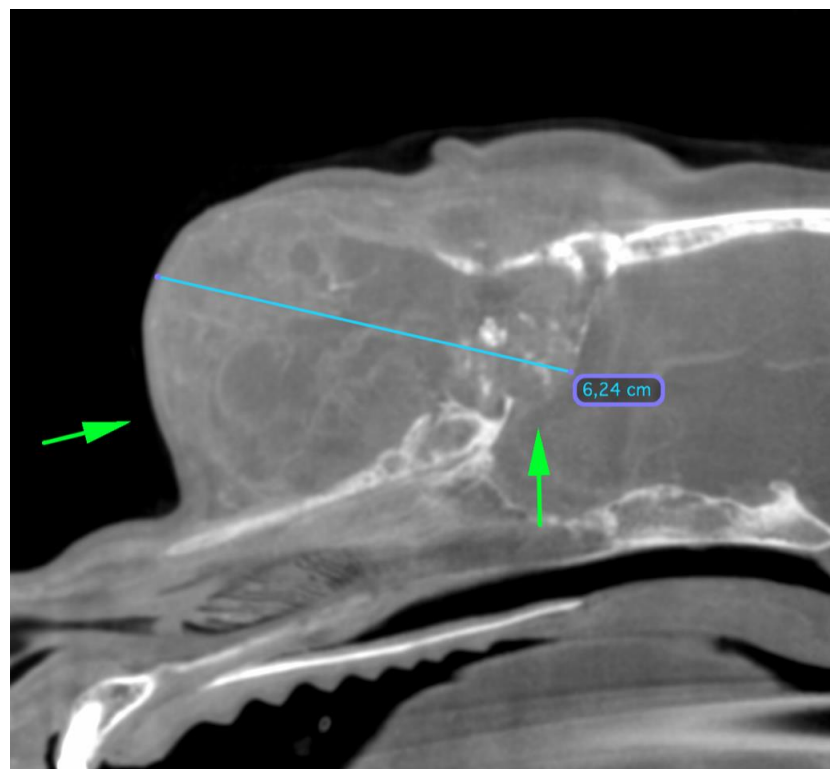
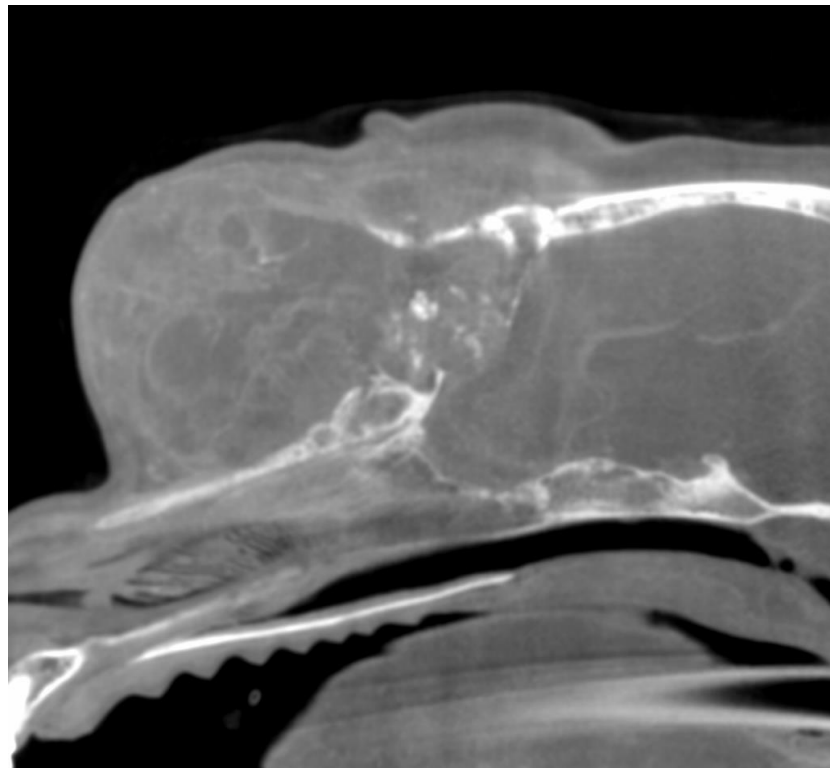
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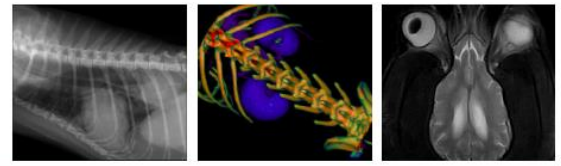
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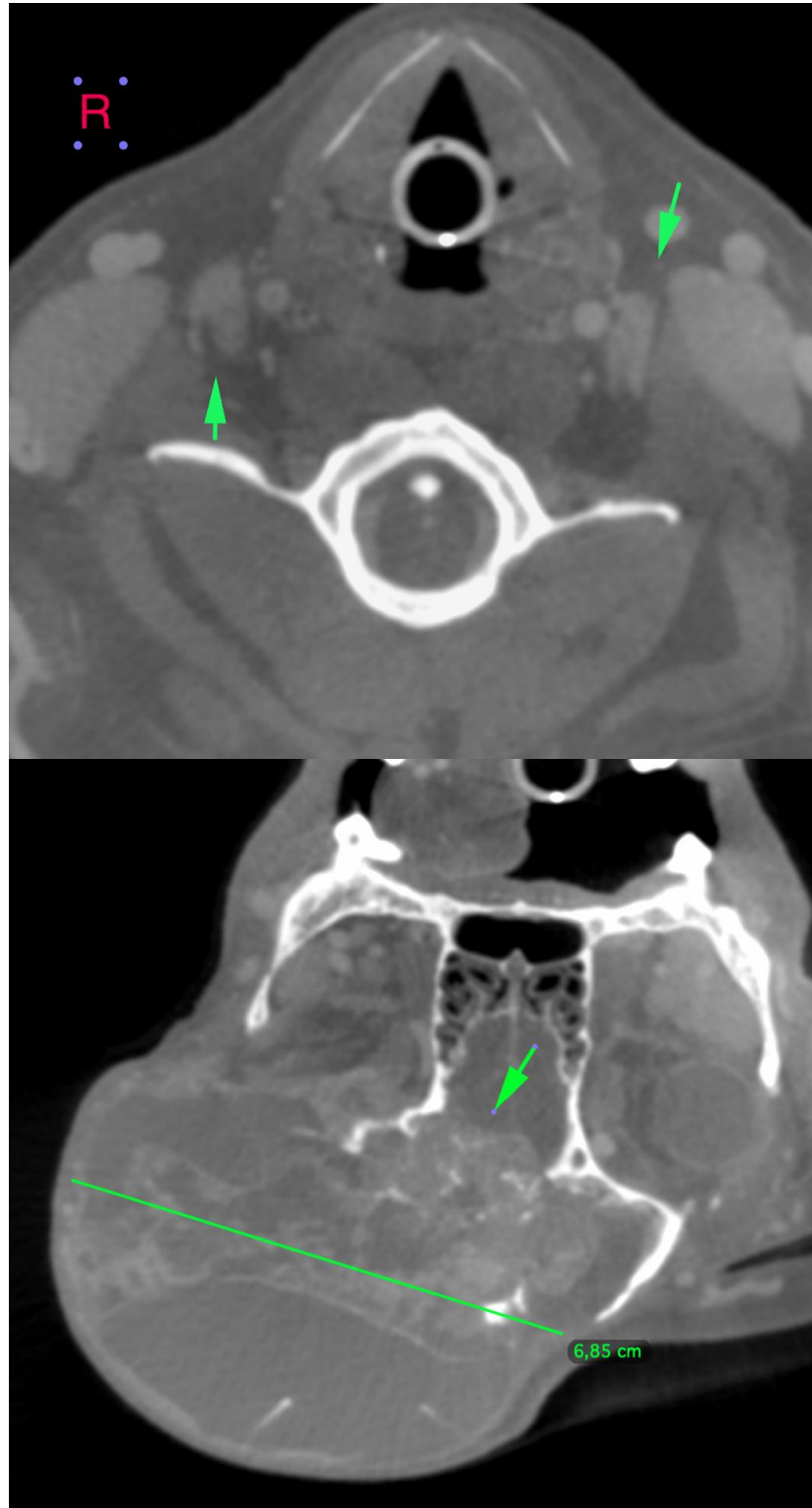
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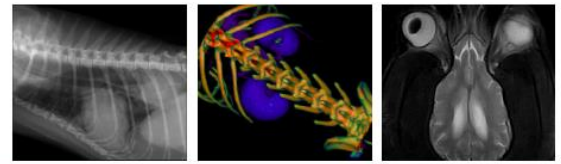
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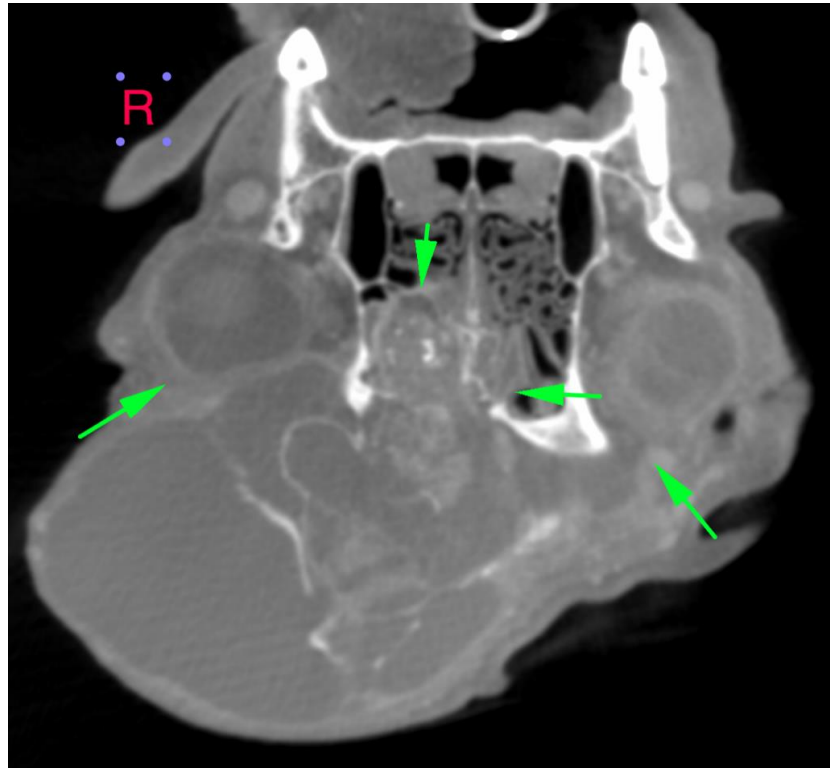
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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