



**PATIENT PRESENTING CLINICAL SIGNS**

Roxy Levenson Unilateral epistaxis Left nostril; previous malignant melanoma left mandible; previous amputations of multiple digital SCC. Mass under SQ right dorsal thorax. FNA pending.

**SPECIES COMPUTED TOMOGRAPHY OF THE HEAD & THORAX**

Canine Pre/post contrast studies of the head and post contrast study of the thorax provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**BREED** Head:

Poodle 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.

**SEX**

Spayed Female History of left partial mandibulectomy with inconspicuous findings of the rostral residual left mandibular bone and left mandibular teeth. The caudal bony margin of the osteotomy appears mildly irregular with small lytic spots of the cortical bone. The peripheral soft tissue is unremarkable.

**AGE**

12 Years 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.

**INTERPRETED BY**

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

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in Diagnostic Imaging

Frontal sinuses and the orbital contents are laterally symmetrical without evidence of a retrobulbar lesion. Nasal cavities are ventilated regularly. Conches look normal especially on the left side.

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Post-contrast images show no pathological enhancement. Soft tissues of the head and neck are symmetrical and of homogeneous density, especially the mandibular and medial retropharyngeal lymph nodes.

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Thorax:

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Meaux The lungs are regularly ventilated with small atelectasis of the dorsal and caudal lung parts. There is no evidence of pleural thickening, fluid accumulation or free pleural gas.

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57476 Pulmonary density is within normal limits, except for two small cavitory lesions (right caudal 4.8 mm and left caudal lung lobe 7.9 mm) there is no evidence of focal or nodular pulmonary lesions.

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Mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal.

**DATE**

3-28-23



**PATIENT** Thoracic trachea and esophagus present as expected.

Roxy Levenson Heart is inconspicuous as far as can be assessed with CT. Diaphragm is normal.

**SPECIES** The extra-thoracic soft tissues present an oval-shaped, subcutaneous mass, located para-medial on the right between Th8 – Th11. Maximum diameters measure 4.8 x 3.2 cm. Margins are not clearly defined with mild hypertrophy of the supplying vessels. Images post-contrast reveal a predominant enhancement of the capsule showing layered inner texture. The underlying fascia and musculature are respected and inconspicuous. The thoracic spine as well as ribs, sternum and cranial abdomen are unremarkable. There is no evidence of bony lysis or abnormal sclerosis.

Canine

**BREED**

Poodle

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- History of partial left mandibulectomy
- Irregular bone margin caudal left mandibula with indicated lytic spots
- No signs of regional or distant metastases
- Normal CT findings of the nasal cavities and frontal sinuses
- Incidental cavitory lung lesions
- Subcutaneous mass right para-medial to the thoracic spine

**SEX**

Spayed Female

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT findings show no signs of a nasal neoplastic or a relevant inflammatory process. Especially the left nasal cavity appears normal from a CT perspective. Foreign material and dental issues are not recognized. Inflammatory processes which could cause unilateral epistaxis are still possible.

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Tumor recurrence at the level of the caudal left mandibular osteotomy margin cannot be fully excluded. Secondary osteomyelitis/bone infection could look like or mimic an aggressive lesion as seen with malignant melanoma. Additional sampling of this area and/or second resection should be considered (s. picture: ca. 2.1 cm sparing the last molar teeth).

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Small cavitory lung lesions commonly are without clinical relevance. These may represent a higher risk of spontaneous pneumothorax. Currently there are no signs of a relevant inflammatory or even neoplastic process of the lungs and mediastinum recognized.

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Meaux

The right para-medial subcutaneous mass is an unspecific finding. Differentials include benign lesions (focal inflammation due to s.c. injections, infection due to skin injury, etc.) which I would favor, as well as neoplasia of unknown dignity. FNA/cytology as already performed are needed for further evaluation.

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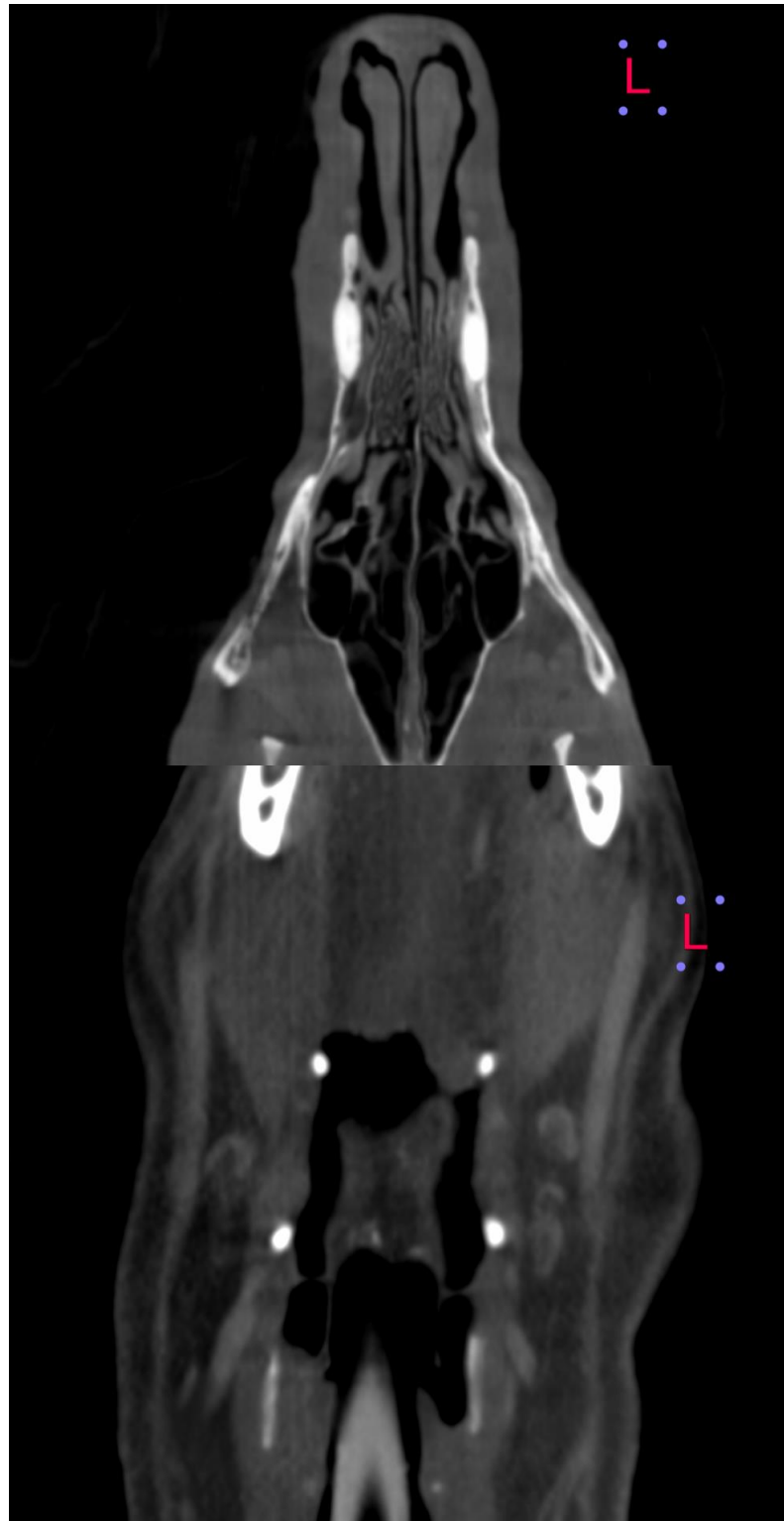
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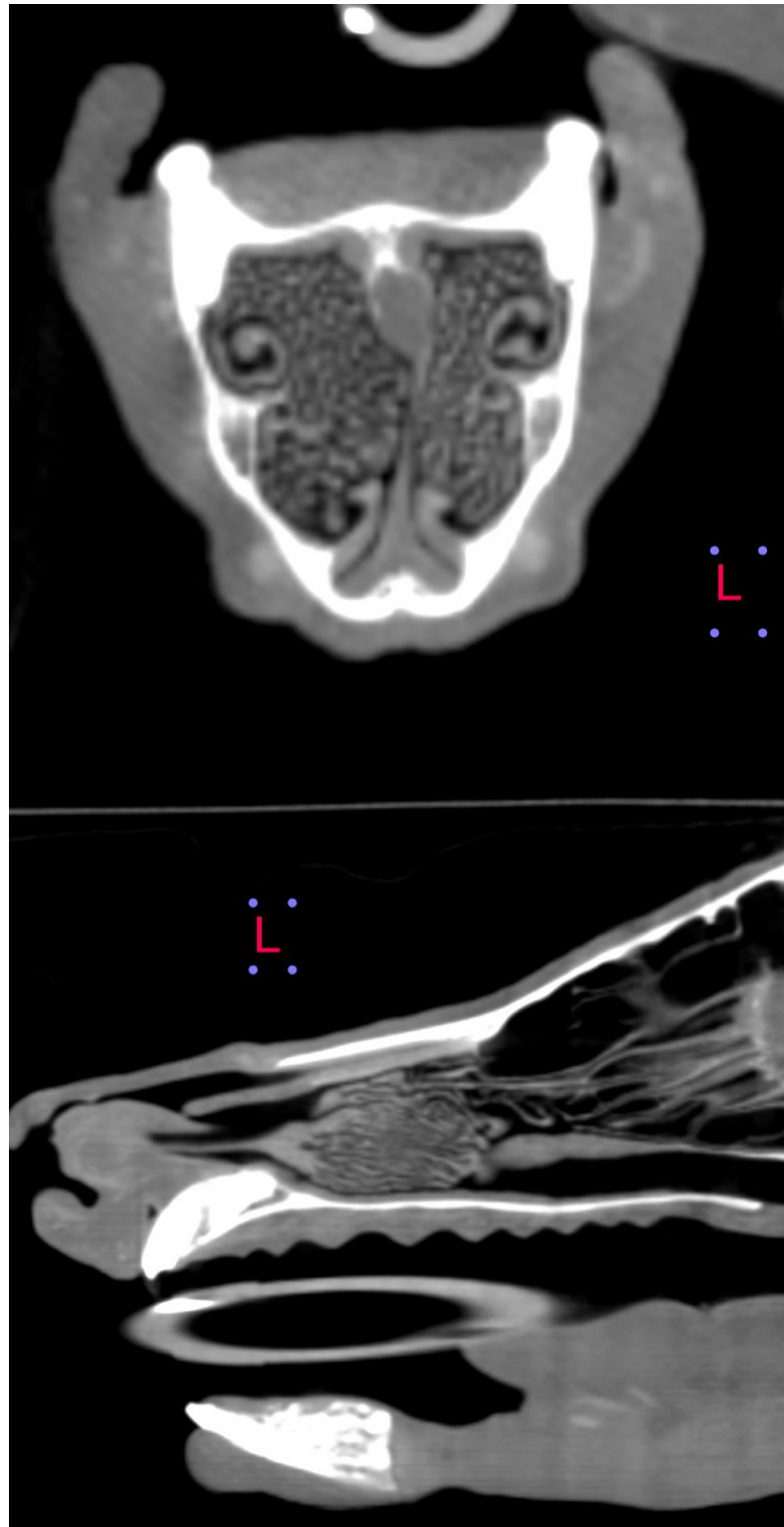
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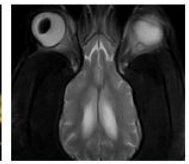
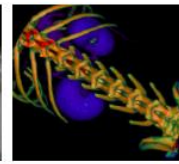
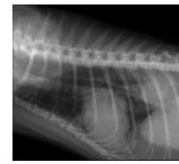
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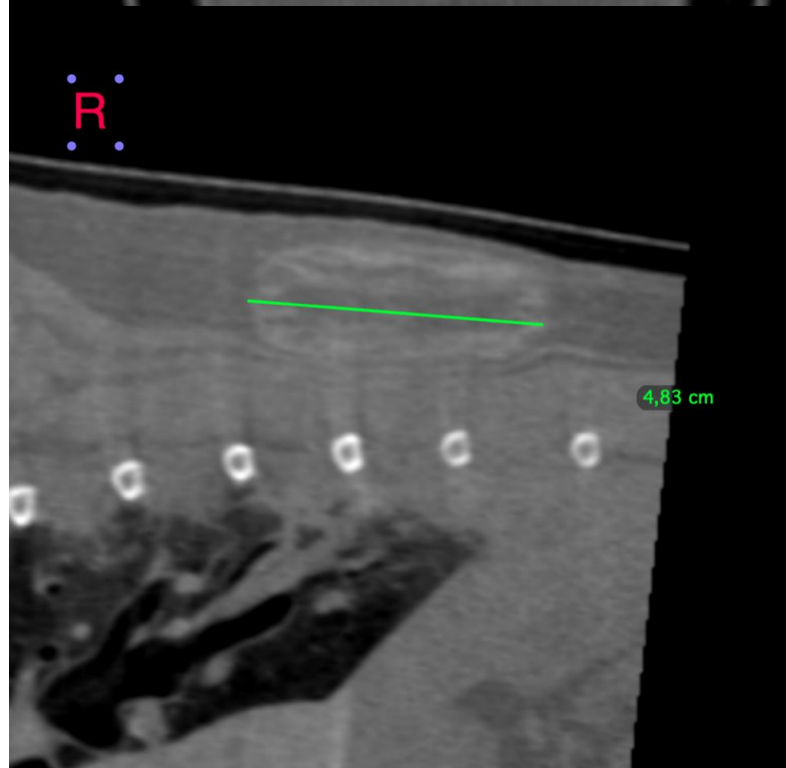
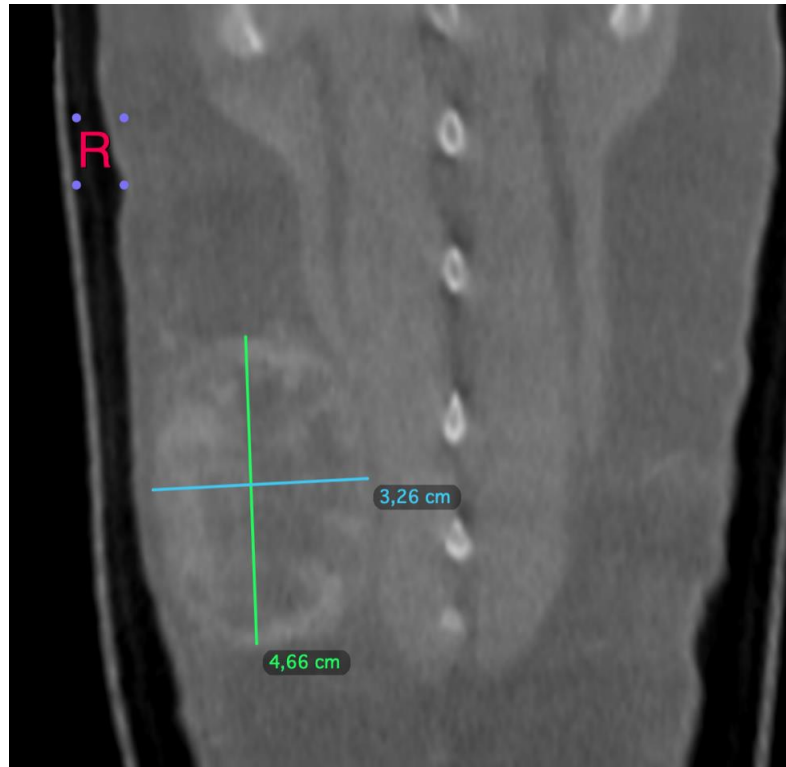
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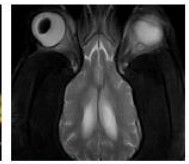
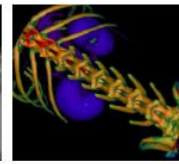
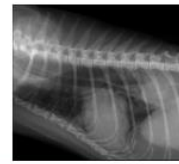
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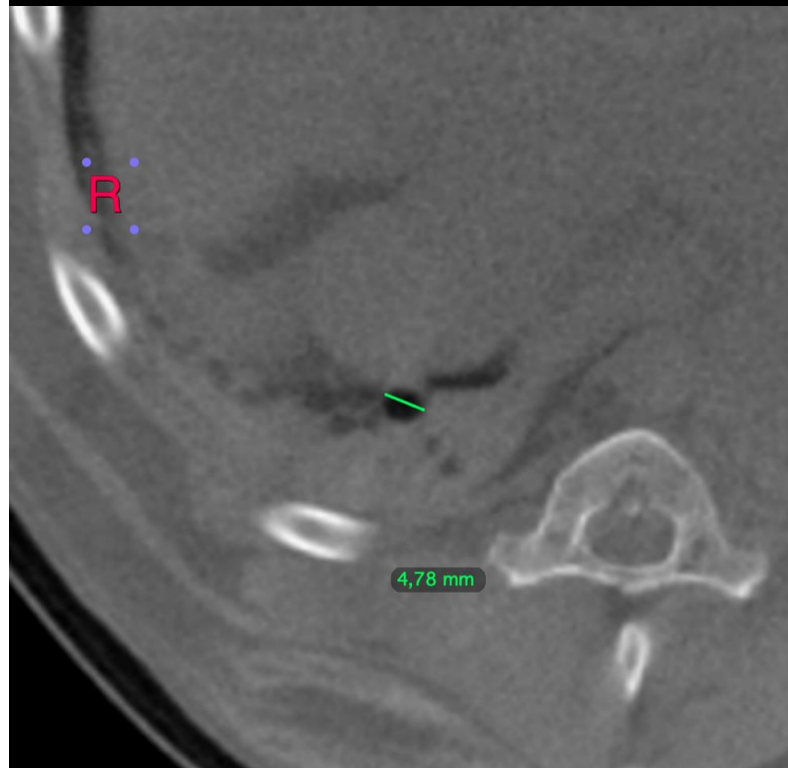
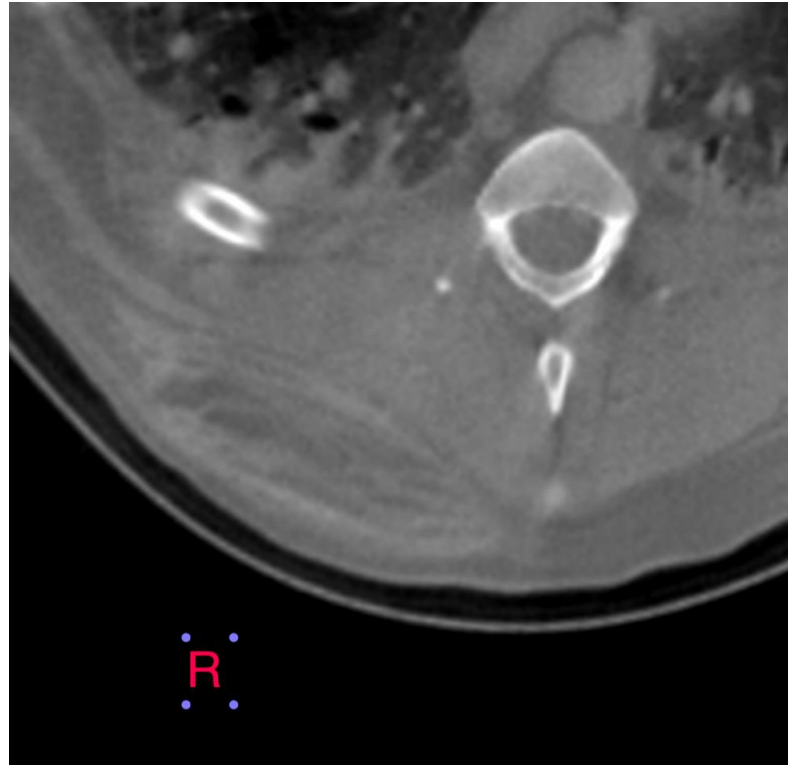
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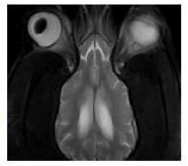
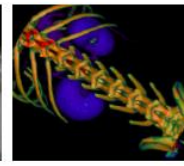
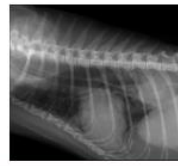
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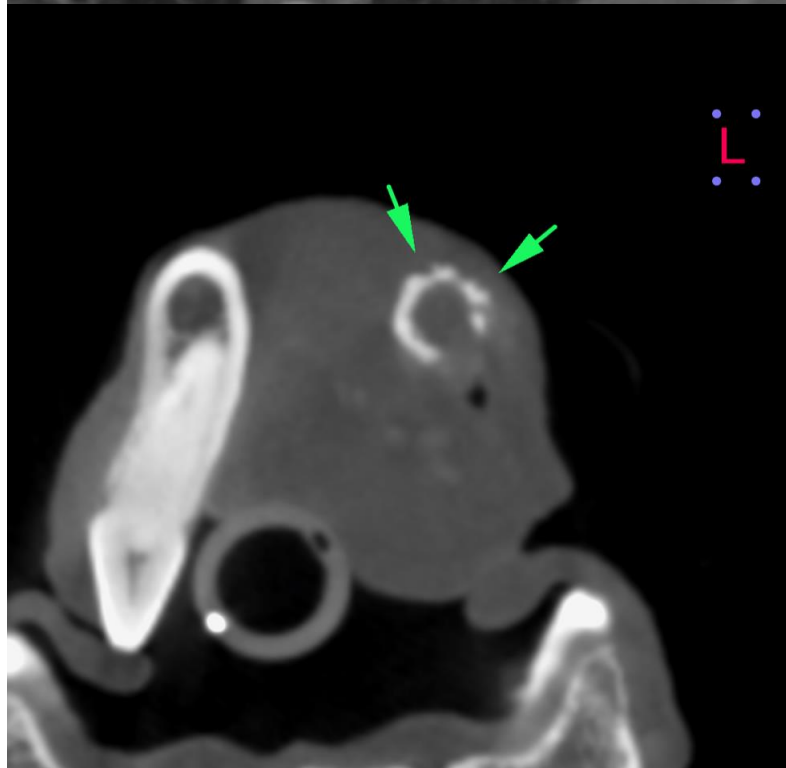
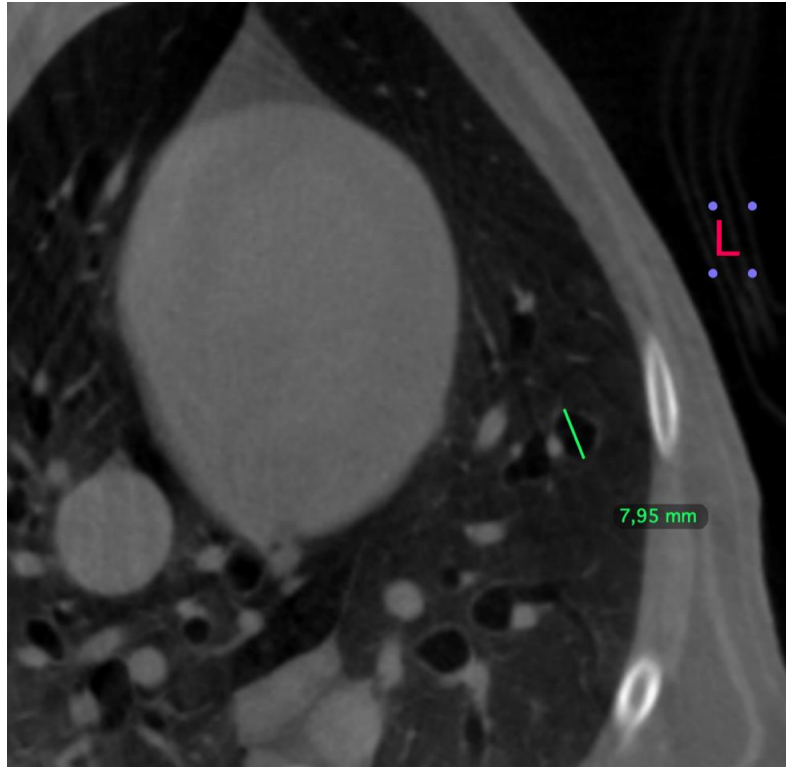
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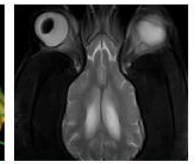
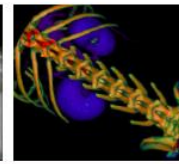
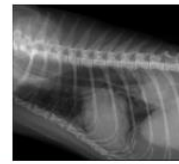
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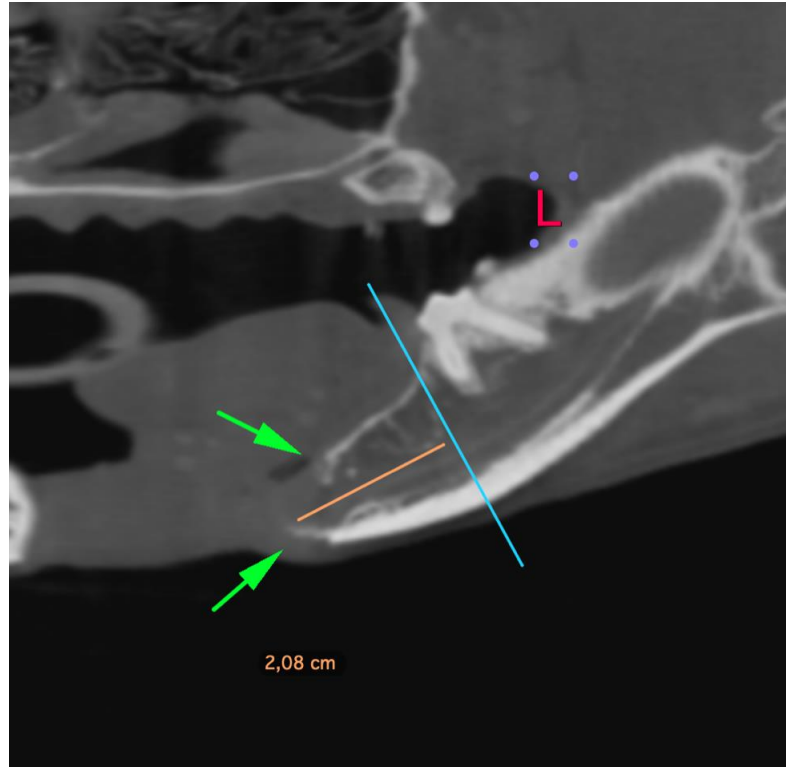
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**HOSPITAL NAME**

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