



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Varlie Curry
PRESENTING CLINICAL SIGNS History: acanthomatous ameloblastoma in the caudal right maxilla Head ct for surgical planning and prognosis Thorax: met check Pelvis: hip check, pet is older and slower to move around, owner wanted to check the hips while we were sedated.

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, CHEST & PELVIS

SPECIES Canine

Head

BREED Husky
On the right marked osteolysis of the maxillary bone is recognized at the level of the pterygopalatine fossa touching the palatine root of 109 and the 110. The cortical lamina to the orbit is destructed. A relevant soft tissue swelling is recognized at the oral side. The orbital soft tissues are unremarkable. The bony borders to the nasal cavity (right nasal exit and nasopharyngeal meatus) are respected and intact.

SEX Neutered Male
Mild periapical lysis of the rostral roots (buccal and palatine) of 108/208 is detected.

AGE 11 Years
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.
Frontal sinuses and the orbital contents are laterally symmetrical without evidence of a retrobulbar lesion. Nasal cavities are ventilated regularly.

INTERPRETED BY Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
Soft tissues of the head and neck are symmetrical and of homogeneous density, especially the mandibular and medial retropharyngeal lymph nodes.

Chest

HOSPITAL NAME Advanced Animal Imaging
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.

REFERRING VET Blair Hollowell
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.

Pelvis

INVOICE 22971
The displayed parts of the spine present marked degenerative changes. Right pronounced osteoarthritis of the coxofemoral joints is noted. The lumbosacral transition reveals a moderate, broad-based and left pronounced disc protrusion with elevation of the cauda fibers beside ventral spondylosis formation.

DATE 6/16/23



PATIENT **COMPUTED TOMOGRAPHIC DIAGNOSIS**

Varlie Curry

- Locally aggressive bone lesion caudal maxilla touching the palatine root of 109 and 110 with cortical lysis of the pterygopalatine fossa of the orbit
- Normal findings of the thorax
- Mild compression of the equine cauda L7/S1

SPECIES

Canine

- Marked degenerative changes of the spine and the lumbosacral transition
- Right pronounced osteoarthritis coxofemoral joints
- Mild periapical lysis 108/208

BREED

Husky

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

The CT findings present a locally aggressive likely malignant neoplasia of the caudal right maxilla. This finding does match with reported histopathology of ameloblastoma. Other differentials are possible (squamous cell carcinoma, malignant melanoma) from a CT perspective. Regional or distant metastases are not detected. However, curative surgery is assumed difficult due to its location. Opening of the orbit and nasal cavity and extraction of the 109/110 are necessary as far as can be assessed with CT.

AGE

11 Years

Extraction of 108/208 are recommended.

Both, the right sided coxarthrosis and the disc protrusion L7/S1, could be of clinical relevance being still degenerative without signs of an active or aggressive lesion. Temporary compression of the equine cauda is possible under dynamic conditions.

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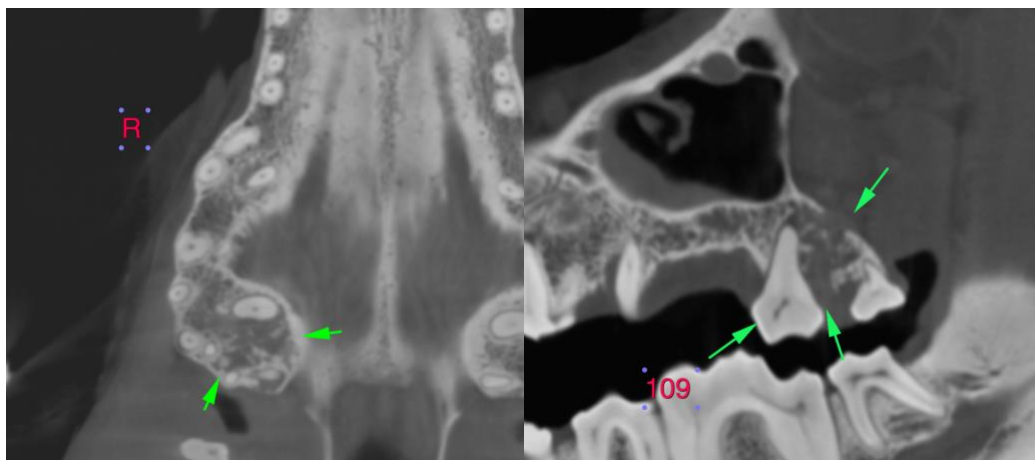
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HOSPITAL NAME

Advanced Animal
Imaging

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Blair Hollowell



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Varlie Curry

SPECIES

Canine

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Neutered Male

AGE

11 Years

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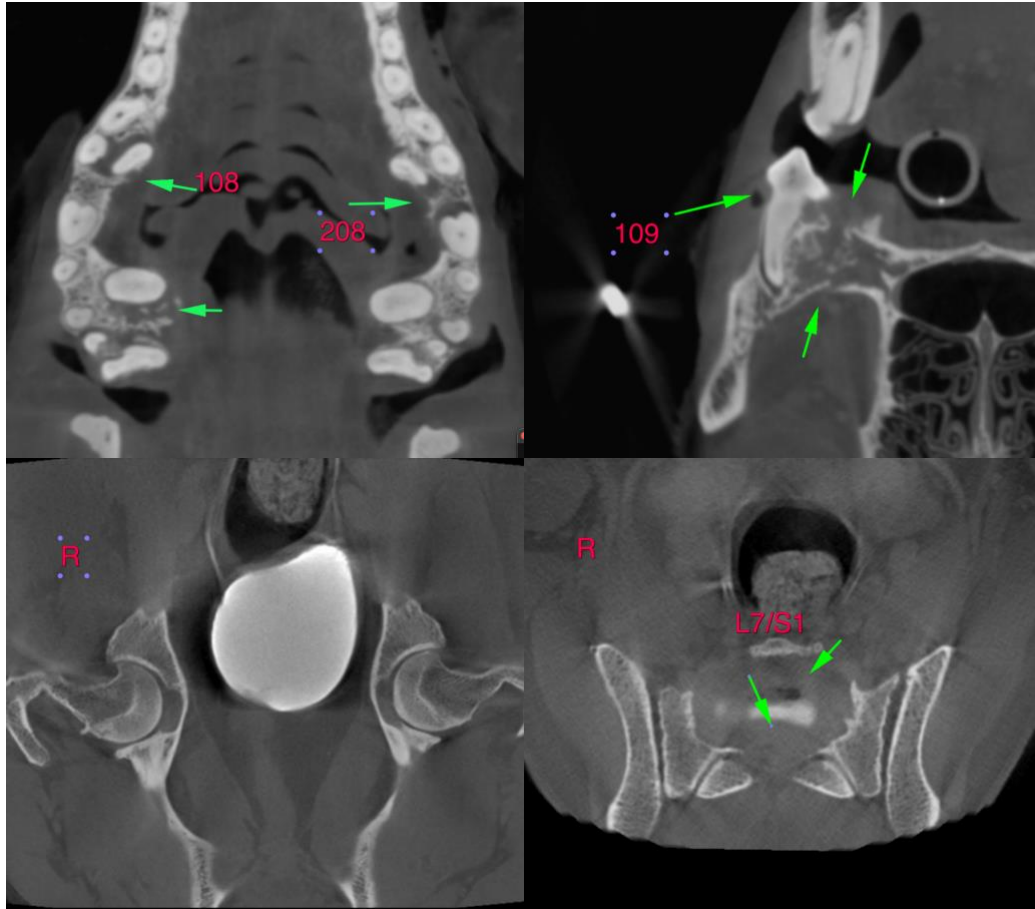
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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