



PATIENT

Anubis Knowles

SPECIES

Canine

BREED

Dogue de Bordeaux

SEX

Male

AGE

4 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Trust -
Ellesmere Port

REFERRING VET

Hollie Sharp

INVOICE

56201

DATE

1-17-23

PRESENTING CLINICAL SIGNS

HXC: noticed mass in left submandibular region 1.5 weeks ago. well otherwise. CX: head and oral. nad. thoracic nad. adbo palp nad. LN firm mass in left submandibular region. bcs 8/9 plan: fna of mass taken advised can be inconclusive Specifics: STO: Adv melanoma. Adv cautious to guarded prognosis. Adv can refer externally to oncologist. Alternative is CT here to check suitability for surgery/mets check

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The tooth elements 305, 308 are absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals present a thickened wall, L>R, with moderate shell-like mineralization.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

At the rostral aspect of the mandibular salivary gland, a roundish, heterogeneous contrast enhancing lesion with a hypoattenuating center is appreciated; measuring 2.5 cm in diameter.

The left medial retropharyngeal lymph node is prominent and has heterogeneous contrast enhancement pattern.

Streak artifacts are seen along the neck, emanating from a high density absorber outside of the field of view – possibly the front limbs. No specific abnormalities are seen along the neck.

Thorax

Multifocal mild spondylosis formation is seen along the thoracic spine.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.



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Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Abdomen

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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

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The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Small soft tissue mass – possibly cavitated – rostralateral aspect of the left mandibular salivary gland
- Lymphadenopathy left medial retropharyngeal lymph node
- Bilateral chronic otitis externa with dystrophic mineralization
- Absent triadan 305 & 308
- Spondylosis deformans
- No evidence of pulmonary metastatic disease
- Normal abdomen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass in the left submandibular region is fitting the history – regarding the history the mass is suggestive for melanoma. The mass appears to be confluent with the ipsilateral mandibular salivary gland that might be the origin of the suspected melanoma. The enlarged left medial retropharyngeal lymph node in combination with cytology results is concerning for metastatic spread. Complete surgical excision of the mass is considered feasible but will warrant excision of the respective mandibular and sublingual monostomatic salivary gland as well – consider removing the left medial retropharyngeal lymph node as well.

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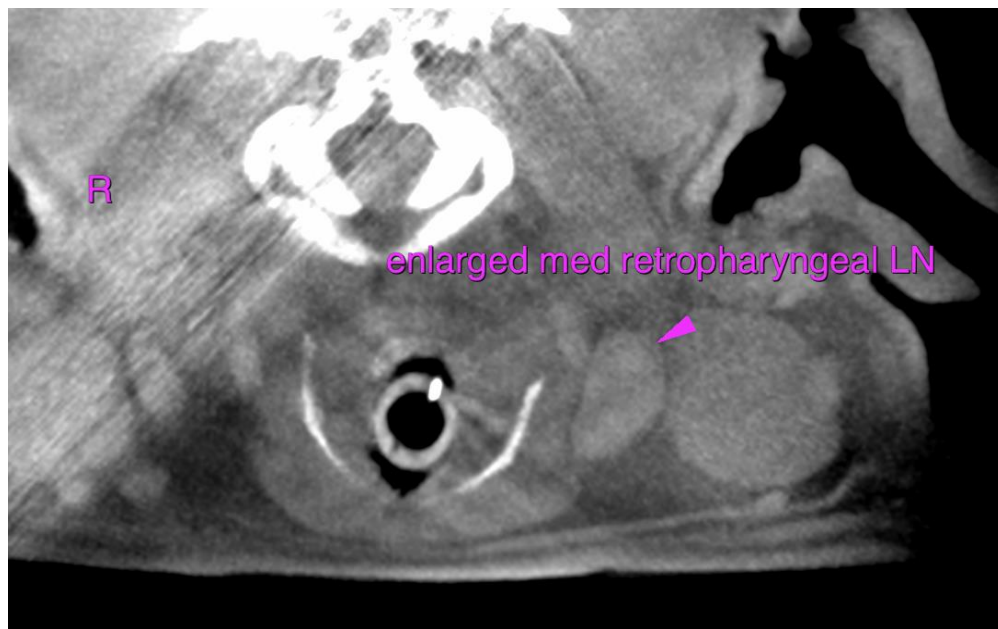
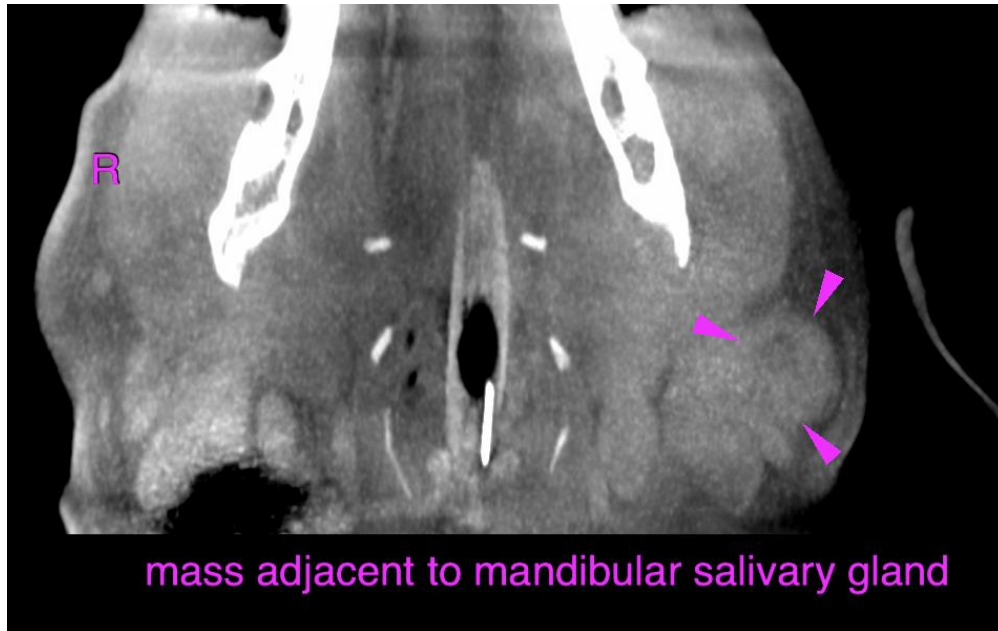
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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 Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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