



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Stockton Bull

**SPECIES** Canine

**BREED** Shepherd Mix

**SEX** SF

**AGE** 12 Years

Stockton presented with a 4 month history of a rapidly growing mass on the left rostral mandible. The mass has appeared to be painful the last couple weeks. Owner has switched to wet food and she's eating and drinking okay. Energy levels are good. She has a history of seizures about every 3-6 months for the past 2 years. She had a seizure last night. The seizure was worse than usual, then vomited afterward. May be associated with dehydration. Radiographs taken 10/1/21. Osteosarcoma is considered. Previous diagnosis: Seizures. Purpose of CT scan: Diagnostic, prior to surgical excision Location of CT scan: Head, chest Mass (behaviors): Growing rapidly Therapies tried and response: Anti-inflammatories and antibiotic - didn't seem to help. Current medication: None Current symptoms: Painful to the touch

Abnormal PE/Chem/CBC/UA Results: PE: There is a large firm painful mass arising from the left rostral mandible. The left mandibular lymph node is moderately enlarged. Lab: Bloodwork is dated 1/24/22. CBC - PCV = 51%, WBC = 13500, neutrophils = 9815, lymphocytes = 2484, monocytes = 473. Platelets = 231,000. Chemistry - normal. Urinalysis not reported. Cytology (10/4/21) - non diagnostic, mild histiocytic inflammation. Multiple 14-gauge tru-cut biopsies are obtained from the mandibular mass. Biopsies are firm and white. Multiple 16-gauge tru-cut biopsies are obtained from the left mandibular lymph node under ultrasound guidance. The mandibular lymph node is moderately enlarged and hypoechoic.

**COMPUTED TOMOGRAPHY OF THE SKULL & THORAX**

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

**INTERPRETED BY COMPUTED TOMOGRAPHIC FINDINGS**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

Skull

The tooth element 109 is absent. Originating from the rostral segment of the body of the right mandible, centered on the level of triadan 304, an expansile soft tissue attenuating and heterogeneous contrast mass is visible causing extensive osteolysis of the mandible and distorting the mandible. Triadan 304 to 307 are displaced. There is evidence the mass crossing the mandibular symphysis with emerging lysis of the left mandible.

Triadan 110, 408 and 410 present a moderate widening of the periodontal space. Major parts of triadan 108 are absent.

The right zygomatic salivary gland presents a moderate decreased volume.

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 are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is

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**PATIENT** homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

Stockton Bull

The medial of the left mandibular lymph nodes is moderately enlarged, rounded, uniform soft tissue attenuating and contrast enhancing.

**SPECIES**

Thorax

Canine

The bony and surrounding soft tissue structures are within normal limits.

**BREED**

Shepherd Mix

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.

**SEX**

SF

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.

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The lung parenchyma presents the expected architecture and attenuation behavior with interspersed punctuate mineralization.

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

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Polyostotic aggressive expansile osteolytic lesion mainly affecting the left rostral segment of the mandible and the right mandible
- Lymphadenopathy left mandibular lymph node
- Periodontal disease 110, 408 and 410
- Complicated dental fracture 108
- Pulmonary osteomas
- No evidence of pulmonary metastatic

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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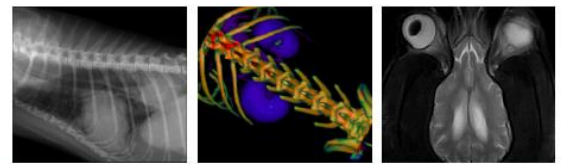
The findings are consistent with primary osseous neoplasia originating from the left rostral mandible with evidence of crossing the mandibular symphysis. Potentials include squamous cell carcinoma, chondrosarcoma, osteosarcoma, odontogenic neoplasia. Biopsies were already obtained for further workup.

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The enlarged mandibular lymph node is highly suggestive for metastatic disease. Recommend FNA sampling to confirm the diagnosis.

Complete surgical excision of the mass by rostral mandibulectomy is feasible – potential osteotomy lines are distal to triadan 308 and distal to triadan 406.



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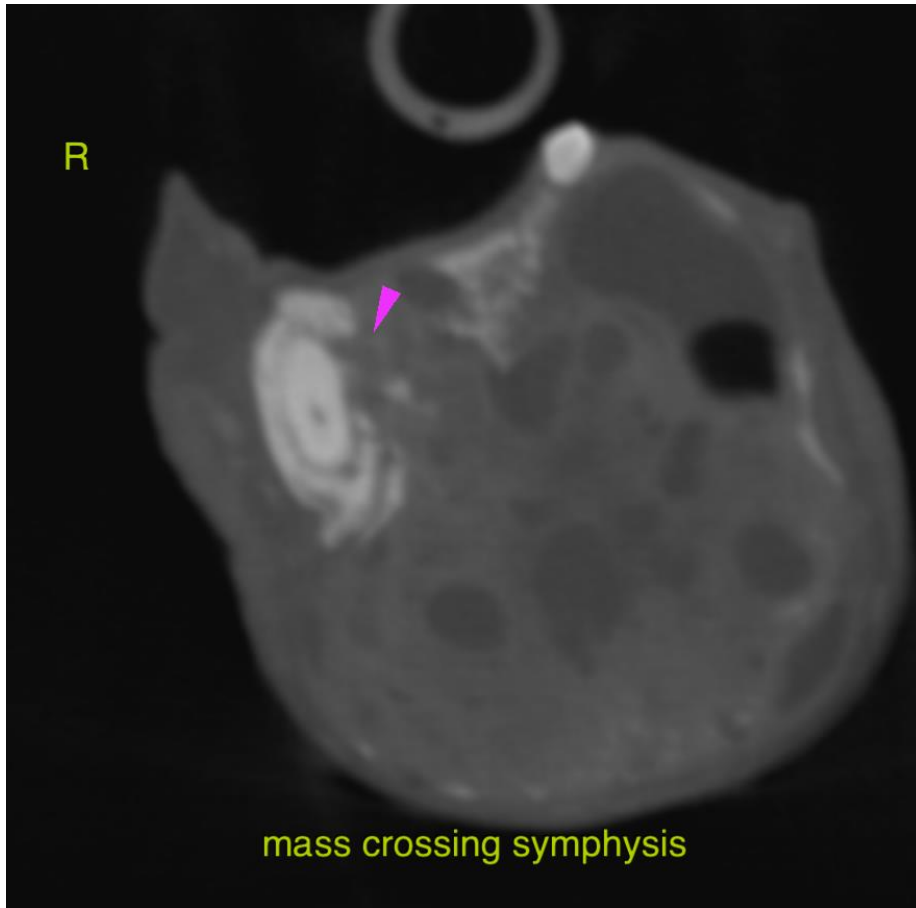
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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