



**PATIENT**

Sunshine Chimento

**PRESENTING CLINICAL SIGNS**

Raised third eyelid OD for 2 weeks, progressively worsening. On exam, OD has resistance to retropulsion, exophthalmos, and dorsotemporal strabismus (suspicious for ventronasal orbital mass). gotten worse in the last few days

**SPECIES**

Canine

**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.

**BREED**

Golden Retriever

**COMPUTED TOMOGRAPHIC FINDINGS**

Skull

**SEX**

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

FS

In the caudomedial aspect of the right retrobulbar space, a uniform soft tissue attenuating and mild heterogeneous contrast enhancing mass, measuring 2.5 x 2.1 x 3.4 cm in size. The mass is in contact with the medial wall of the orbit and displacing the right ocular bulb laterally and rostrally. There is no evidence of osteolytic lesions of the associated osseous structures.

**AGE**

4

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

**HOSPITAL NAME**

Advanced Animal  
Imaging

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.

**REFERRING VET**

Blair Hollowell, DVM

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Thorax

**INVOICE**

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

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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.

**DATE**

1-28-22

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



**PATIENT** normal limits.

Sunshine Chimento The lung parenchyma presents the expected architecture and attenuation behavior, but mild dystelectasis of the dorsal dependent aspects of the lung.

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

Canine

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- BREED**
- Right sided retrobulbar soft tissue mass
  - Secondary right sided exophthalmos
  - Normal thorax, no evidence of pulmonary metastatic disease
- Golden Retriever

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX** The findings are highly suggestive for a retrobulbar soft tissue neoplasm, such as melanoma, round cell tumor, carcinoma, sarcoma. Theoretically granuloma – e.g. mycotic origin – or retrobulbar inflammatory pseudotumor are considerations as well, but far less common. Ultrasound guided FNA sampling by a rostromedial approach or laterodorsal approach can be performed for further definition. Based on biopsy results, surgical options such as orbital exenteration ± adjuvant radiation therapy should be discussed with oncologist.

**FS**

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**REFERRING VET**

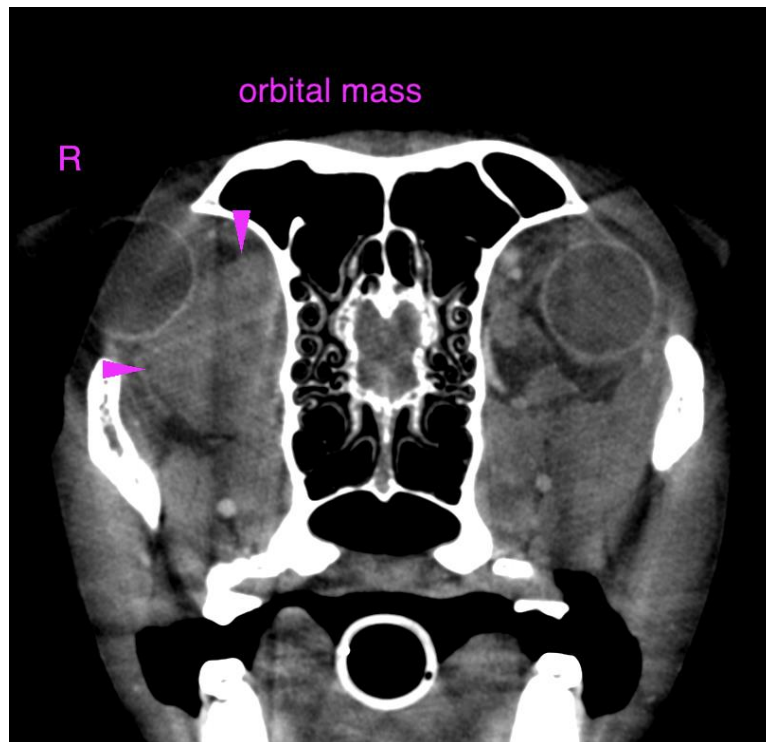
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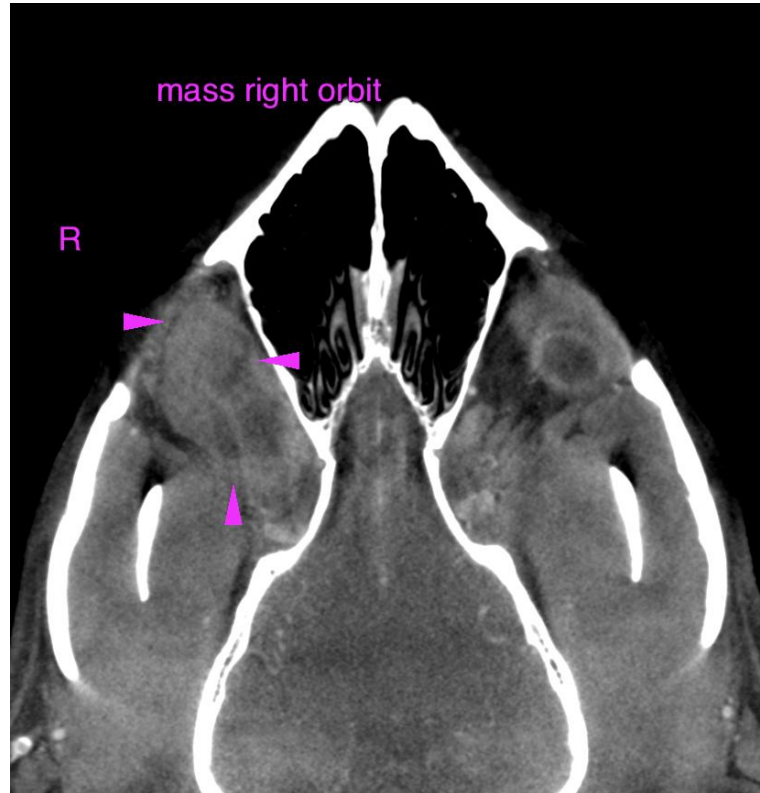
Blair Hollowell, DVM

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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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