



PATIENT

Norman Mabey

SPECIES

Canine

BREED

French Bulldog

SEX

MN

AGE

9 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mountain West
Veterinary Hospital

REFERRING VET

Jeff Simmons

INVOICE

49412

DATE

1-8-22

PRESENTING CLINICAL SIGNS

Cytology came back for spindle cell tumor. Transfer for suspected bulbar mass. 1/5/21 Presented for left ocular swelling and vomiting, 1 week duration. On PE, OS elevated nictitans with mild exophthalmos and swelling of the ventral orbital region, tender on retropulsion. No evidence of acute corneal disease or conjunctivitis OU; consulted with Dr. Knollinger agreed that no acute corneal disease is present but fluctuant swelling noted ventral to globe. Dr. K aspirated retrobulbar space ventrally via medial zygomatic arch. Appeared inflammatory (RBCs, occasional hypersegmented neutrophil, basophilic debris, rare mononuclear cell with scant cytoplasm). Cytology send out and culture submitted (still pending) Bloodwork was unremarkable. (ALB 4.1, Mg 2.6, TG 22, WBC 5.87, HGB 21.0, MCHC 38.7). Patient sent home with: Clavamox, Cerenia, Gabapentin, Entyce. 1/6/21 represented as owner could not open mouth to administer meds, and patient was still not eating or drinking. OS normal ophthalmic exam but pain when opening mouth. Referred to MWVS for CT Scan
Abnormal PE/Chem/CBC/UA Results: Mild conjunctival and chemosis on the OS

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

There is a breed specific brachycephalic conformation of the viscerocranium with malposition of multiple teeth. Multiple teeth are absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. The soft palate is elongated and moderately thickened.

In the ventral aspect of the left orbit, in the region of the left zygomatic salivary gland, an ill-defined, soft tissue attenuating and mild heterogeneous contrast enhancing mass is visible, displacing the left ocular bulb mildly dorsally. The ill-defined mass in the left orbit is measuring approximately 2.2 x 1.6 x 2.6 cm in size. In the medial aspect of the mass, a linear, gas attenuating linear region measuring 5.9 mm in length is visible. No osteolysis is appreciated.

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

The left tympanic bulla is filled with non-contrast enhancing soft tissue attenuating material.. The external ear canals present mild dystrophic 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.

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.



PATIENT **COMPUTED TOMOGRAPHIC DIAGNOSIS**

Norman Mabey

- Soft tissue mass/swelling ventral aspect left orbit with hypoattenuating linear region.
- Secondary mild left sided exophthalmos
- Elongated soft palate
- Left sided otitis media
- Multiple absent teeth

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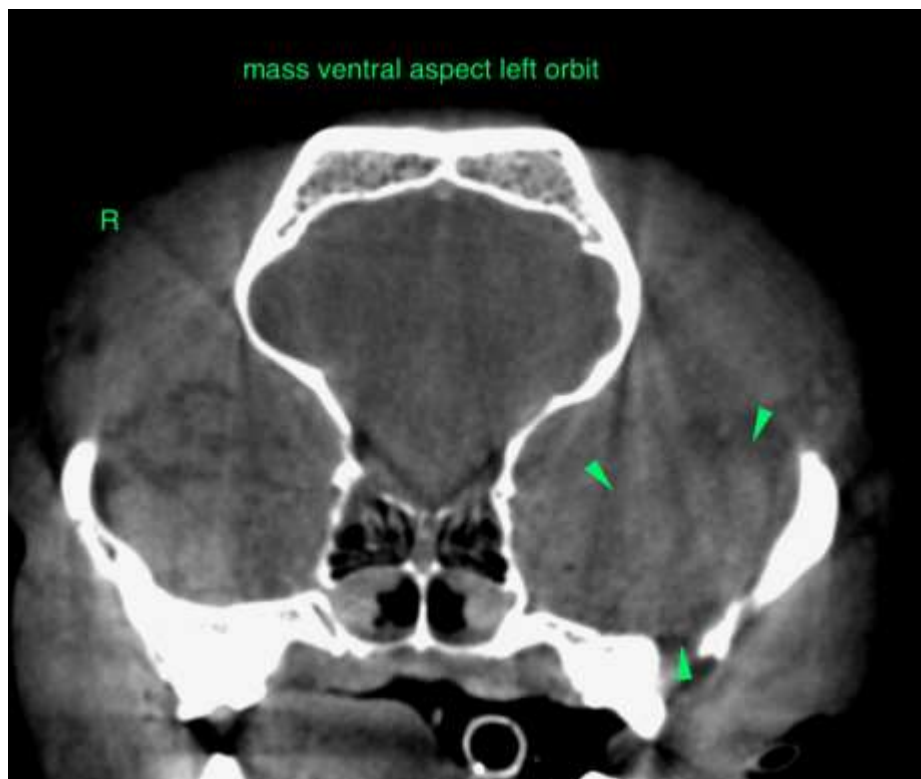
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue swelling in the ventral aspect of the left orbit is ill-defined and the image contrast is limited limiting the diagnostic value. Given the history, cytology is concerning for spindle cell tumor. However, as there is a gas-attenuating streak like body/region visible in the most medial aspect of the swelling a migrating foreign body might be a consideration with secondary abscess formation/steatitis – but no evidence of overt accompanying lymphadenopathy or history of pain commonly associated with abscess formation. Trapped gas secondary to preceding puncture or a perforating/ulcerated lesion in the oral cavity are differentials as well. Another non-neoplastic lesion in the region of the zygomatic gland can be sialoceles originating from the zygomatic gland. As imaging findings from the CT study are equivocal, a transbulbar ultrasound examination or ultrasound from a laterodorsal or ventral aspect of the zygomatic arch can be used to better assess architecture of the mass ± repeating cytology/biopsy. If neoplasia is confirmed, complete surgical excision by evisceration of the left orbit can be tried.





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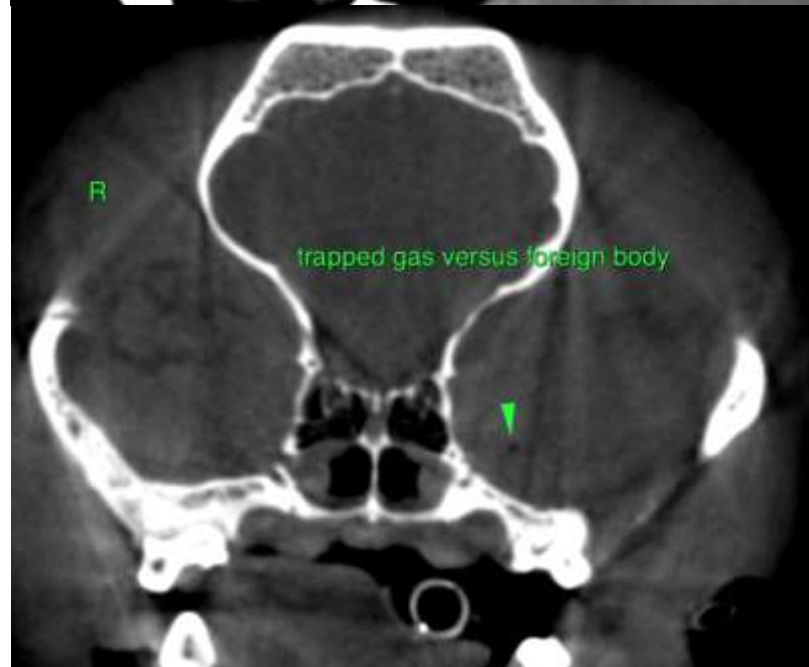
Jeff Simmons

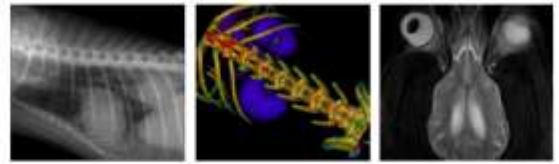
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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
sebast.schaub@gmail.com

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