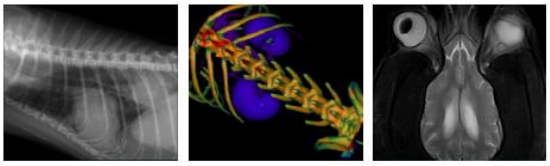
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Xaiyrah Arellanes

SPECIES

Canine

BREED

Large Breed Mix

SEX

FS

AGE

7 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Southern Oregon Veterinary Specialty Center

REFERRING VET

Ravi Seshadri
DACVECC

INVOICE

54381

DATE

10-1-22

PRESENTING CLINICAL SIGNS

Presented to the ER with sudden onset facial palsy. Based on PE and history of difficulty swallowing, trouble breathing after attempting to eat, concerned for 1st or 2nd order Horner's syndrome. No history of neck pain or trauma. Would like to take chest rads and baseline bloodwork. If nothing is evident on these tests, concern would move to intracranial lesion such as TE disease or space-occupying mass. O approved plan for baseline BW and rads. Update: No thoracic changes found to explain facial nerve paralysis, swallowing issues, and Horner's syndrome. BW otherwise okay. Next step is advanced imaging. Gold standard would be MRI, can refer to have MRI performed. Otherwise can do CT; this catches ~80% of intracranial lesions, but there is the possibility that we do not catch the issue and still need to refer for MRI. If brain tumor, can pursue radiation therapy. If FCE/TE disease, time and supportive care to see if she recovers. If inner ear disease, surgeon here could address it. O would like to pursue CT scan knowing risk of missing the lesion and needing MRI anyway

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

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

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 homogeneous and within normal limits for attenuation and distribution of contrast enhancement. Post contrast administration, along the left ventral aspect of the floor of the cranial fossa – caudal to the canal of the trigeminal nerve – a contrast enhancing plaque like contrast enhancing lesion is appreciated, extending caudally up to the level of the petrooccipital canal. 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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Extraaxial contrast enhancing lesion floor of cranial fossa, region of the left trigeminal nerve

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study presents an extraaxial plaque like mass along the course of the left trigeminal nerve – meningioma or round cell tumor are considered as the top differentials here. However, as the mass appears not reach the region of the origin/course of the facial nerve it is unclear if the lesion is related with the acute presenting clinical signs and idiopathic facial nerve palsy might be a consideration as well.

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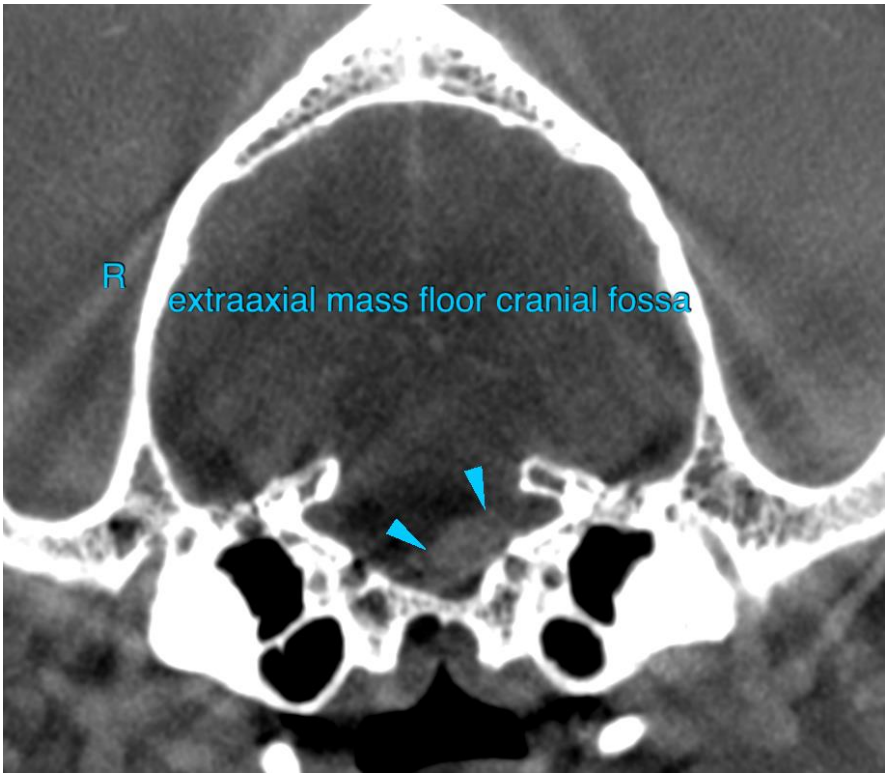
Consider complementing workup by a CSF tap. Confirming the extraaxial mass and defining the extend by an MRI study would be ideal and will allow planning for potential radiation therapy.



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.

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