



PATIENT

Hound Mix Brooks

PRESENTING CLINICAL SIGNS

Cash presents for treatment options for epithelial tumor. Cash had a 2 month history of loud breathing when a lump was found below the right side of his jaw 7/29. RDVM started prednisone but that didn't seem to change the mass. An aspirate was sent out 9/17 and then they were referred here after the result showed epithelial tumor. He has vomited twice and she has been liquifying his food the last few days which she thinks really helps. After he vomited a few days ago with some plastic pieces she feels his neck looks less swollen. Off all medications presently.

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL/NECK

BREED

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

Hound Mix

COMPUTED TOMOGRAPHIC FINDINGS

Multiple teeth are absent.

SEX

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

MN

AGE

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

10 Years

The right tympanic bulla contains a moderate amount of gravity dependent, fluid attenuating material; the osseous lining is mildly irregular thickened. The external ear canals are within normal limits.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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 pituitary gland is mildly protruding dorsally beyond the osseous margins of the pituitary fossa.

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

In the right retropharyngeal region, level with the right medial retropharyngeal lymph node, an ill-defined uniform soft tissue attenuating and heterogeneous contrast enhancing mass is visible, measuring 6.0 x 4.3 x 6.0 cm in size. Post contrast administration, multiple tortuous vessels are seen at the cranial and caudal aspect of the mass – some of the vessels present with intraluminal filling defects. The larynx is deviated to the left by the mass effect.

REFERRING VET

Kimberly Winters

The thyroid gland bilaterally presents with the expected shape, size and attenuation/contrast enhancement pattern.

Multifocal moderate spondylosis formation is seen along the cervical spine. The intervertebral discs C4/C5 and C5/C6 are mild to moderately protruding into the vertebral canal, distorting the ventral epidural space at the same level.

INVOICE

54546

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right sided retropharyngeal soft tissue mass with vascular invasion
- Prominent pituitary gland
- Right sided otitis media
- Mild intervertebral disc protrusion C4/C5 and C5/C6 with possible dynamic spinal cord compression
- Multiple absent teeth
- Spondylosis deformans

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10-10-22



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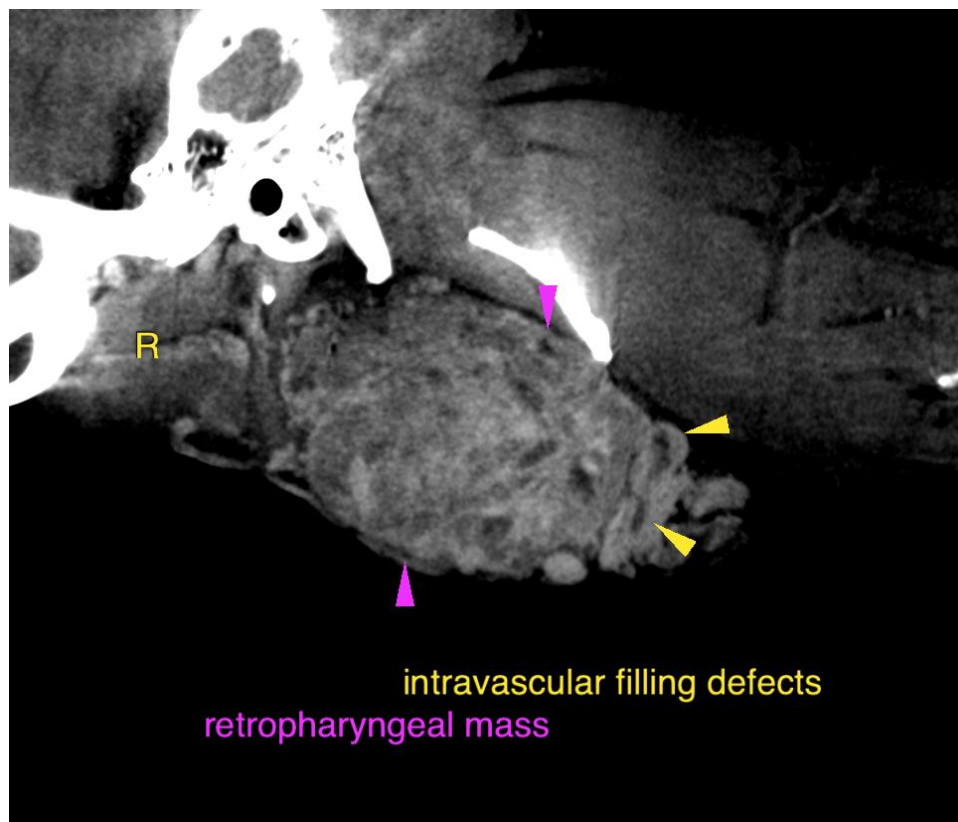
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the epithelial origin of the mass in cytology, thyroid carcinoma of ectopic thyroid tissue or squamous cell carcinoma metastasis of the right medial retropharyngeal lymph node are the top differentials here. Surgical excision of the mass can be tried, the odds for post-surgical right sided laryngeal paralysis are high, as the neurovascular trunk is likely running through the mass.

Recommend complementing workup by palpation of the tonsils to rule out neoplastic transformation entirely.

The prominent pituitary gland can indicate (non) functional pituitary adenoma.

Consider full tumor staging.





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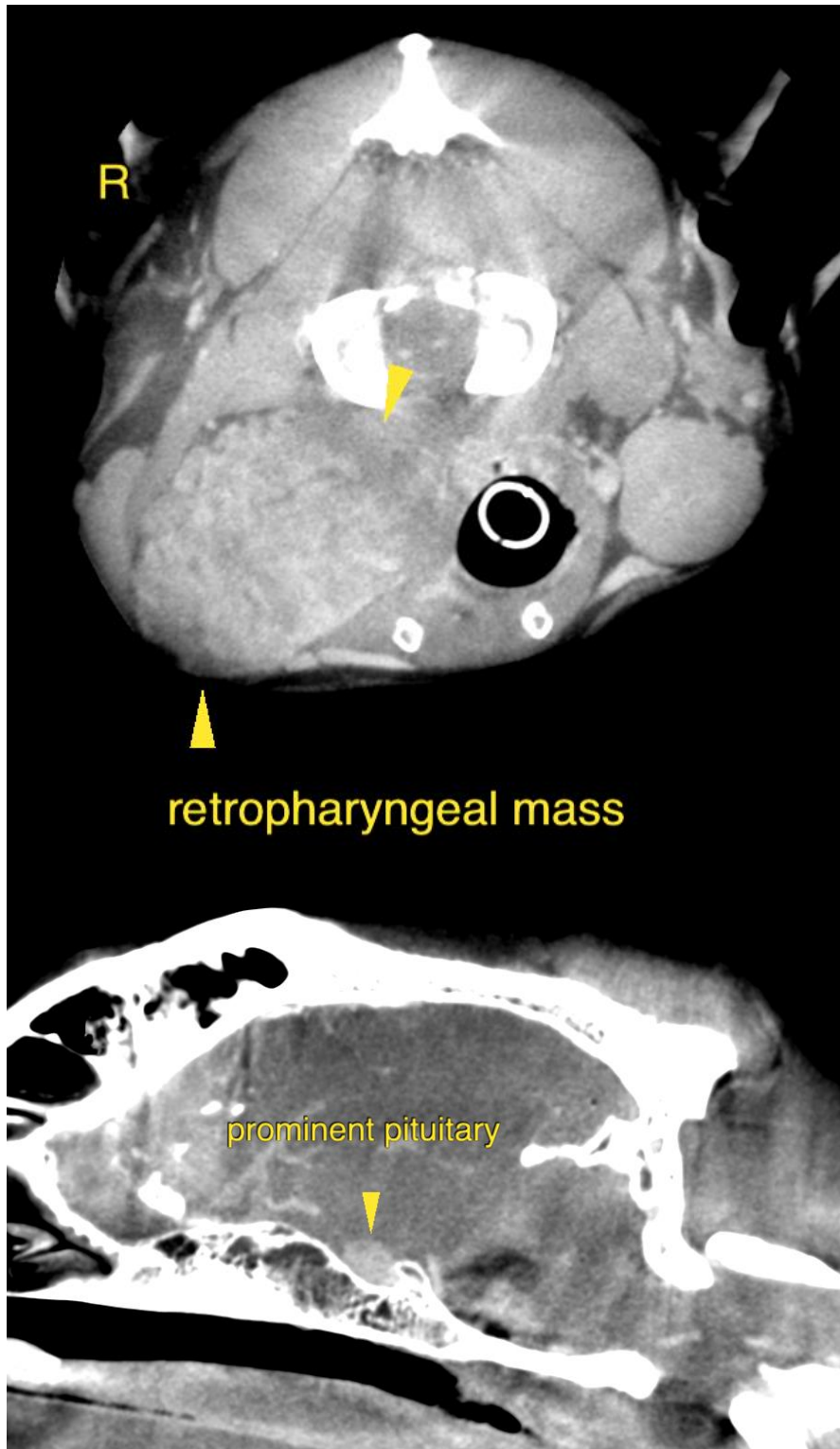
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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