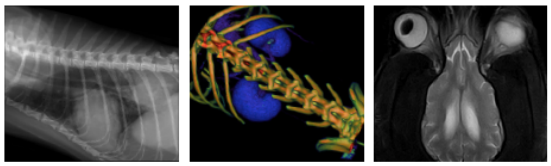

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1-800-838-4268 info@sonopath.com

PATIENT

Lincoln Conway

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

3 Years

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Little

INVOICE

26517

DATE

10/20/21

PRESENTING CLINICAL SIGNS

Lincoln a 3 year old, MN Golden Retriever, presented to the AHP Neurology Service on October 19, 2021 for a scheduled recheck examination. He was previously diagnosed with Infection and osteomyelitis of the ramus of the left mandible on July 7th 2021. Last recheck was performed 8 weeks ago. A CT-scan revealed that the pockets of contrast enhancement were smaller than on the previous CT scan but still present. His neurological exam was normal.
Abnormal PE/Chem/CBC/UA Results:

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

A pre- and post-contrast CT study of the skull in a soft tissue and bone reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

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

The left medial pterygoid muscle is mildly swollen and presents a roundish ill-defined mild hypoattenuating (45 HU) region measuring approximately 1.5 cm in size. Post contrast administration, the hypoattenuating lesion in the left medial pterygoid muscle presents strong (131 HU) contrast enhancement. Level with the insertion of the left pterygoid muscle at the medial aspect of the base of the angular process of the left mandible, a mild irregular surface is noted and focal ill-defined osteolytic lesions and mild sclerosis.

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. 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

- History of osteomyelitis left ramus of the mandible with persistent focal area of mild active osseous remodeling
- Persistent myositis left medial pterygoid muscle

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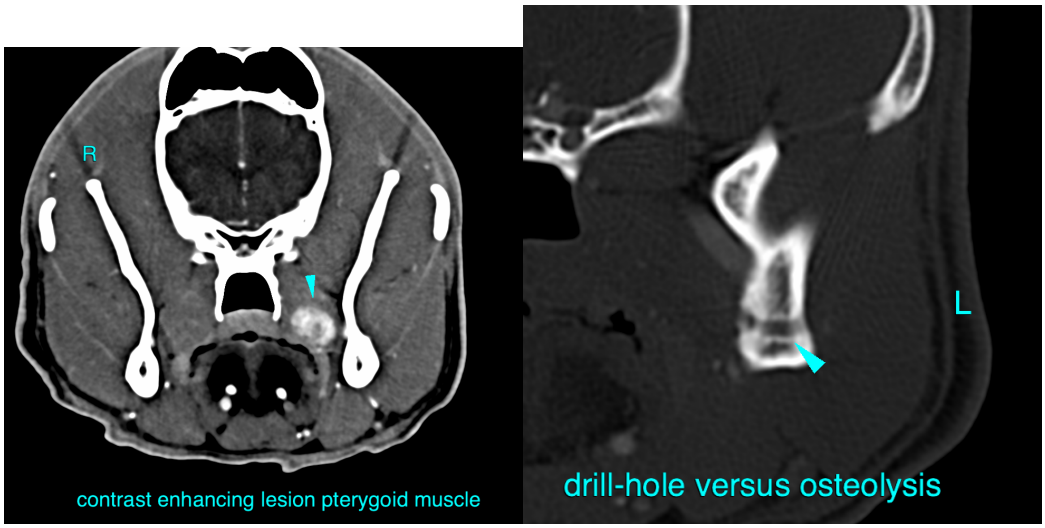
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with persistent focal myositis of the left pterygoid muscle and mild focal active osseous remodeling of the left ramus of the mandible. A specific underlying cause cannot be identified. As the small osteolytic lesion in the mandible is quite linear, a small drill-hole is a potential as well.

If the patient is still on medication, it might be beneficial to discontinue the medication and re-evaluate the patient if clinical signs reoccur, as it is unusual for primary bacterial myositis to persist over such a long period of time without a nidus triggering local inflammation; a isoattenuating foreign body might be a potential. Rule out other infectious causes such as Toxoplasma, Hepatozoon and Neospora infection.



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.

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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