



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
River Mason

SPECIES
Canine

BREED
Labrador Retriever

River was brought in today for further evaluation of recently diagnosed multilobular tumor of bone (MLO). He had sedated oral exam done on 9/29/21 due to some gagging/choking noises he was making. He was found to have evidence of laryngeal paralysis along with a mass at his hard palate. The mass was excised from the mucosa and histopathology showed MLO with tumor to deep margin. Since surgery, he has been doing well at home so that he is both eating and drinking well. He is not currently receiving any medications, although received carprofen 75mg BID x 8 days and cephalexin 1000mg BID x 10 days after surgery. His folks felt he was pretty sedate for about 2 days after his procedure. He had a fecal done yesterday because he was having soft stools. He had been taking lysodren as treatment for atypical Cushing's but this has been stopped due to GI upset that River was experiencing. He is somewhat affected by lar par so that he tends to have labored breathing both at rest and with exercise. His energy level seems to be pretty normal for an older Labrador.

SEX COMPUTED TOMOGRAPHY OF THE SKULL

SEX
MN

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

COMPUTED TOMOGRAPHIC FINDINGS

AGE
12 Years, 11 Months

The palatine root of triadan 210 shows mild periapical widening of the periodontal space.

The horizontal lamina of the left palatine bone, level with triadan 207 to 209, presents permeative osteolysis and mild amorphous periosteal new bone formation. The zone of osteolysis is extending medially up to the midline and measuring approximately 1.9 x 3.8 cm in size.

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 mild to moderately thickened and present mild shell-like 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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of excised multilobular tumor of bone (MLO) left palatine bone
- Periapical granuloma triadan 210

DATE

10-20-21

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Kimberly Winters

INVOICE

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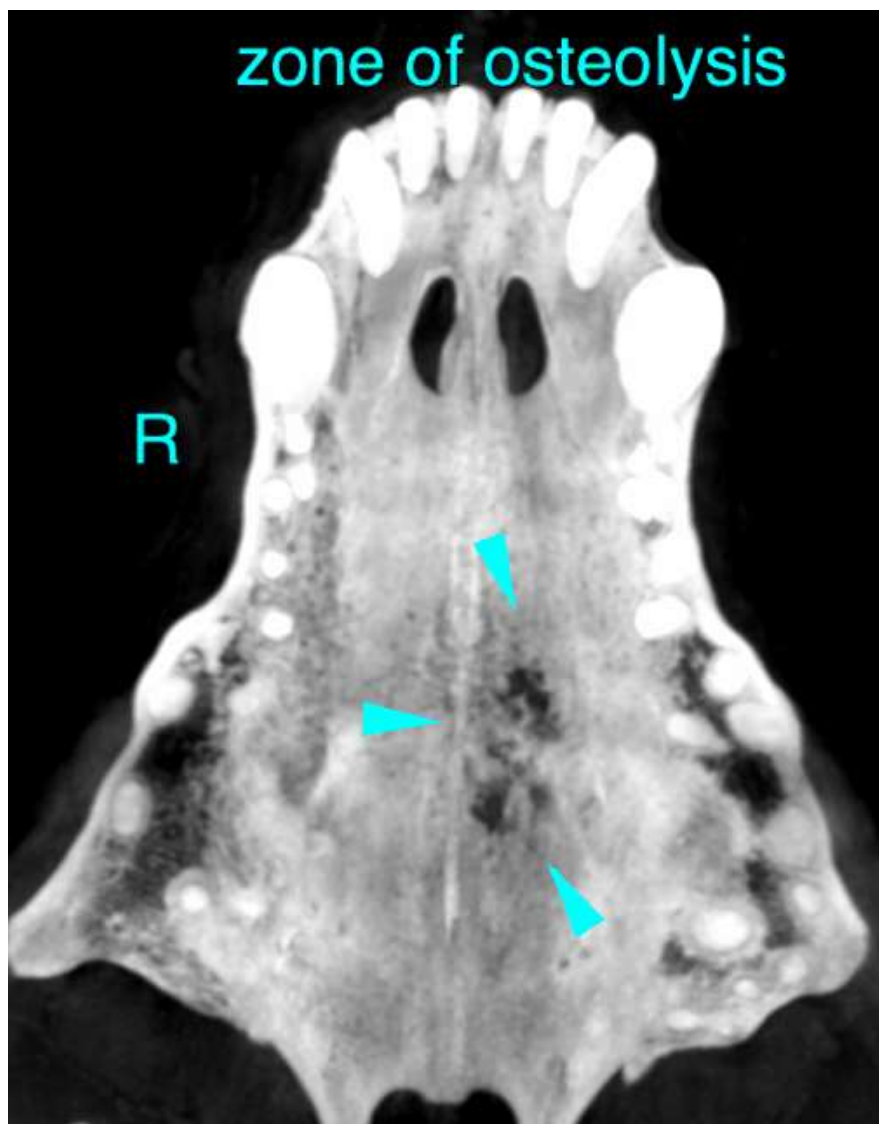
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The area of osteolysis and mild amorphous new bone formation of the horizontal lamina of the left palatine bone likely represents the 'base' of the MLO. As the mass was incompletely excised reoccurrence is likely although speed depends on tumor grade may take months. The chances of adjuvant radiation therapy can be discussed with oncologist. A more aggressive approach will warrant resection of the affected segment of the palatine bone; osteotomy lines should be at least distal to triadan 206 rostrally and mesial to triadan 209 in the caudal aspect. Medially osteotomy has to be beyond the midline in the right palatine bone.





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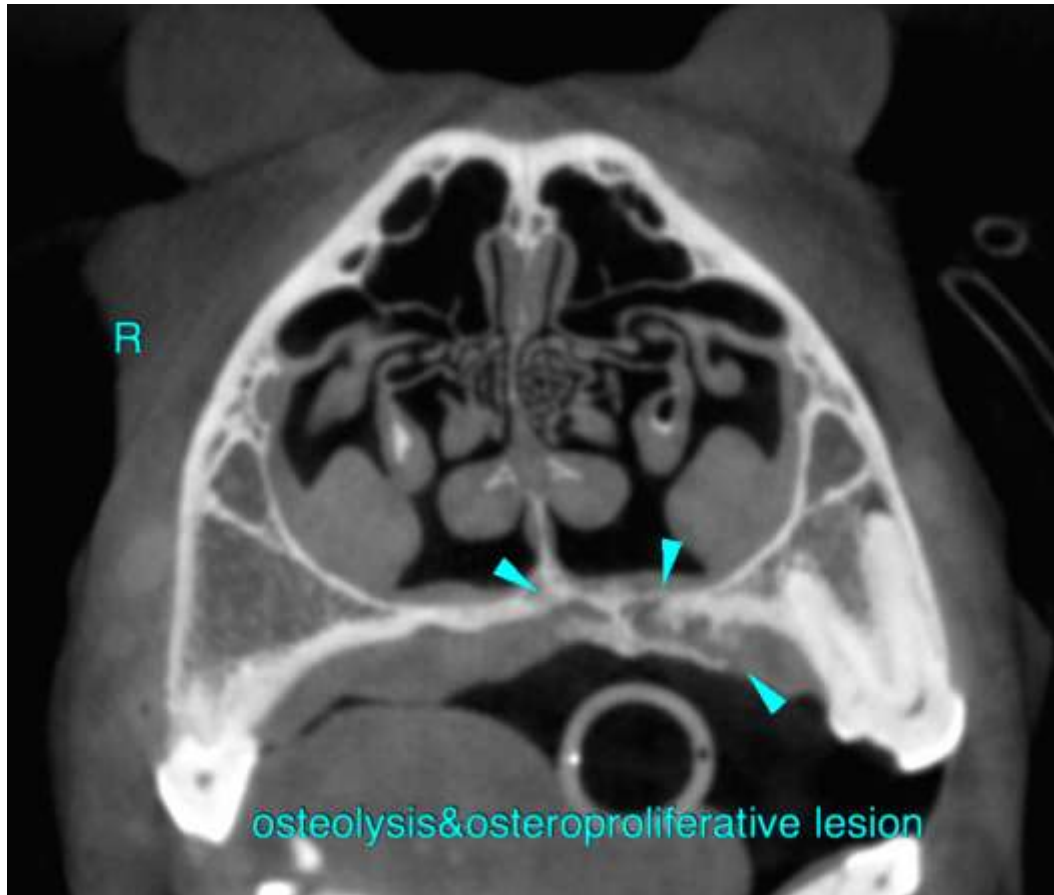
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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