


PATIENT PRESENTING CLINICAL SIGNS

PATIENT Molly Datzov

SPECIES Canine

BREED Labradoodle

SEX Spayed Female

AGE 10 Years 7 Months

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

HOSPITAL NAME Casselton Vet Service

REFERRING VET Dr. Laurie Huckle

INVOICE 42409

DATE 10/26/22

Follow-up/recheck CT post skull surgery for multilobulated osteochondrosarcoma. A mass was noted on the lumbar area left side ~15mm diameter & ~ 7mm deep hairless, pink and soft Sept. 15, 2021 Initially diagnosed with actue vestibular disease Sept. 22, 2021-had head tilt & reddened/inflammed ear on Sept. 9, 2021 then by Sept. 22, 2021 had a seizure with nystagmus and slow PLR. Recovered and by Sept. 28 head tilt was mostly resolved. October 26, 2021 was doing OK but not back to normal yet. Follow-up appointment on November 24, 2021 a new mass appeared on the left ribcage. Patient was sent to referral center for further work-up and diagnosed with multilobulated osteochondrosarcoma of the skull. Patient was then referred to University of Wisconsin-Madison for brain surgery/mass removal on May 13, 2022. Patient appear to recovery from surgery well. Otitis external diagnosed in left ear on July 13, 2022 and ear medications were prescribed. Sept. 7, 2022 patient presented at primary veterinarian not eating, not drinking well and just not herself with a temperature of 104.6F. Patient had increased WBC @ 20.93 (normals 6-17) and slightly increased ALP @ 196 (20-150). Patient was started on doxycycline 200mg bid x 14. Skull rads taken and shared with referring clinics. Patient improved within 24-48 hours. Sept 30, 2022 owner reports fluid seeping from neck, unsure what type of fluid; describes edema fluid under skin at neck. Per instructions from University a CT was performed to check for implant. Comments from University surgeon: I looked at her radiograph and also discussed with radiology. My impression is that the methylmethacrylate implant that was covering the skull defect may have moved. I've not seen that happen before, but given the clinical signs and the fact that her tumor was in such a high motion area at the back of her skull, I think it's possible. Both I and radiology think the opacity at the back of the skull is too smooth to be bone/ MLO. They are also usually slow growing, and that would be a huge regrowth in 4 months. I did reach out to Dr McAnulty (he still lives in town) and am waiting for a response from him. But my guess is that we need to see her and remove the implant. I think I would keep her quiet in the meantime and see what the owners are up for in regards to traveling to Madison. I would expect that we would need to CT her to confirm that is what is going on and then remove +/- replace the implant

Abnormal PE/Chem/CBC/UA Results: Multilobulated osteochondrosarcoma of the skull.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

The bregma at the dorsal aspect of the skull presents a roundish zone with osteolysis with mild irregular margins.

The left aspect of the occipital bone presents a large irregular marginated defect, measuring approximately 3.5 x 3.4 cm in size. Within the defect of the occipital bone, a granular mineralizing mass with strong contrast enhancement is appreciated, bulging into the caudal cranial fossa, measuring 2.8 x 1.8 x 2.3 cm in size. The cerebellum and the left occipital lobe are distorted by the mass effect. The mild mineralizing mass is following the course of the left aspect of the tentorium osseum cerebelli.

Solid periosteal new bone formation is seen along the protuberance of the external occipital protuberance.

Along the cranial aspect of the left m. complexus and m. splenius capitis, two large lamellas of mineral attenuating material are appreciated, deviated caudally from the calvarium. Attached to the mineral attenuating lamellas, heterogeneous contrast enhancing material is appreciated. The surrounding subcutaneous fat along the left cranial aspect of the neck presents moderate fat-stranding



PATIENT The medial retropharyngeal lymph nodes bilaterally are prominent.

Molly Datzov **COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- History of surgical excision of a multilobulated osteochondrosarcoma (MLO) from the left aspect of the occipital bone
- Reoccurrence of a mineralizing mass in the preceding surgery area with mass effect on the cerebellum and occipital lobe
- Caudolateral displacement and possible fracture of the methylmethacrylate implant of the occipital bone with surrounding soft tissue proliferation and steatitis
- Lymphadenopathy medial retropharyngeal lymph nodes
- Possible trepanation site dorsal aspect of the skull – there is no sign of an accompanying mass, correlate with operative report

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The CT study is confirming the displacement of the methylmethacrylate implant, and the associated soft tissue material is suggestive for local fulminant inflammatory granulation tissue formation along the caudal surface of the implant and secondary local steatitis.

The mineralizing mass bulging into the cranial fossa is consistent with reoccurrence of the MLO. Secondary reactive hyperplasia of the medial retropharyngeal lymph nodes.

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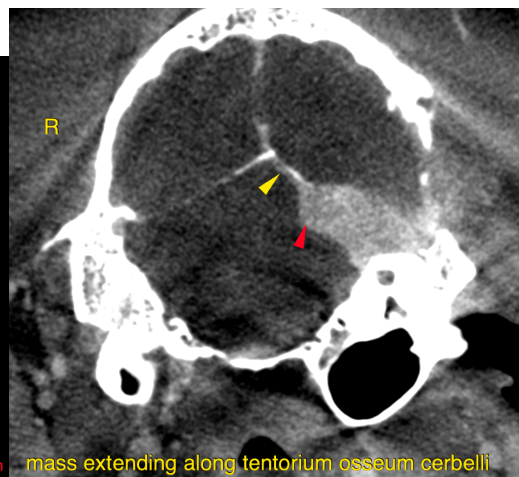
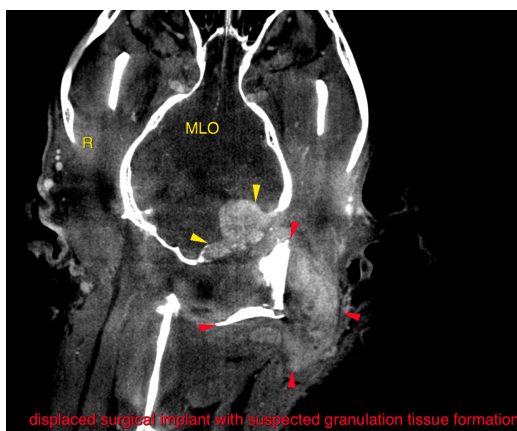
Dr. Laurie Huckle

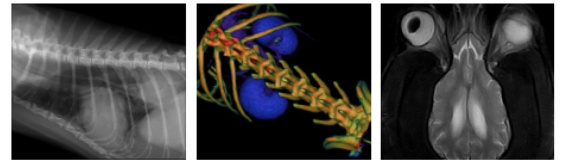
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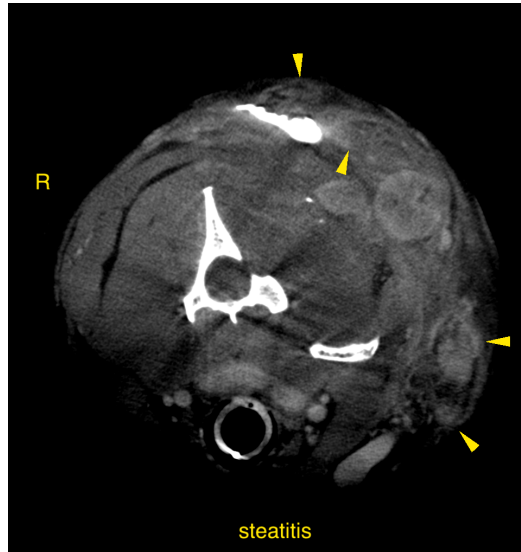
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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