



**PATIENT PRESENTING CLINICAL SIGNS**

Juve Villani Right tonsillar carcinoma with metastasis to the right retropharyngeal lymph node. Currently on treatment with Palladia and meloxicam.  
 Abnormal PE/Chem/CBC/UA Results: PE: 1.2 cm swelling right mandibular area. All other lymph nodes normal in size and consistency. Grade 3/6 heart murmur Chemistry: UREA <0.6, CRE 39 CBC: Lymphopenia (0.57)

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE SKULL, NECK AND THORAX**

**BREED**

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

Miniature Pinscher

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

Skull

MN

The tooth elements 101-103, 105, 106, 109, 110, 202, 203, 206, 302, 303, 305, 306, 311, 401-403, 405 and 411 are absent. The remaining teeth present evidence of moderate periodontal disease.

**AGE**

The volume of the left temporal musculature is moderately to markedly decreased.

11 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

Level with the right tonsil, an indistinct mild contrast enhancing mass is visible, protruding into the oral cavity, measuring 2.4 x 1.8 x 1.9 cm in size; the mass is in contact with the right ramus of the mandible at the same level and the hyoid apparatus caudally. The right ramus of the mandible at the same level presents moderate solid immature periosteal new bone formation at the same level. The right stylo-, epi- and ceratohyoid bone present evidence of osteolytic and osteoproliferative aggressive lesions. In the dorsal aspect the mass is extending up to the right tympanic bulla presenting palisading periosteal new bone formation. The right tympanic bulla contains a moderate amount of soft tissue material. The mass is occluding the region of the course of the right mandibular nerve.

**HOSPITAL NAME**

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Level with the right medial retropharyngeal lymph node a ill-defined ovoid shaped mild heterogeneous contrast enhancing mass is visible, measuring approximately 2.1 cm in diameter and 3.6 cm in length. The mass is in close contact with the larynx that is distorted and displaced to the left. In the dorsal aspect the medial retropharyngeal mass is in contact with the right ala of the atlas, presenting moderate immature periosteal new bone formation.

**REFERRING VET**

Dr. Jerome Gagnon  
 DACVIM (Oncology)

The right mandibular lymph nodes are prominent, rounded, uniform soft tissue attenuating and contrast enhancing.

**INVOICE**

Thorax

48076

Multifocal mild spondylosis formation is seen along the thoracic spine. Multiple small (<8mm) subcutaneous nodules are seen along the thoracic wall.

**DATE**

10-28-21

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

**PATIENT**

The cardiovascular structures including the pulmonary vasculature are within normal limits.

Juve Villani

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

**SPECIES**

Canine

The lung parenchyma presents the expected architecture and attenuation behavior. Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

**BREED**

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Ill-defined mass level with right tonsil with extend into the right retropharyngeal region and potential involvement of the right mandibular nerve
- Secondary neurogenic muscle atrophy right masticatory muscles
- Ill-defined mass right medial retropharyngeal lymph node
- Polyostotic semi-aggressive osteoproliferative lesions of the associated osseous structures – right mandible, hyoid apparatus, C1, tympanic bulla
- Lymphadenopathy right mandibular lymph nodes
- Multiple non-specific subcutaneous nodules along thoracic wall
- Spondylosis deformans thoracic spine
- Generalized periodontal disease
- Multiple absent teeth
- No evidence of pulmonary metastatic spread

**SEX**

MN

**AGE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings are fitting the history of right tonsillar squamous cell carcinoma with secondary involvement of the right retropharyngeal anatomical structures – including the right mandibular nerve and neurogenic muscle atrophy.

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Animal Health  
Partners

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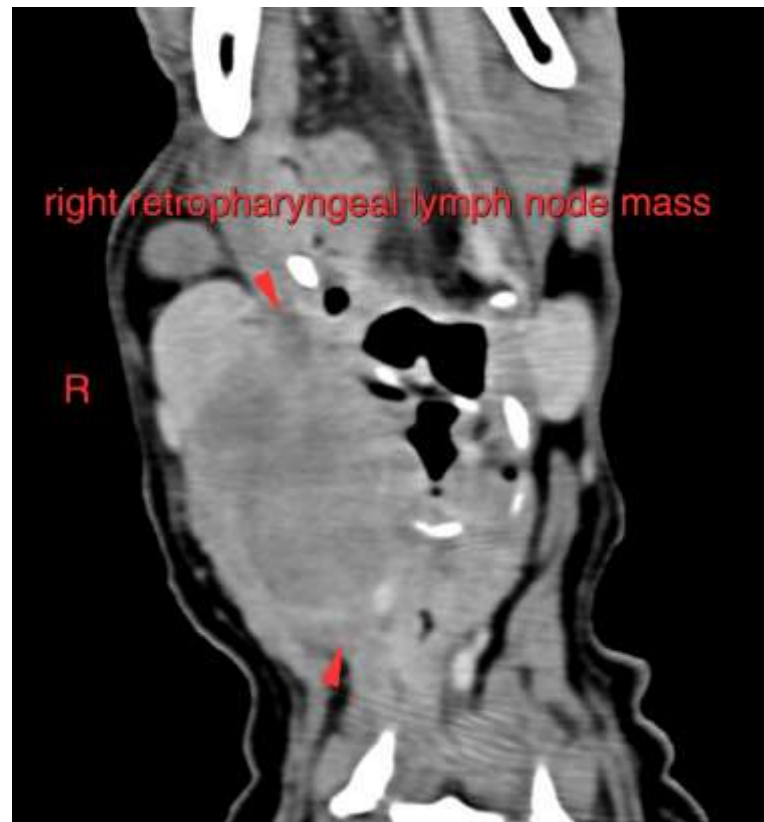
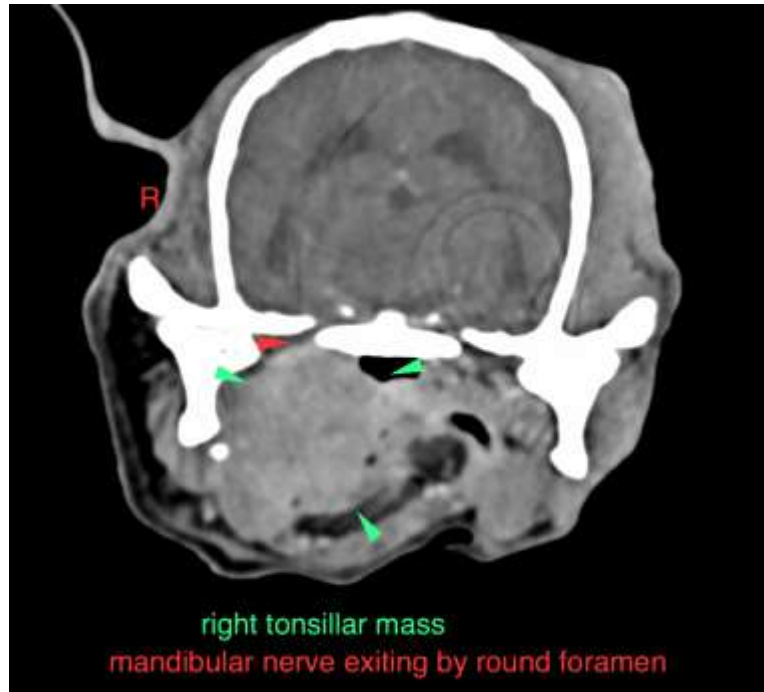
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**BREED**

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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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