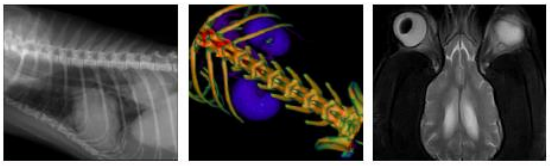

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1-800-838-4268 info@sonopath.com

PATIENT

Ozzie Zylberberg

SPECIES

Canine

BREED

Beagle

SEX

Male

AGE

14

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Surgical Center

REFERRING VET

Broadway Veterinary Care

INVOICE

55095

DATE

11-10-22

PRESENTING CLINICAL SIGNS

recent history of seizures, unexplained fever, possible surgical tumor

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Triadan 405 is absent.

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.

In the left rostroventral aspect of the cranial fossa, a mild contrast enhancing convex shaped mass is bulging into the cranial fossa, measuring 6.6 x 5.7 x 10 mm in size.

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.

Thorax

Level with the right thyroid gland, at the right dorsolateral aspect of the trachea, a well-defined, ovoid shaped, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen, measuring 2.2 x 1.8 x 4.3 cm in size.

In the subcutaneous tissue at the lateral aspect of the right scapula, an irregular tubular shaped, peripheral contrast enhancing and central hypoattenuating mass is appreciated, measuring approximately 1.3 x 2.8 x 4.3 cm in size.

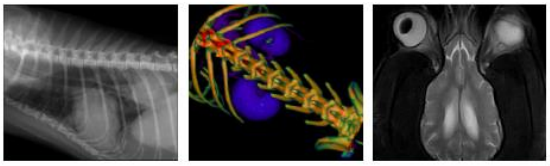
Advanced spondylosis formation is seen along the thoracic spine.

The periarticular bones of both shoulder joints present moderate osteophyte new bone formation.

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.

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

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.



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Multifocal throughout the lung parenchyma, well-defined soft tissue attenuating nodules, measuring <4 mm in diameter are appreciated.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

A prominent mesenteric lymph node is appreciated.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

In the hilar region of the quadrate liver lobe, a well-defined, parenchymal filling defect of the hepatic parenchyma is appreciated.

The gallbladder contains a moderate amount of mineral attenuating, sedimented biliary sludge.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

Multifocal spondylosis formation is seen along the lumbar spine.

COMPUTED TOMOGRAPHIC DIAGNOSIS

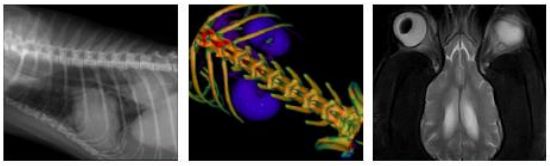
- Intracranial extraaxial left rostroventral aspect of cranial fossa
- Subcutaneous tubular, potentially cavitated mass right lateral aspect of scapula
- Mass right thyroid gland
- Structured nodular interstitial lung pattern
- Lymphadenopathy mesenteric lymph node
- Solitary hepatic cyst
- Biliary sludge, no sign of obstruction
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The extraaxial intracranial mass is suggestive for meningioma, round cell tumor or dural metastasis and is a plausible cause for the seizure activity.

The right thyroid mass is consistent with primary thyroid neoplasm and thyroid carcinoma is likely. Complete surgical excision of the right thyroid mass is considered feasible.

The subcutaneous mass at the lateral aspect of the right scapula is not specific and metastasis as well as a separate entity (e.g. sarcoma) need to be considered.



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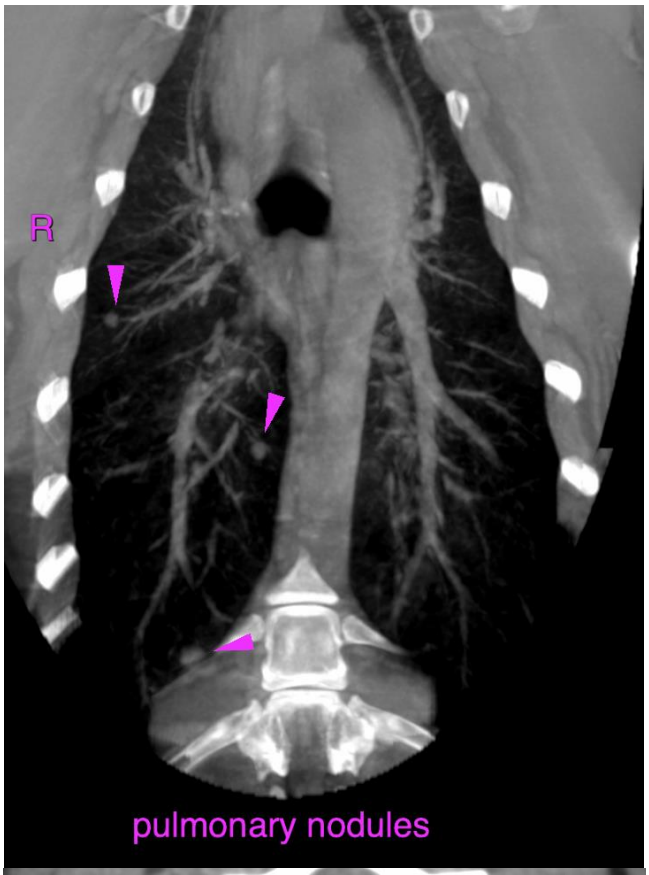
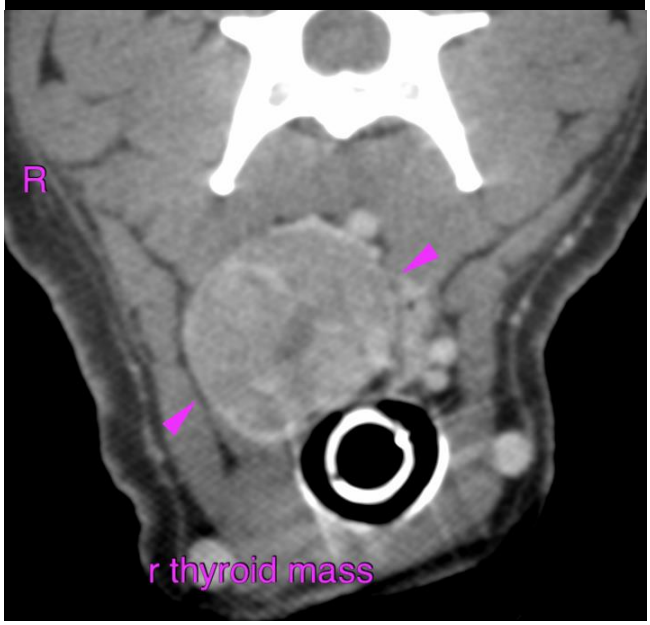
The pulmonary nodules are compatible with metastatic disease.





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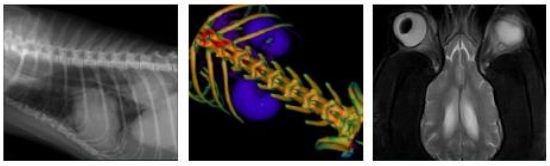

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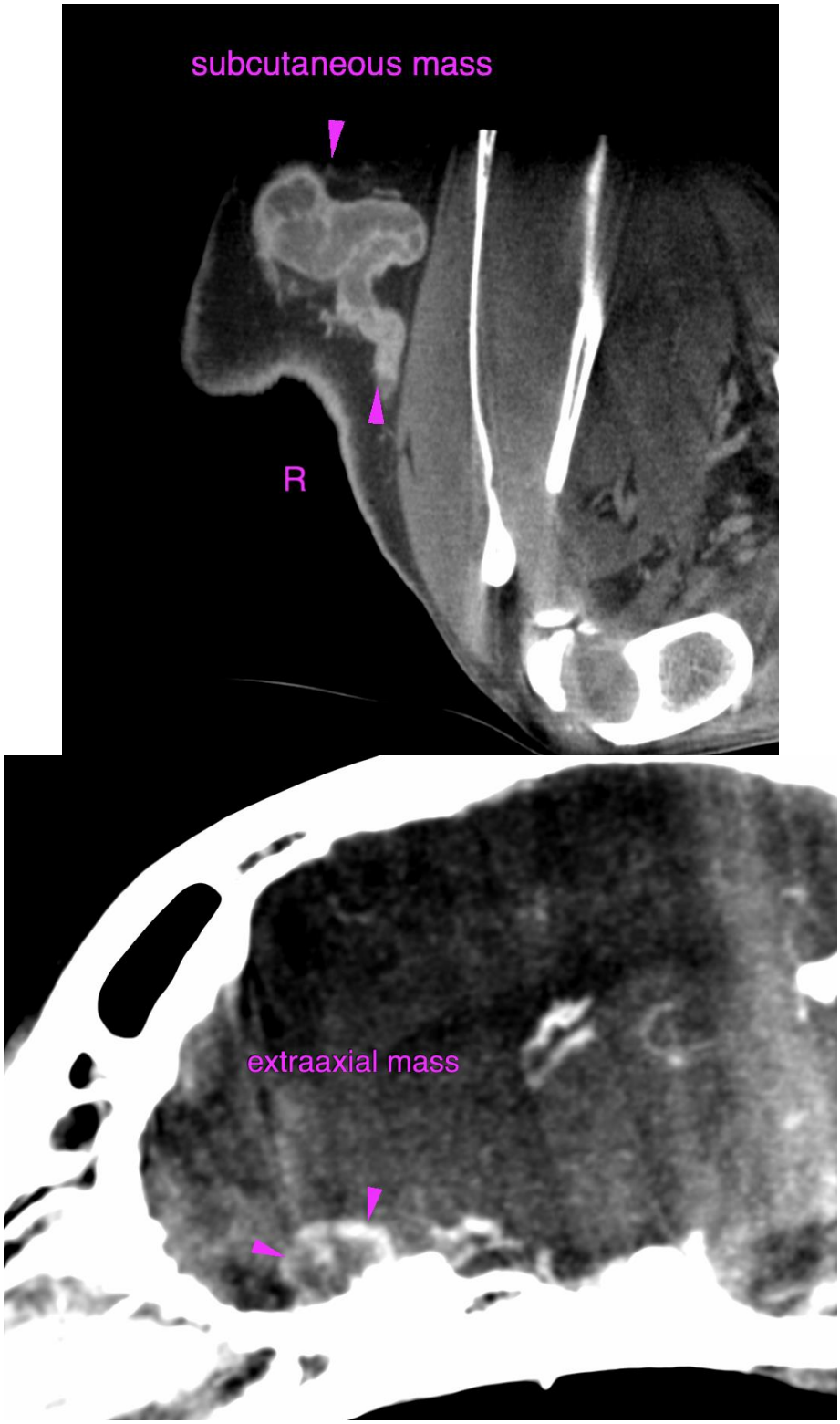

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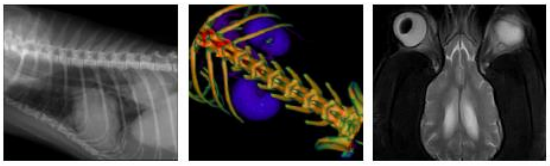

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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