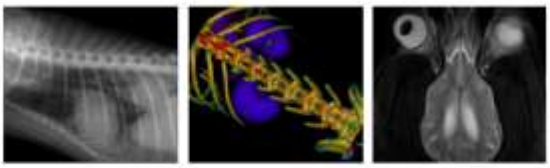


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Yoshi Hoque

SPECIES

Canine

BREED

Spitz

SEX

Male Neutered

AGE

7

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Petroglyph Animal Hospital

REFERRING VET

Whitney Jones

INVOICE

49142

DATE

12-20-21

PRESENTING CLINICAL SIGNS

P was seen at Texas A&M Oncology center in September 2020 for nasal chondrosarcoma, went through initial radiation therapy 6/2020 to 7/2020 then underwent recheck CT which showed 35% reduction in tumor size. On 9/7/2020 a left lateral rhinotomy was performed to remove the nasal chondrosarcoma. P has had chronic clear nasal discharge since then but is otherwise doing well with no recurrence of symptoms. A recheck CT was done in February 2021 (submitted to sonopath). P developed a nasal infection in April and required long term doxycycline, also started long term azithromycin, and intranasal drops for inflammation- was discontinued from this following IM consultation in October, only doing nasal drops now, no further antibiotics and P is doing well with this.
Abnormal PE/Chem/CBC/UA Results: Pre CT bloodwork WNL

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The left maxillary bone presents a large well defined defect starting at the distal aspect of triadan 204 and extending caudally up to the level of the mesial root of triadan 207. The osteolytic lesion of the left maxillary bone presents rounded margins. The tooth roots of triadan 205&206 are perforating the nasal cavity.

Advanced atrophy of the nasal conchal structures bilaterally is seen.

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 pictured parts of 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.

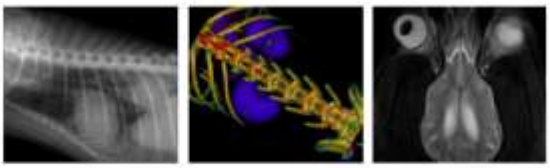
The included mandibular lymph nodes are prominent.

Thorax

The most caudal aspect of the thorax is cropped by the field of view.

A lipoma is seen in the subcutaneous tissue at the cranioventral aspect of the thoracic wall.

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.



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The pericardial sac contains a moderate amount of fat and two ovoid shaped soft tissue attenuating structures are in contact with the caudal aspect of the heart.

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.

The lung parenchyma presents the expected architecture and attenuation behavior with interspersed punctuate mineralization.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of left sided resection & radiation therapy of a nasal conchal chondrosarcoma with local perforation of the maxillary bone and radiation induced nasal conchal atrophy, L>>R
- Lymphadenopathy mandibular lymph nodes
- Suspect peritoneal-pericardial diaphragmatic hernia
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is consistent with the history of surgical excision and radiation therapy of a left sided nasal chondrosarcoma, there is no evidence of recurrence. The significant conchal atrophy, secondary to the radiation therapy, is likely a predisposing factor for upper airway infection, due to impaired mucosal function.

The prominent mandibular lymph nodes are most consistent with reactive hyperplasia – consider FNA sampling for rule out malignant transformation.

There is no evidence of pulmonary metastatic spread. The most caudal segment of the thorax is not included in the field of view, but the pericardial sac presents no distinct caudal margin and there appears to be liver reaching up to the caudal aspect of the heart – this finding is suggestive for peritoneo-pericardial diaphragmatic hernia. Radiographs of the thorax can be used to confirm the finding.

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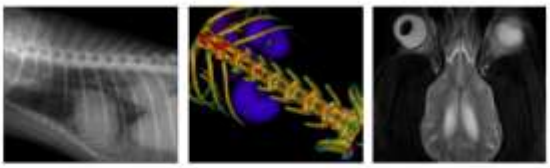

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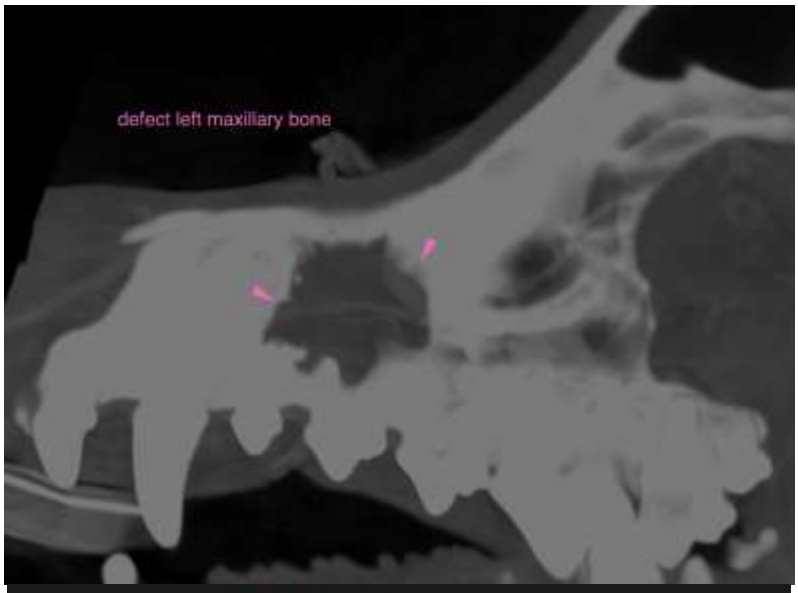

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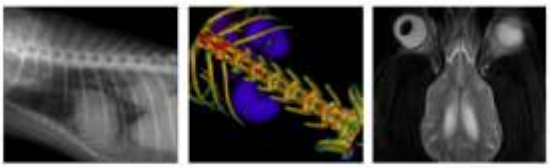

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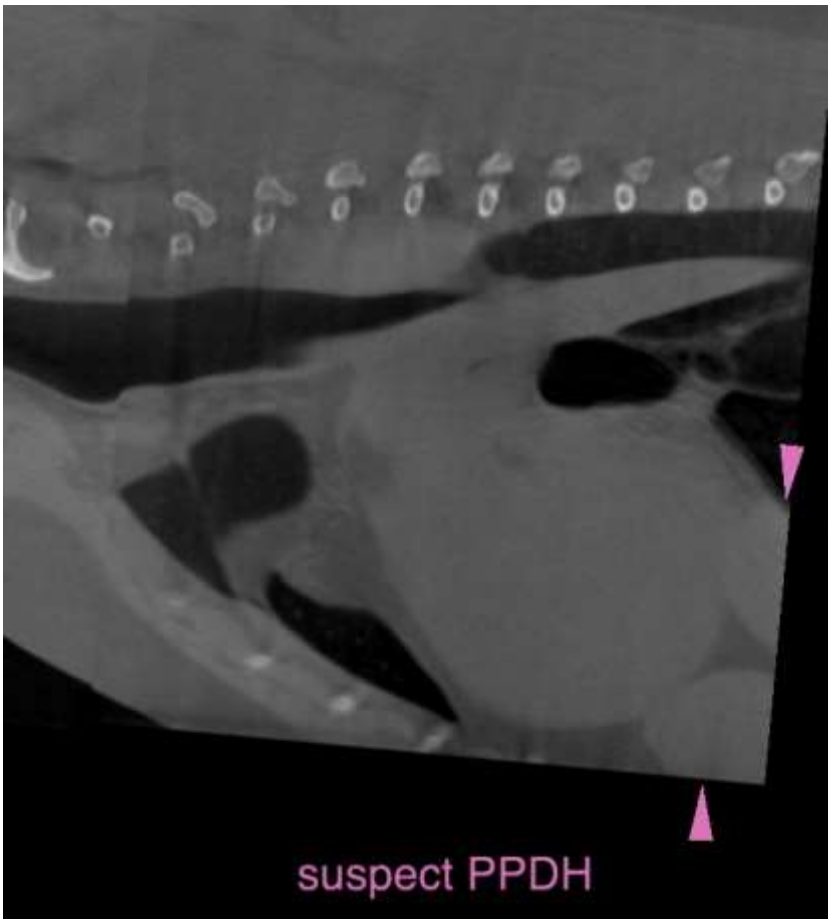

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com