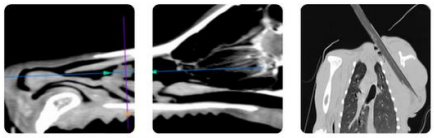


PATIENT

Brownie Gonzalez

SPECIES

Canine

BREED

Chihuahua Mix

SEX

M

AGE

14Y

WEIGHT

9.04lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

José L. Alvarado Bruno
(CVT) - CT Scan
Technician

HOSPITAL NAME

Veterinary Image Center

REFERRING VET

Dr. I. Vazquez, DVM,
DACVIM (Oncology)

INVOICE

73569

DATE

2-2-26

PRESENTING CLINICAL SIGNS

History:

- Brownie has a history of oral malignant melanoma, for which the primary oral tumor has already been surgically excised. Since his initial
- diagnosis, he has received multiple doses of chemotherapy at an outside facility and has undergone two separate surgical procedures
- to remove metastatic mandibular lymph nodes. On today's examination, the mandibular lymph nodes are again enlarged, with at least
- three lymph nodes palpating as abnormally enlarged, which is highly concerning for progressive metastatic disease. We discussed that
- in cases like Brownie's—where melanoma continues to recur in regional lymph nodes despite prior surgeries—systemic therapy
- (chemotherapy and/or immunotherapy) is generally preferred over repeated surgical intervention alone, as surgery does not address
- microscopic or systemic spread of disease. If surgery is to be considered again, I recommended complete restaging prior to making that decision. This includes thoracic radiographs to evaluate for pulmonary metastasis and a head and neck CT scan to thoroughly assess all regional lymph nodes and surrounding structures. Given that Brownie has survived approximately one year since his original diagnosis, if staging confirms the absence of pulmonary metastasis, a third surgery to remove metastatic lymph nodes could be considered.

Abnormal PE/Chem/CBC/UA Results: However, I do not recommend pursuing additional surgery unless it is followed by adjuvant therapy, specifically the Oncept Melanoma Vaccine in combination with systemic chemotherapy, as surgery alone is unlikely to provide long-term disease control. CBC --- unremarkable CHEM --- BUN mild increased (28)

COMPUTED TOMOGRAPHY OF THE SKULL, NECK AND THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull & Neck

The dentition is complete. Triadans 309, 407-409, 411 present a widened periodontal space. The mesial root of triadan 409 presents a fistulous tract in the apical aspect of the alveolar crest.

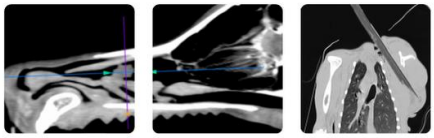
Along the lateral aspect of the ventral aspect of the ramus of the left mandible, an ill-defined, uniform soft tissue attenuating and mild irregular strong contrast enhancing spindle shaped mass is seen, measuring 12 x 15 x 29 mm.

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.

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.



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The lateral of the right mandibular lymph nodes is moderately prominent. Significant enlargement of the left medial retropharyngeal lymph node is seen – presenting a uniform soft tissue attenuating and irregular contrast enhancement pattern.

The thyroid gland bilaterally presents the expected shape and attenuation behavior.

Thorax

The left superficial cervical lymph node is prominent.

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.

Multiple peripheral segments of the pulmonary arteries present central mineralization and are mildly dilated.

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.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of excised oral melanoma
- Soft tissue mass lateroventral aspect of the ramus of the left mandible
- Lymphadenopathy right mandibular lymph node and left medial retropharyngeal lymph node
- Mild lymphadenopathy left superficial cervical lymph node
- Advanced periodontal disease 309, 407-409, 411 with fistula formation of triadan 309
- Mineralization of multiple peripheral pulmonary arteries segments
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue mass along the ramus of the left mandible can present lymph node metastasis to a left mandibular lymph node; a differential is local reoccurrence of the melanoma.

The enlarged lymph nodes are consistent with metastatic disease – including the left superficial cervical lymph node.

The segmental dilation and mineralization of the pulmonary arteries can be caused by preceding or ongoing parasitic infection, such as Dirofilariasis.

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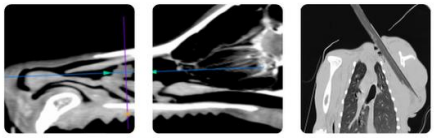

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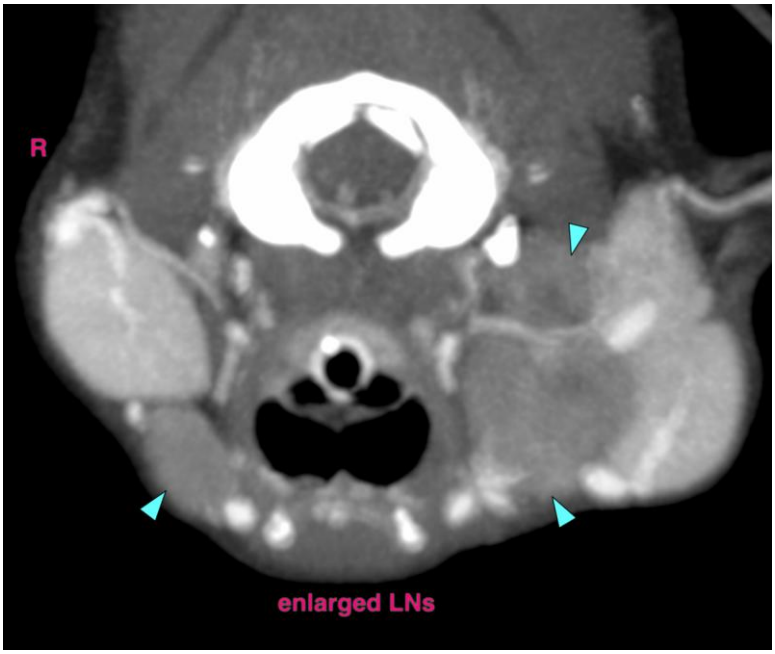

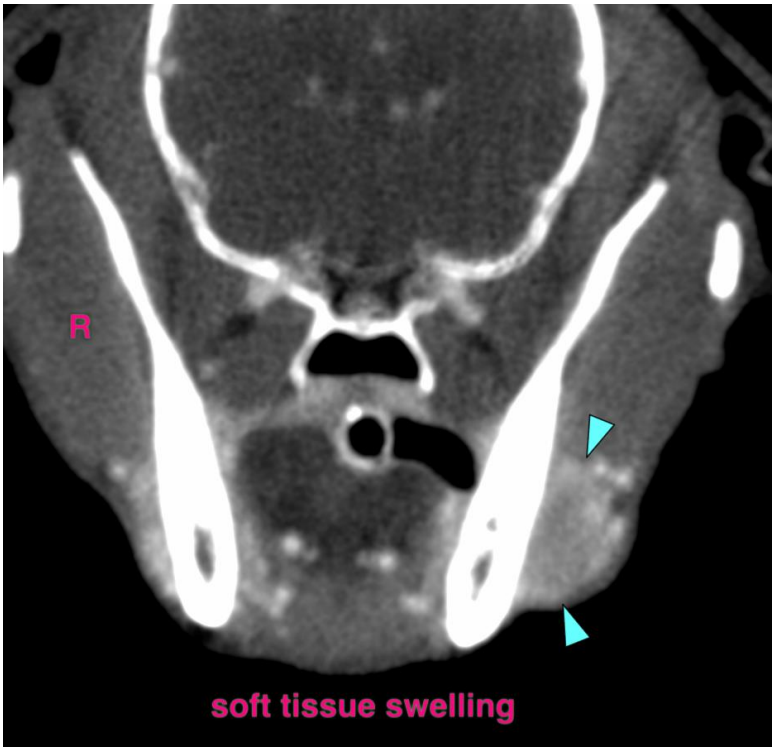

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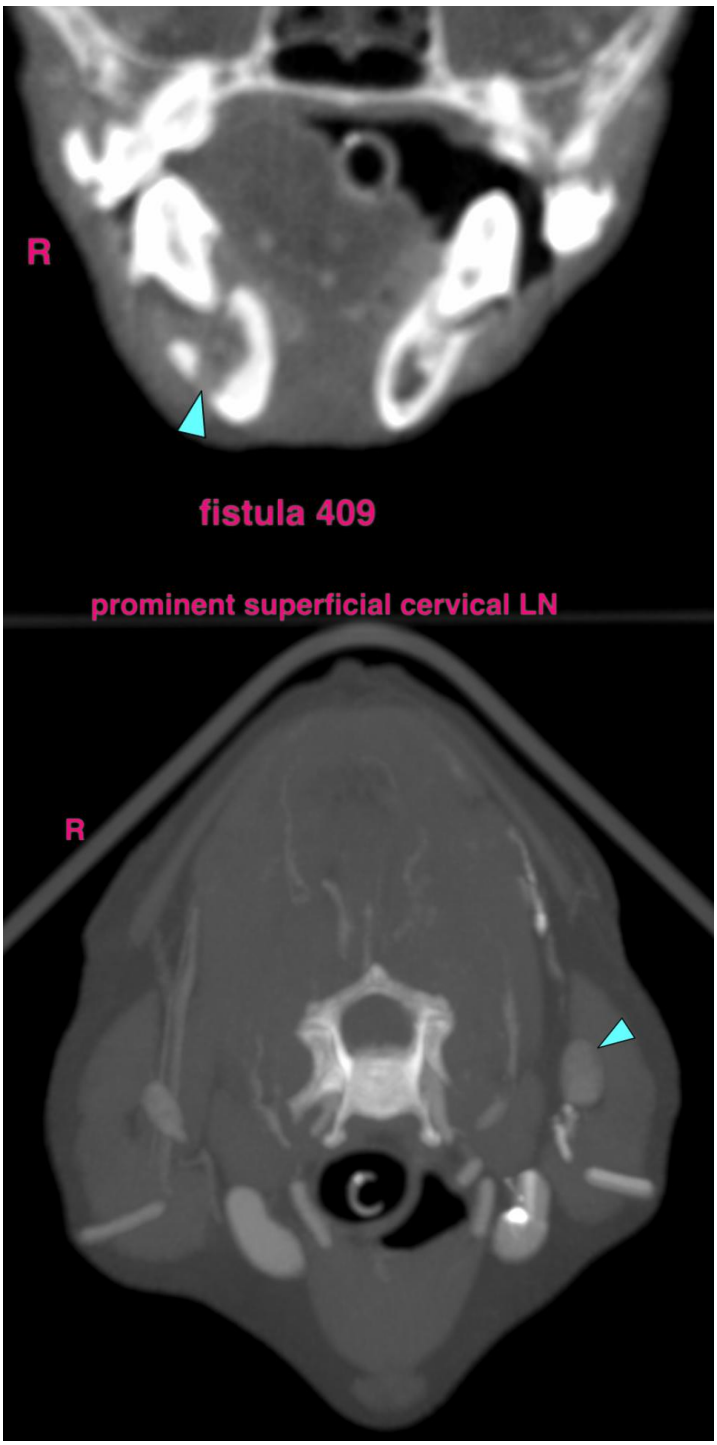

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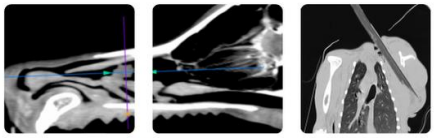

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com