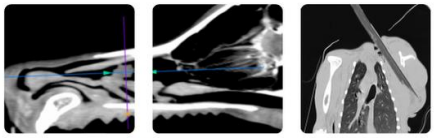

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Sophie Smith

SPECIES

Canine

BREED

Boxer

SEX

Female Spayed

AGE

11.5Y

WEIGHT

32.1kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Kirsten Bodie

HOSPITAL NAME

Bluegrass Veterinary Specialists

REFERRING VET

Dr. Kelly Gavin

INVOICE

73580

DATE

2-2-26

PRESENTING CLINICAL SIGNS

- 1. Hx high grade cutaneous MCT with complete excision
- 2. Hc Palladia 6 months
- 3. Large mass developing on R side of mandible

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Triadan 311 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. At the lateroventral aspect of the right external ear canal an ill-defined, uniform soft tissue attenuating and mild contrast enhancing mass is seen, measuring 5.5 x 4.3 x 5.8 cm. The mass is extending rostrally up to the lateral aspect of the right temporomandibular joint. The mass at the lateral aspect of the right external ear canal is merging with the right parotid salivary gland.

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 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

In the right axillary region, a well-defined lipoma is seen.

Along the thoracic and lumbar spine, multifocal spondylosis formation is seen.

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.

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.

Abdomen

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

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration in the cranial pole of the right kidney, a well-defined parenchymal filling defect is seen

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.

The liver is normal in size and shape. Throughout the hepatic parenchyma, sporadic well-defined pre- and post-contrast hypoattenuating roundish lesions are appreciated.

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.

Level with the intervertebral disc space L5/L6 mineral attenuating material is bulging into the vertebral canal, occupying approximately 20% of the cross-sectional area of the vertebral canal at the same level. The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 70% of the cross-sectional area of the vertebral canal at the same level.

In the right aspect of the vertebral body L7, an ill-defined geographic osteolytic lesion is seen, presenting a hypoattenuating center (- 44 HU).

The periarticular bones of the left coxofemoral joint present advanced osteophyte new bone formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Subcutaneous tissue mass lateral aspect of right parotid salivary gland
- Hypoattenuating hepatic lesions
- Lipoma right axillary region
- Intervertebral disc herniation L7/S1 with likely dynamic compression of the cauda equina fibers
- Intervertebral disc protrusion L6/L7 without compressive myelopathy
- Fatty bone marrow replacement vertebral body L7
- Solitary simple right renal cyst
- Absent triadan 311
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue mass at the lateral aspect of the right external ear canal is consistent with soft tissue neoplasia – differentials include mast-cell tumor, sarcoma or less likely primary neoplasia of the right parotid salivary gland (e.g. adenocarcinoma). FNA sampling can be used for specification. Surgical management may warrant right sided total ear canal ablation – due to the ill-defined margins the mass presents potential local invasive growth, increasing the risk for local reoccurrence.

The hypoattenuating hepatic parenchymal lesions are most consistent with hepatic cysts; differentials include metabolic hepatic disease, hepatitis or metastasis (considered unlikely).

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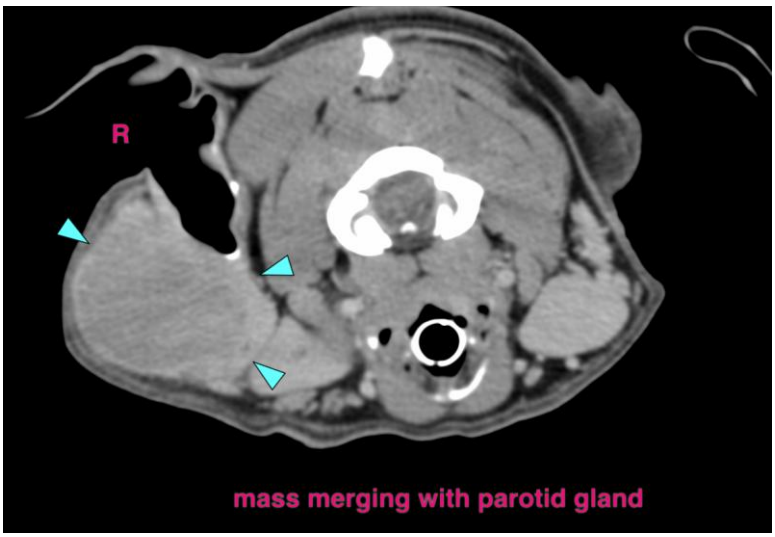

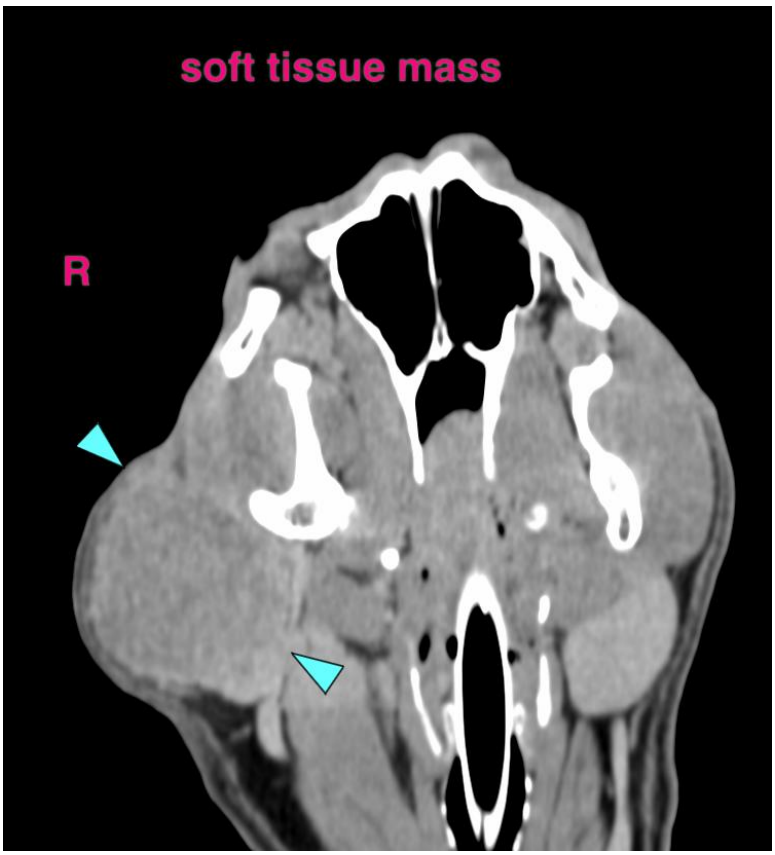

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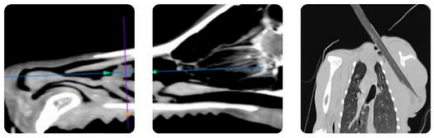

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Educational Teleconsultation Services™

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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