



**PATIENT PRESENTING CLINICAL SIGNS**

**Reese Nunez** History: Reese has had a growing mass effect on the left side of the face causing exophthalmos. The mass was evaluated and found to extend into the oral cavity at the level of the parotid duct with a 1-2 cm mass near the duct opening at the 4th premolar. The mass in the mouth was excised, and pathology showed: Chronic, locally extensive, mild lymphocytic, histiocytic, and neutrophilic sialoadenitis with moderate to severe fibrosis, and mild, multifocal, mucosal ulcers.

**SPECIES**

Canine

**BREED**

Mixed

Abnormal PE/Chem/CBC/UA Results: Pressure on the eye causes fluid wave effect to move fluid toward the oral mucosa at the 4th premolar. Aspirate of the regions of fluid show thick clear mucoid material that can not be expressed through the duct of the parotid.

**COMPUTED TOMOGRAPHIC STUDY OF THE SKULL**

**SEX**

Neutered Male

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

**COMPUTED TOMOGRAPHIC FINDINGS**

Triadan 401 is absent.

**AGE**

10 Years

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

Ventral to the left ocular bulb, in the left orbit, in the region of the left zygomatic gland, a well-defined ovoidal shaped, fluid attenuating mass is seen measuring 4.7 x 2.3 x 3.7 cm in size. The left ocular bulb is displaced dorsally by the mass effect. The left zygomatic gland is deviated laterally and the ductal system is dilated.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

**HOSPITAL NAME**

Mtn. West VH

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.

**REFERRING VET**

Dr. Andrew Burton

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 left mandibular lymph nodes are prominent.

**INVOICE COMPUTED TOMOGRAPHIC DIAGNOSIS**

21298

- Suspect cavitated mass ventral aspect left orbit
- Secondary exophthalmos
- Lymphadenopathy left mandibular lymph nodes

**DATE**

2/24/23



**PATIENT**

- Absent triadan 401

Reese Nunez

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Canine

The mass in the ventral aspect of the orbit appears to be cavitory and in combination with the histopathology results of the excised mass the presumptive diagnosis is sialocele originating from the left zygomatic salivary gland. Ultrasound can be used to confirm the cavitory character of the lesion causing the exophthalmos – if so surgical management is the therapy of choice. If the mass has a solid character, FNA sampling/biopsy is recommended to rule out neoplastic disease (e.g. melanoma, fibrosarcoma, myosarcoma).

**BREED**

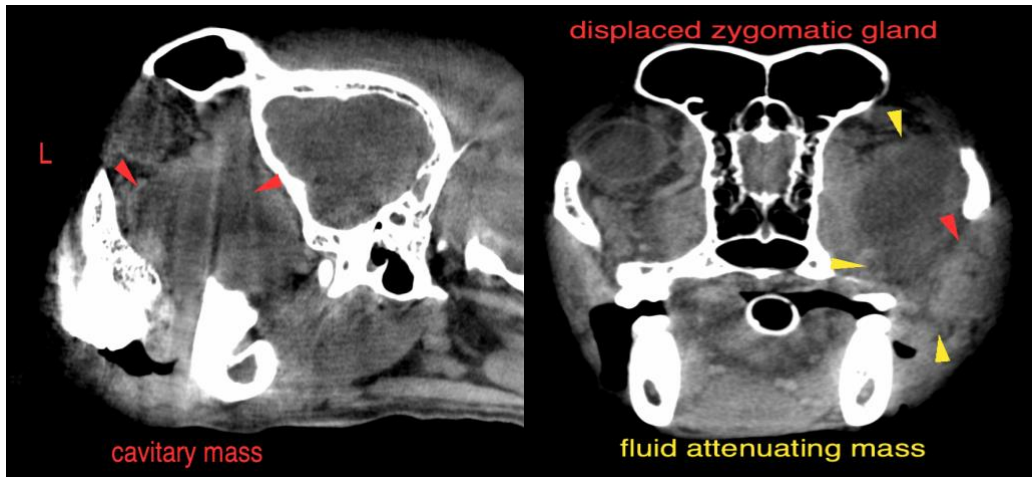
Mixed

**SEX**

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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.**

**HOSPITAL NAME**

Mtn. West VH

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.

**REFERRING VET**

Dr. Andrew Burton

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**INVOICE**

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**DATE**

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