



PATIENT

Houdini Carni

PRESENTING CLINICAL SIGNS

patient presented for evaluation of a mass on the left lateral neck

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

BREED

Pitbull

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

SEX

MN

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.

AGE

11 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

Animal Surgical
Center

Associated with the left dorsal epaxial musculature, starting at the left aspect of the occipital bone and extending caudally up to the level of C2/C3, an ill-defined, heterogeneous contrast enhancing mass is visible; measuring approximately 7.1 x 4.0 x 9.2 cm in size. The soft tissue mass is in close contact with the occipital bone presenting , extensive permeative osteolytic lesions with perforation of the cranial fossa – up to the level of the left parietal bone.

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Thorax

The vertebral endplates T5/T6 to T8/T9 presents well-defined crescent shaped depressions of the subchondral bone, demarcated by a thin sclerotic rim. The left proximal humeral meta- and diaphysis present small zones with irregular marginated sclerosis.

INVOICE

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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.

DATE

2-7-22

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



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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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The left cranial lung lobe presents a moderately decreased volume and multiple regions of dystelectasis. 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.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

SEX

MN

- Biologically aggressive soft tissue mass left caudal aspect of the calvarium/left epaxial musculature
- Secondary polyostotic aggressive osteolytic lesions occipital and left parietal bone with perforation of the cranial fossa
- Suspect bone infarcts left humerus
- Schmorl nodules vertebral endplates mid thoracic spine
- No evidence of pulmonary metastatic spread

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with soft tissue neoplasm at the left craniodorsal aspect of the neck with secondary aggressive osteolytic lesions of the calvarium with perforation of the cranial fossa. Sarcoma, such as hemangiosarcoma or fibrosarcoma, is the top differential here. FNA sampling can be considered for further workup. Due to the involvement of the calvarium, complete surgical excision is not feasible, the chances of palliative radiation therapy can be discussed with oncologist.

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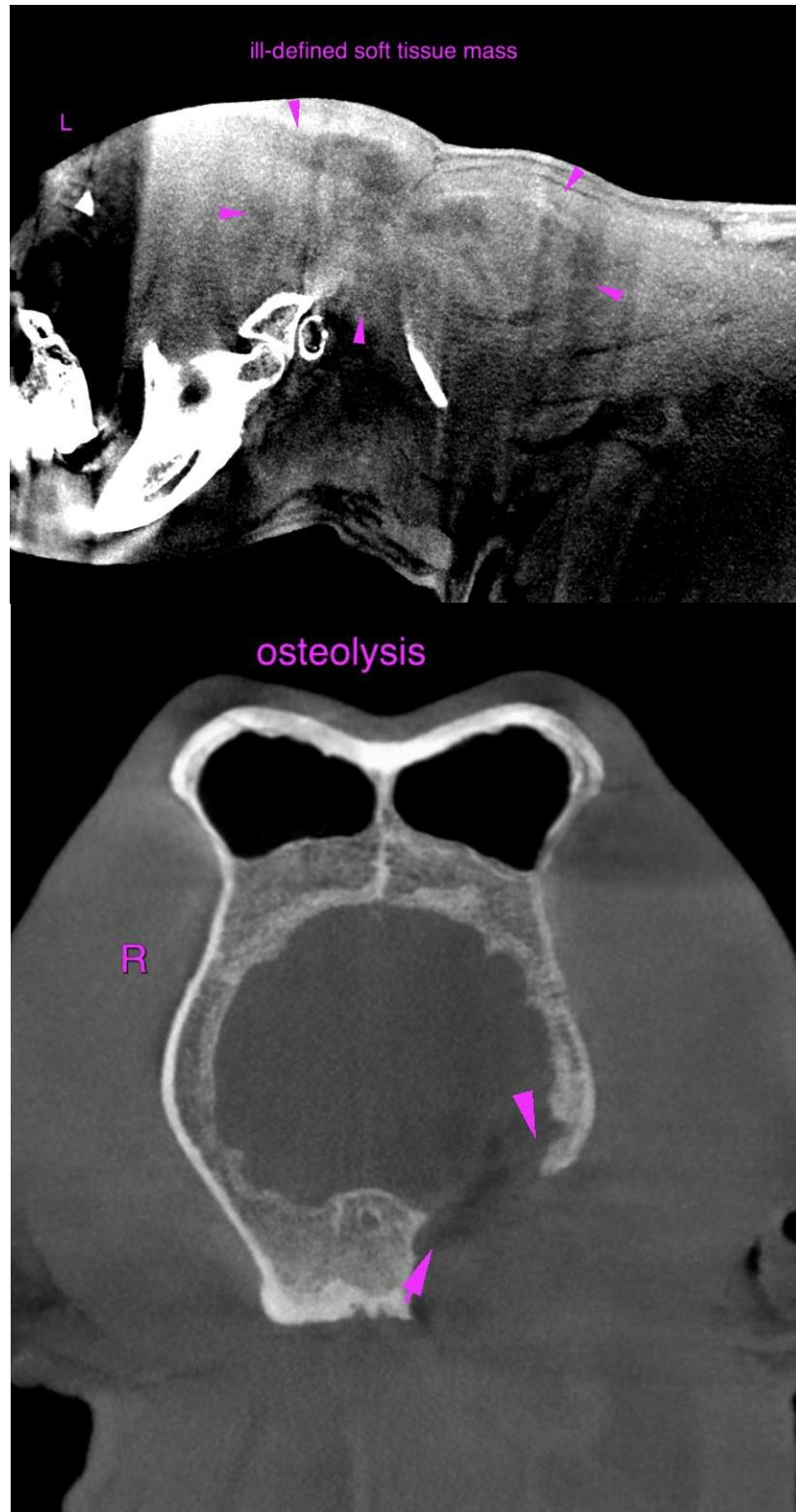
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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