SonoPath Teleradiology

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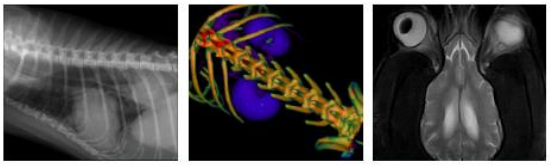


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Gabbana Merker

SPECIES

Canine

BREED

Staffordshire Bull Terrier

SEX

FS

AGE

14 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Scottsdale Veterinary Clinic

REFERRING VET

Dr. Gans

INVOICE

57007

DATE

3-1-23

PRESENTING CLINICAL SIGNS

Acute onset of swelling on dorsal head- asymptomatic

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 tooth elements 105-107 and 410 are absent.

A small amount of non-contrast enhancing soft tissue material is attached to the nasal mucosal lining.

Centered on the dorsal aspect of the calvarium, an eccentric growing soft tissue attenuating mass with multifocal mild amorphous mineralization is seen, presenting a heterogeneous contrast enhancement pattern. The mass at the dorsal aspect of the calvarium is measuring 7.9 x 4.9 x 8.5 cm in size. The parietal & frontal bone bilaterally and the dorsal aspect of the occipital bone present extensive permeative osteolysis with perforation of the cranial fossa.

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.

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

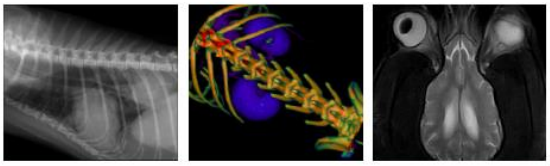
Multifocal moderate spondylosis formation is seen along the thoracic spine. The intervertebral discs T12/T13 and T13/L1 are bulging into the vertebral canal, occupying up to 25% of the cross-sectional area of the vertebral canal at the same level.

In the subcutaneous tissue at the caudodorsal aspect of the neck/craniodorsal aspect of the thorax, a moderate soft tissue swelling with small interspersed gas bubbles is seen – consistent with preceding subcutaneous infusion.

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 lung parenchyma has a generalized mild to moderate ground glass attenuation pattern with randomly distributed interspersed punctuate mineralization. Generalized mild thickening of the



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bronchial walls is seen. In the cranioventral aspects of the lung parenchyma, zones of peribronchial consolidation of the lung are seen in combination with cylindrical bronchiectasis.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Polyostotic aggressive osteolytic mass dorsal aspect of the calvarium with perforation of the cranial fossa
- Generalized moderate unstructured interstitial lung pattern with mild bronchial component and segmental cylindrical bronchiectasis
- Intervertebral disc protrusion T12/T13 and T13/L1 with compressive myelopathy
- Pulmonary osteomas
- Multiple absent teeth
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The eccentric growing expansile mass arising from the dorsal calvarium is consistent with primary osseous neoplasia – such as osteosarcoma, chondrosarcoma, fibrosarcoma, hemangiosarcoma – without overt mass effect on the brain. FNA sampling/biopsy can be used for further differentiation and possible palliative treatment options can be discussed with oncologist.

The pulmonary pattern is compatible with chronic bronchopneumonitis – a primary inflammatory non-infectious origin is considered likely ± pulmonary fibrosis. No macroscopic pulmonary metastasis are appreciated.

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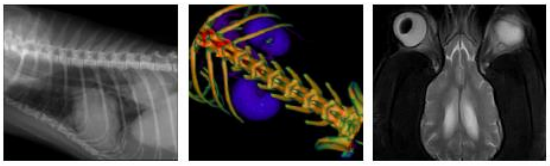

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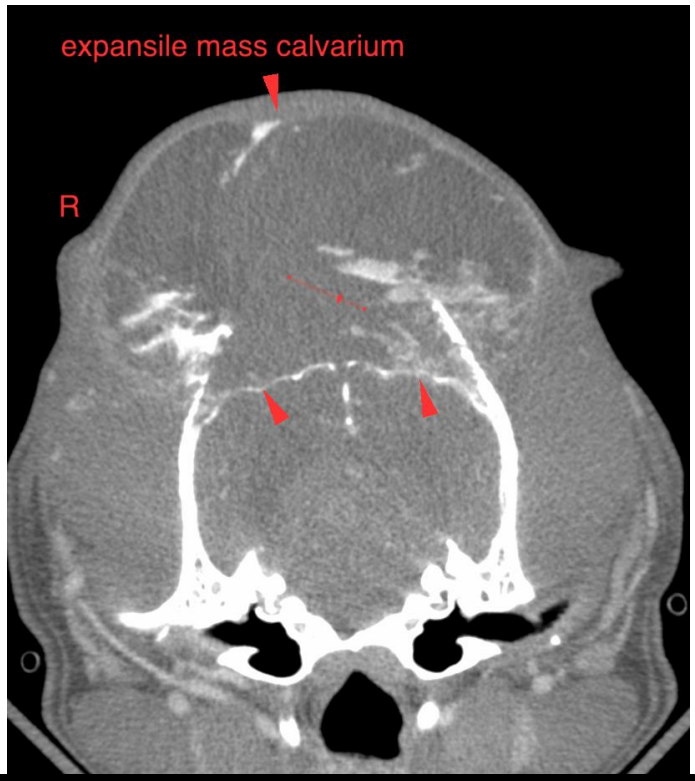

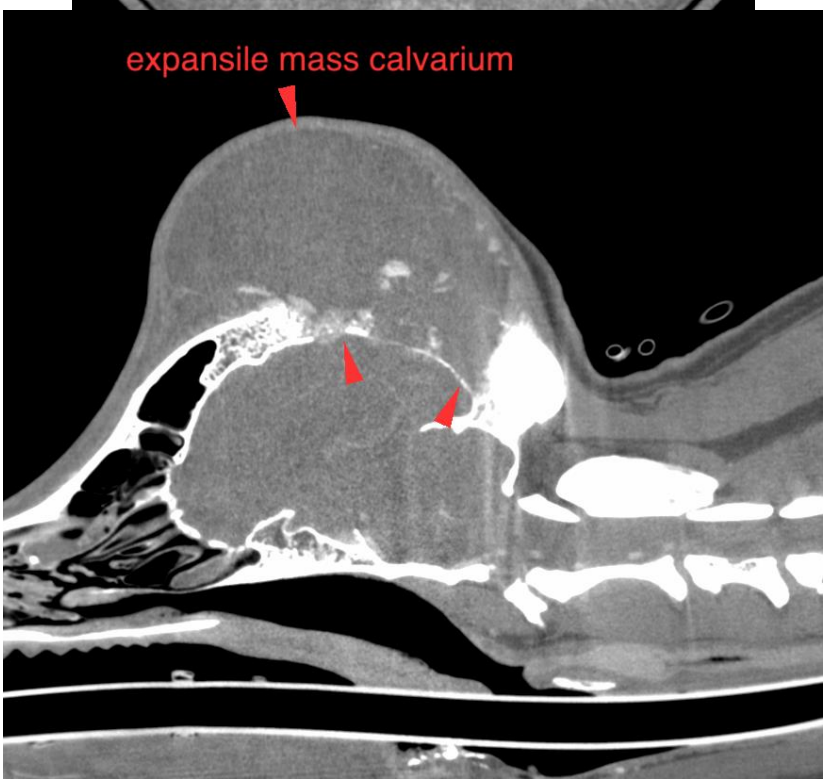

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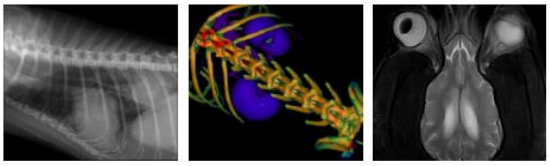

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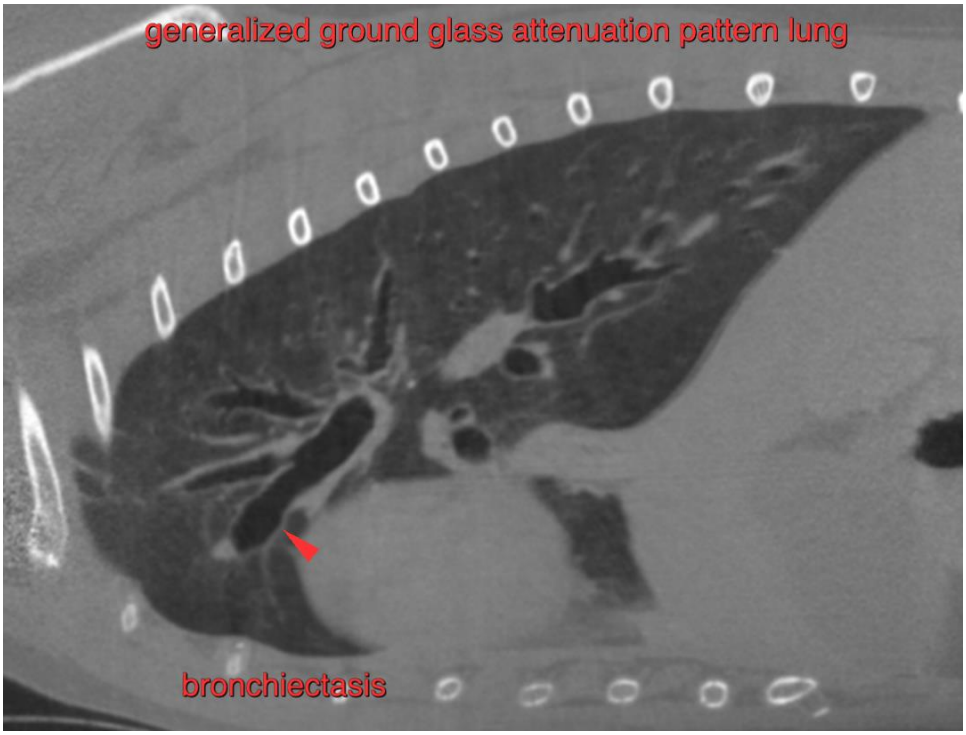

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com