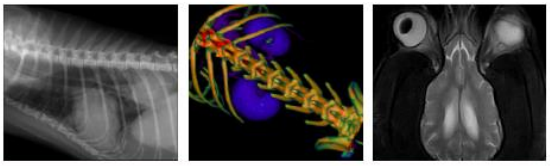


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Amelia Kelso

SPECIES

Canine

BREED

Pit X

SEX

Spayed Female

AGE

10 Years

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Mtn. West VH

REFERRING VET

Dr. Allison Bowersox

INVOICE

14261

DATE

3/11/22

PRESENTING CLINICAL SIGNS

History: acute onset of vomiting L sided lung lesion observed on radiographs Prior hx of an amelioblastoma removed along with 1/4 of her maxilla, since then has chronic nasal discharge sometimes with blood Bloodwork normal Rule out aspiration pneumonia vs cancer
Abnormal PE/Chem/CBC/UA Results:

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN

A high-resolution plain CT study of the skull and a post-contrast CT study of the thorax & abdomen are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

A segment of the right maxillary bone, including the segment including triadan 103 to 107 is absent, involving parts of the horizontal plate of the right palatine bone. Major parts of the conchal structures of the right nasal cavity are absent.

A small metal attenuating body is seen in the caudal remaining segment of the right infraorbital canal. 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 present mild to moderate mineralization.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

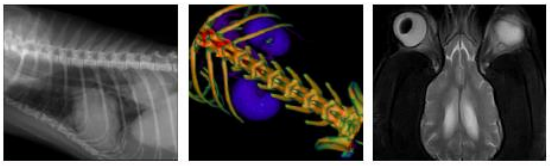
Thorax

The vertebral endplates T5/T6 present mild spondylosis formation.

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.

In the craniomedial aspect of the left caudal lung lobe, an irregular marginated, soft tissue attenuating mass with region of mild mineralization and a mild heterogeneous contrast enhancement pattern is seen. The pulmonary mass is measuring 8.1 x 4.5 x 7.9 cm in size and compressing the accompanying bronchi. In the left cranial lung lobe and the right cranial lung lobe, randomly distributed, small (<6 mm) nodular lesions with feathered margins are visible.



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

Abdomen

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 a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma. The splenic parenchyma is uniform soft tissue attenuating. In the hilar region of the right division of the liver, a post contrast roundish well-defined parenchymal filling defect is seen, measuring 6 mm in diameter.
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.

Multifocal moderate spondylosis formation is seen along the lumbar spine.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of right rostral maxillectomy and focal conchal destruction
- Pulmonary mass left caudal lung lobe and structured nodular interstitial lung pattern
- Spondylosis deformans
- Normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pulmonary lesions are consistent with pulmonary neoplastic disease – as acanthomatous ameloblastoma are commonly non metastasizing but local invasive growing tumors. Potentials include bronchogenic/bronchoalveolar carcinoma. Ultrasound guided FNA sampling of the pulmonary mass can be tried – placing the patient in left lateral recumbency for 10 minutes prior to ultrasound will help to increase visibility of the mass by inducing compression atelectasis of the overlying lung parenchyma.
The feathered nodular lesions are concerning for metastatic spread of epithelial neoplasia.

No clinically relevant abnormalities of the abdominal structures are appreciated.

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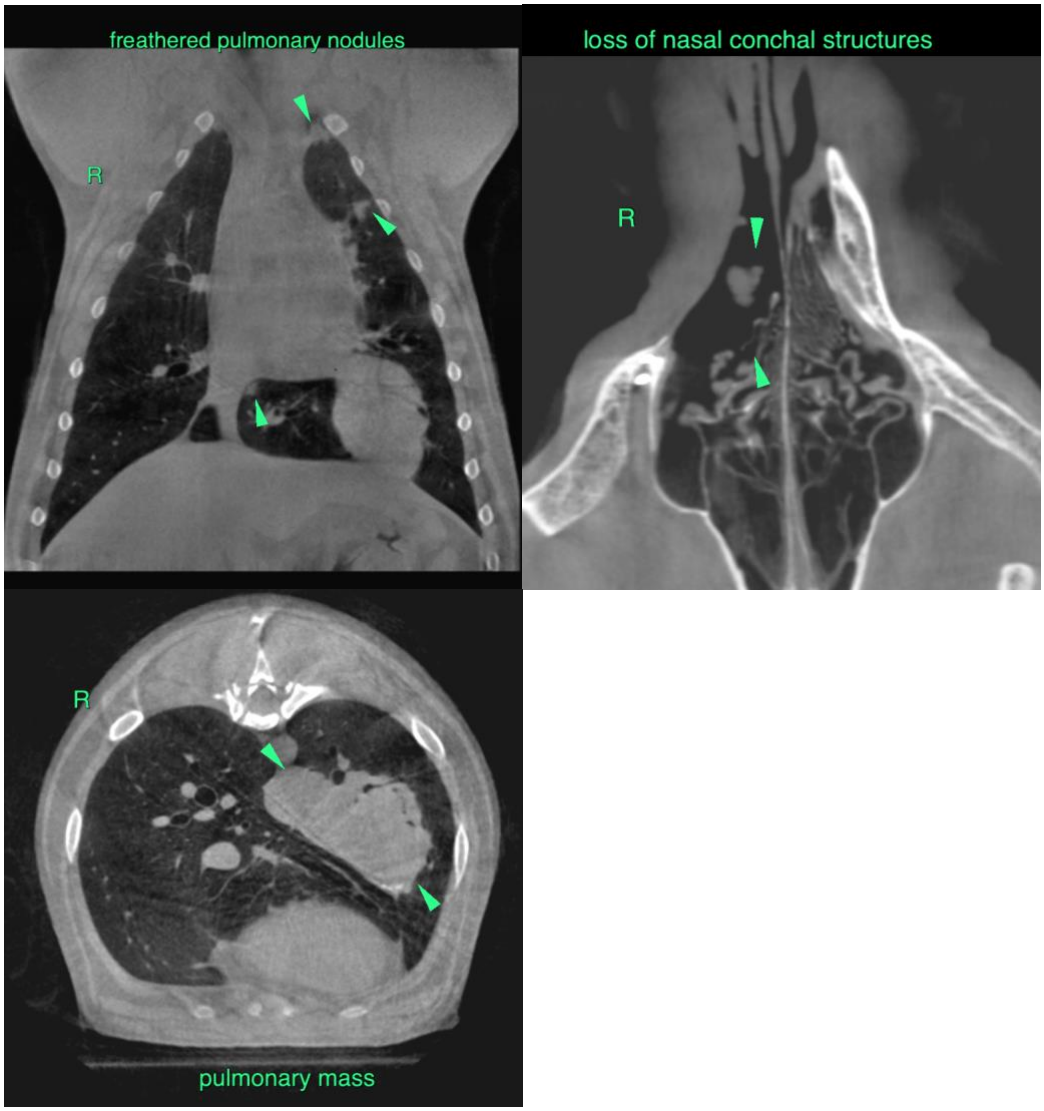
The loss of the nasal conchal structures is likely a predisposing factor for rhinitis due to impaired function of the nasal mucosal lining.



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.

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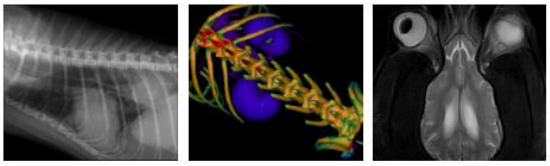

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sebast.schaub@gmail.com