



PATIENT PRESENTING CLINICAL SIGNS

Remi Schwartz History: Pet presented on 3/7/22 for progressive drainage from eyes, coughing, and muscle loss on the face and head starting 3 weeks prior. Physical exam revealed temporalis muscle atrophy bilaterally but worse on the right side, a firm swelling on the left side of the face near the lateral canthus OS, and a large SQ mass on the right ventral neck. Pet had normal STT, tonometry, and corneal stain that day.

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL/NECK

BREED

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

Golden Retriever Mix

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Spayed Female

The left zygomatic arch presents with an expansile heterogeneous contrast enhancing soft tissue mass with permeative osteolytic lesions and mild brush-border like periosteal new bone formation fo the left zygomatic bone. The mass of the left zygomatic arch is mildly protruding into the left orbit, displacing the left ocular bulb medially.

AGE

9 Years

Aggressive osteolysis is seen in the region of the right jugular foramen.

The volume of the right masticatory musculature is moderately decreased and in the region of the right trigeminal nerve, a tubular, mild heterogeneous contrast enhancing soft tissue mass is visible, presenting advanced osteolysis of the sphenoid bone.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

At the right lateral aspect of the trachea, a large, ill-defined, heterogeneous contrast enhancing, multilobulated mass is visible. The soft tissue mass is extending from the level of the right medial retropharyngeal lymph node caudally up to the level of C4. The trachea is displaced to the left by the mass effect. Multiple tortuous vessels are seen along the mass and the right jugual vein presents with multiple intraluminal filling defects

HOSPITAL NAME

Wilson VH

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

REFERRING VET

Dr. Dincau

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.

In the pictured cranial tip of the left cranial lung lobe, multiple variable sized, well-defined, soft tissue attenuating nodules are visible.

INVOICE

14481

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large multilobulated soft tissue mass right aspect of the neck – region of right thyroid gland – with vascular invasion

DATE

3/24/22



PATIENT

Remi Schwartz

- Segmental neuropathy right trigeminal nerve with secondary neurogenic muscle atrophy right masticatory muscles
- Polyostotic aggressive osteolytic lesion left zygomatic bone and sphenoid bone
- Structured nodular interstitial lung pattern

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with disseminated neoplastic disease with multiple sites of metastatic spread. I consider the odds for underlying primary thyroid carcinoma high. Treatment options are limited to palliative management of the patient. The prognosis is considered infaust.

BREED

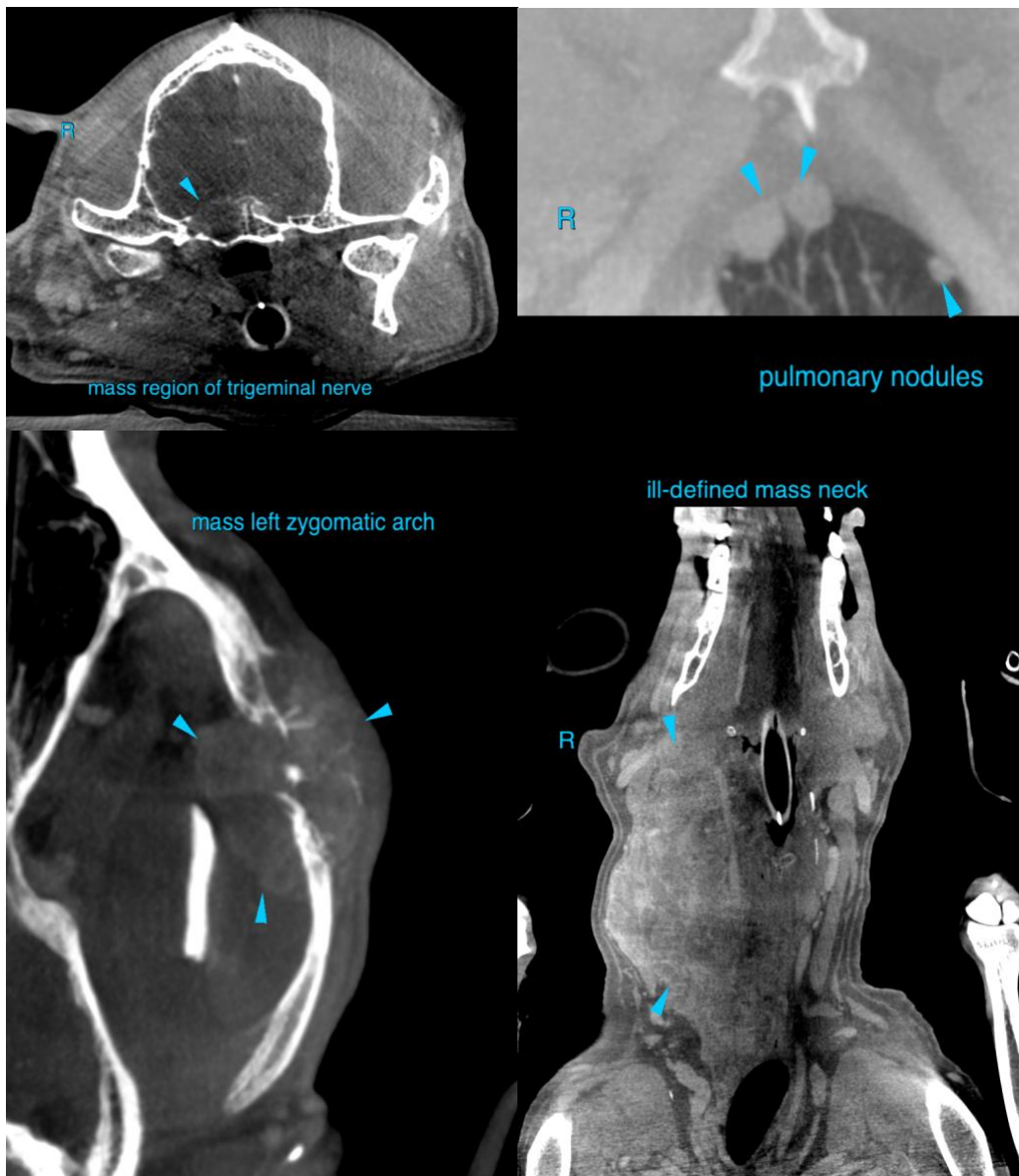
Golden Retriever Mix

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PATIENT 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.

Remi Schwartz

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.

SPECIES

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