



PATIENT PRESENTING CLINICAL SIGNS

Summer Dante Presented to ophthalmologist for evaluation of red eye OD of 4 weeks duration. Had dental procedure on 2/8/23 in hopes that treatment of periodontal disease may lead to resolution of the ocular clinical signs, but it has persisted. 107-->110 teeth all removed due to abscessation. Submission of the alveolar bone from the dental for histopathology returned as atypical fibrocollagenous proliferation with lymphoplasmacytic inflammation/gingivitis and alveolar bone expansion.

SPECIES Canine
BREED Lab Mix
SEX Spayed Female

Abnormal PE/Chem/CBC/UA Results: Fluorescein stain: negative OU; IOP: 21 mmHg OD and 24 mmHg OS Menace: present OU; PLR: direct and consensual present OU Procedure: 1 gtt phenylephrine OD--no resolution to elevated nictitans, bulbar hyperemia improved OD: Comfortable. Mild inferior lid swelling. Thready mucoid discharge at medial canthus. Moderate nictitans elevation with hyperemia and chemosis. Moderate conjunctival hyperemia. Cornea clear. Iris WNL. Mild lenticular sclerosis with fibrillar incipient nuclear opacity. Normal fundic exam. OS: Comfortable. Cornea clear. Slight vitreal herniation at the 7 o'clock aspect of pupillary aperture with pigment dusting. Mild lenticular sclerosis. Normal fundic exam
DIAGNOSIS: Inferior lid blepharitis v.s. palpebral mass OD; Vitreal herniation OS

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

12 Years, 9 Months
INTERPRETED BY Sebastian Schaub, DVM Dr. med. vet. DipECVDI

The tooth elements 107-110, 208 are absent. Centered on the alveolar process of the right maxillary bone, an ill-defined, uniform soft tissue attenuating and irregular mild contrast enhancing plaque like mass is seen – extending approximately from the level of absent triadan 107 caudally up into the ventral aspect of the right orbital cavity. The alveolar process of the right maxillary bone level with the mass presents permeative osteolytic lesions. The right ocular bulb is displaced dorsally and rostrally by the mass effect. Mild immature periosteal new bone formation is seen at the rostral base of the right zygomatic arch.

HOSPITAL NAME Mobile Pet Imaging

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.

REFERRING VET Meaux

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.

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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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- DATE** 3-28-23
- Soft tissue mass centered on the caudal segment alveolar process right maxillary bone and extension into right orbital cavity
 - Secondary right sided exophthalmos
 - Absent triadan 107-110 and 208



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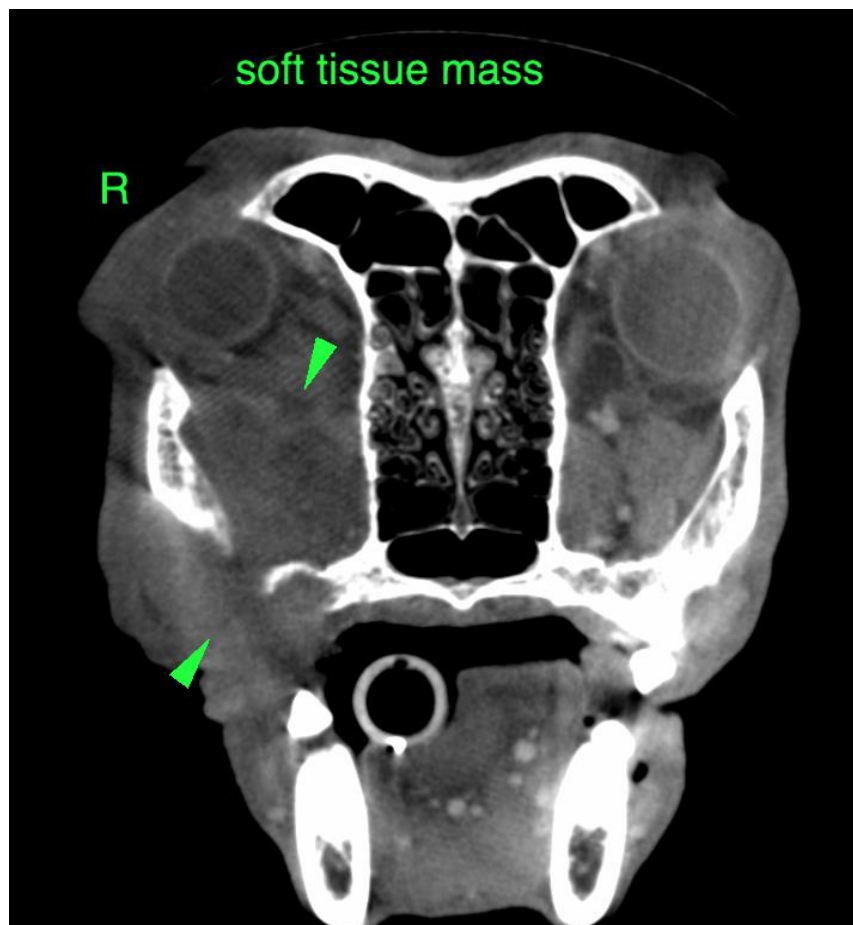
DATE

3-28-23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue mass centered on the caudal segment of the alveolar process of the right maxillary bone and protrusion into the right orbital cavity with secondary exophthalmos is highly suggestive for primary soft tissue neoplasm – such as melanoma, fibrosarcoma, squamous cell carcinoma, other. Theoretically inflammatory pseudotumor is a potential, but these are rare entities. Recommend repeating biopsy from the soft tissue mass.

Consider full tumor staging.





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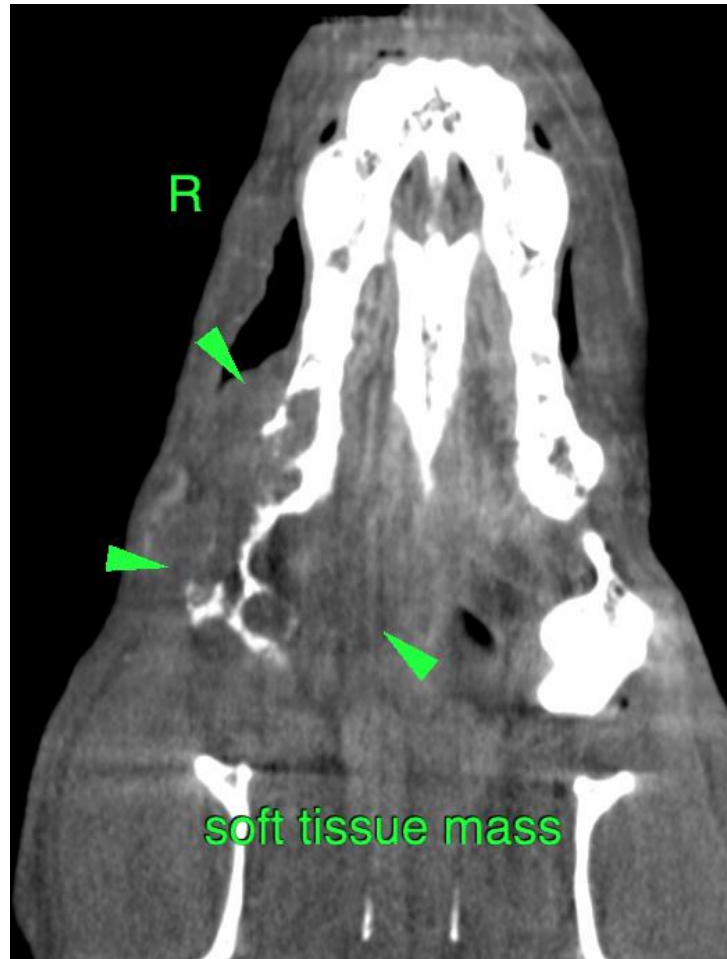
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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