



**PATIENT PRESENTING CLINICAL SIGNS**

Reggi Rainey Hx of rapidly progressing exophthalmia/buphthalmia OS and difficulty opening jaw.  
 Abnormal PE/Chem/CBC/UA Results: OS: exophthalmos/buphthalmos. Asymmetry of temporalis muscle Unable to fully open jaw

**SPECIES COMPUTED TOMOGRAPHY OF THE SKULL**

Canine A high resolution plain CT study of the neurocranium is provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**BREED**

Standard Poodle

Extending along the left aspect of the calvarium – along the left parietal bone up into the caudal aspect of the orbital cavity, medial to the ramus of the left mandible – an amorphous mineralizing, ill-defined mass is seen. The medial wall of the left orbital cavity presents moth eaten osteolytic lesions with perforation of the cranial fossa, mineralized material is mildly bulging into the cranial fossa. The proximal segment ramus of the left mandible presents moth eaten osteolytic lesions and is mildly deviated laterally. The left ocular bulb is displaced rostrally by the mass effect. The mass is measuring approximately 5.3 x 3.5 x 7 cm.

**SEX**

MN

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**

The mandibular lymph nodes are prominent.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Amorphous mineralizing mass left aspect of the calvarium extending rostrally into the left orbital cavity and evidence of perforation of the cranial fossa
- Secondary semiaggressive osteolytic lesions along the coronoid process of the left mandible
- Secondary left sided exophthalmos
- Lymphadenopathy mandibular lymph nodes

**HOSPITAL NAME**

Paws and Claws Urgent Care

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Shakira Jameson

The mineralizing mass is consistent with underlying neoplastic disease, sarcoma is considered most likely. The mechanical contact between the mass and the ramus of the left mandible is explaining the presenting clinical signs. FNA sampling/biopsy can be performed for further differentiation.

**INVOICE**

57796

Recommend FNA sampling of the mandibular lymph nodes to differentiate between reactive hyperplasia or metastatic spread. Consider full tumor staging.

**DATE**

4-13-23

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI



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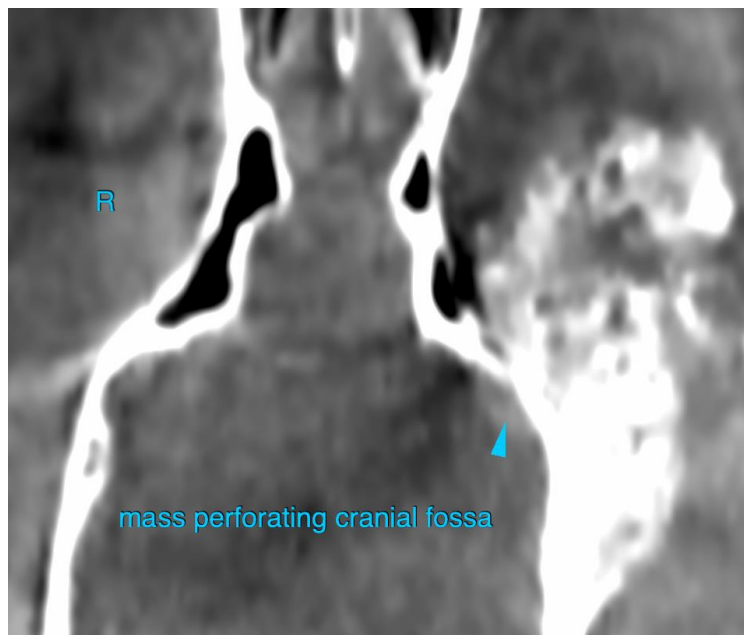
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osteolytic lesions coronoid process

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  
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