



PATIENT

Lily Leung

SPECIES

Canine

BREED

Maltese

SEX

FS

AGE

12

WEIGHT

2.9

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Kam

INVOICE

74568

DATE

4-13-26

PRESENTING CLINICAL SIGNS

history of basosquamous carcinoma removal right upper maxilla

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent. The remaining teeth present variable degree of periodontal disease.

Centered on the caudal aspect of the alveolar process of the right maxillary bone – level with triadan 107 up to the rostral aspect of the ramus of the right mandible, a soft tissue attenuating mass with interspersed granular mineralization is appreciated. The mass is perforating and bulging into the right nasal cavity. The right ocular bulb is deviated rostr dorsally by the mass effect. The associated osseous structures – including the right maxillary bone, right palatine bone and right hamulus of the pterygoid bone present advanced permeative osteolysis.

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.

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 lateral of the right parotid lymph node and mandibular lymph nodes are moderately prominent, R>L.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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 bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

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



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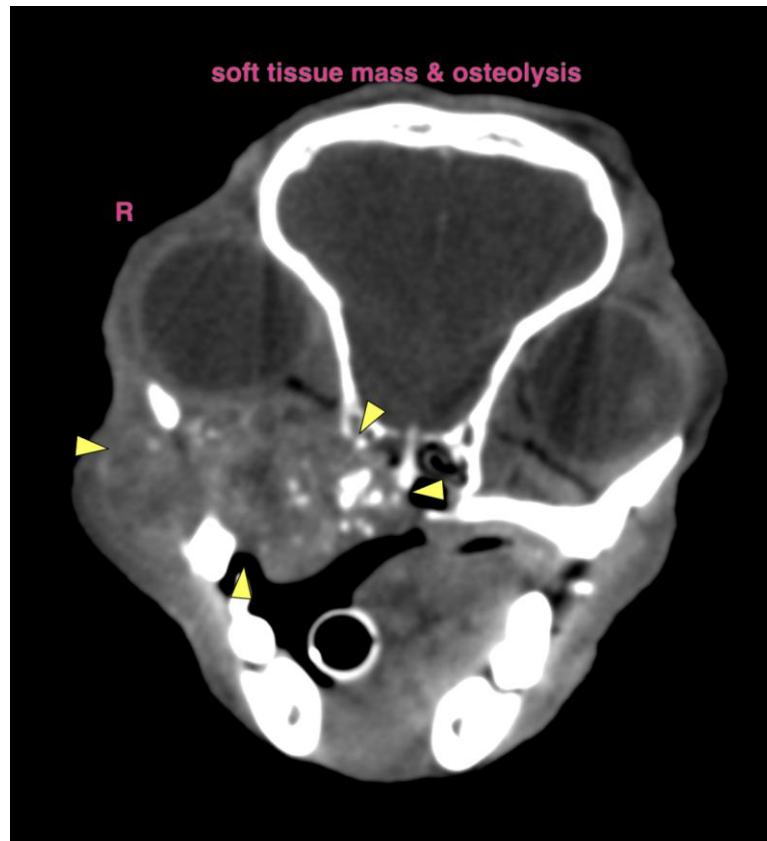
COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of excised basosquamous carcinoma with local reoccurrence and polyostotic aggressive osteolytic lesions
- Secondary right sided exophthalmos
- Lymphadenopathy mandibular lymph nodes bilaterally and right parotid lymph node
- Generalized periodontal disease of the remaining teeth
- Multiple absent teeth
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with local reoccurrence of the carcinoma – presenting as an expansile mass with local biologically aggressive behavior, FNA sampling/biopsy can be performed for confirmation. Complete surgical resection is not feasible, and treatment options are limited to palliative options.

The odds for metastatic spread to the regional lymph nodes are high.





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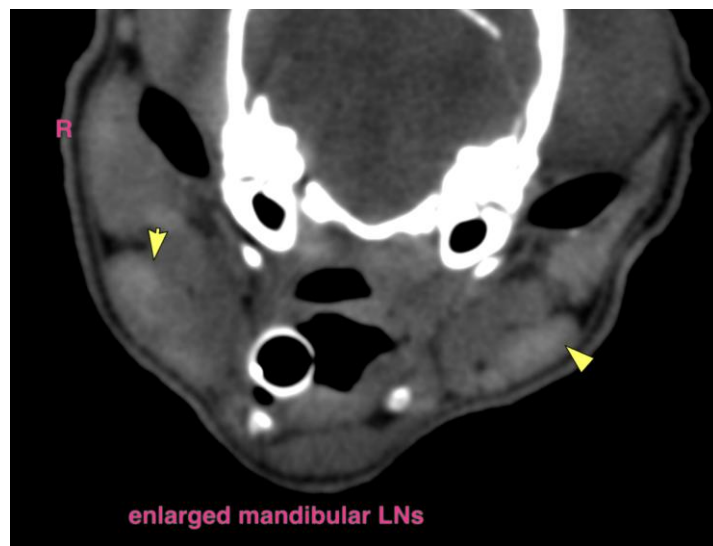
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI

info@sonopath.com

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