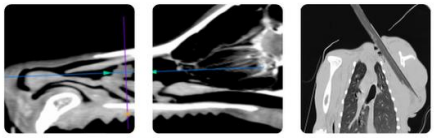

PATIENT

Franklin Candra

SPECIES

Canine

BREED

Dachshund (long haired)

SEX

Male Neutered

AGE

12Y, 9M, 16D

WEIGHT

16.44lbs

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Joseph D'Abbraccio, DVM

HOSPITAL NAME

Catskill Veterinary Services, PLLC

REFERRING VET

Joseph D'Abbraccio, DVM

INVOICE

74583

DATE

4-14-26

PRESENTING CLINICAL SIGNS

Patient presenting for swelling first noted approximately two weeks ago, appearing overnight, with pictures sent on March 27th. The swelling is reported to be growing and changing size every couple of days; described as both 'a little squishy' and 'pretty firm'. Associated sneezing is reported, with no discharge. Owner reports no pawing at the swelling, no coughing, vomiting, or diarrhea. Eating, drinking, urination, defecation, energy level, and attitude are reported as normal. Patient was previously on medication for a suspected dental abscess, which was discontinued approximately one week prior to presentation. The tooth in the affected area has been previously removed. No current medications are being administered. Last meal was at 5 PM the previous night.
Abnormal PE/Chem/CBC/UA Results: PE: Fear/Anxiety/Stress Score: 2/5; Oral Cavity: Oral cavity could not be fully assessed due to patient temperament; full examination deferred until sedation.; Integument: Subcutaneous mass, squishy and firm, measuring 2.5 cm by 1.75 cm, located under the right zygomatic arch.; CBC: MPV 14.8; Plateletcrit 0.56; Chem: ALT 150; ALP 300; 4DX: Negative;

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent.

Centered on the right maxillary bone, a mixed amorphous mineralizing and soft tissue attenuating mass is seen – protruding into the right nasal cavity and subcutaneous tissue along the lateral aspect of the nose. The right maxillary bone level with the mass presents permeative osteolysis. Caudally the right maxillary mass is protruding into the rostral aspect of the right orbital cavity and is extending rostrally up to the level of triadan 107. The right nasal cavity is partially obliterated by the maxillary mass and destruction of the associated nasal conchal structures is seen. The right frontal sinus is filled with gravity dependent fluid attenuating material.

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 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.

Thorax

Multiple intervertebral discs along the thoracic spine present mild central mineralization.

In the subcutaneous tissue dorsal to the thoracic spine, multiple well-defined soft tissue attenuating nodules – partially with peripheral mineralization – are appreciated.

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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.

Throughout the lung parenchyma, multiple well-defined, soft tissue attenuating nodules are appreciated; measuring up to 4.5 mm in diameter.

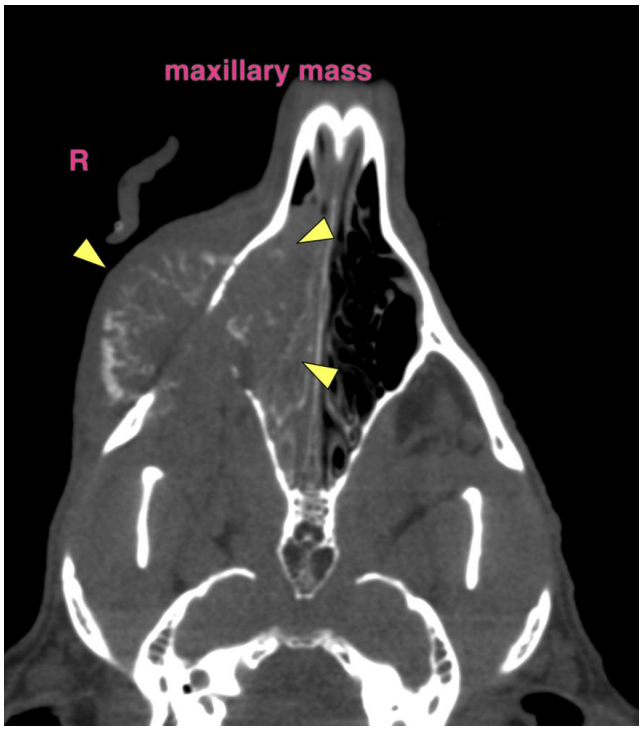
Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic aggressive mixed osteolytic and osteoproliferative mass right maxillary bone with secondary obstruction of the right nasal cavity
- Structured nodular interstitial lung pattern
- Multiple absent teeth

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinically appreciated mass is consistent with primary osseous neoplasia – such as osteosarcoma, chondrosarcoma, osteochondrosarcoma. FNA sampling/biopsy of the mass can be performed for specification. The pulmonary nodules are indicative for secondary metastatic spread.



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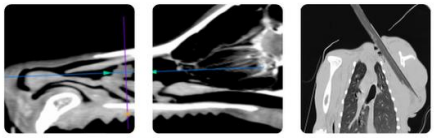

Teleradiology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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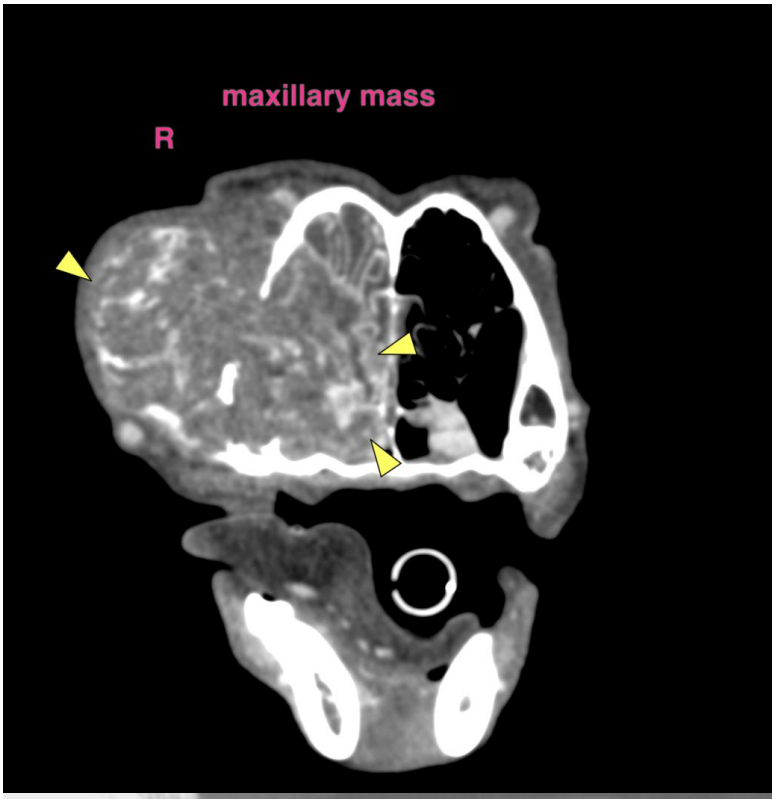

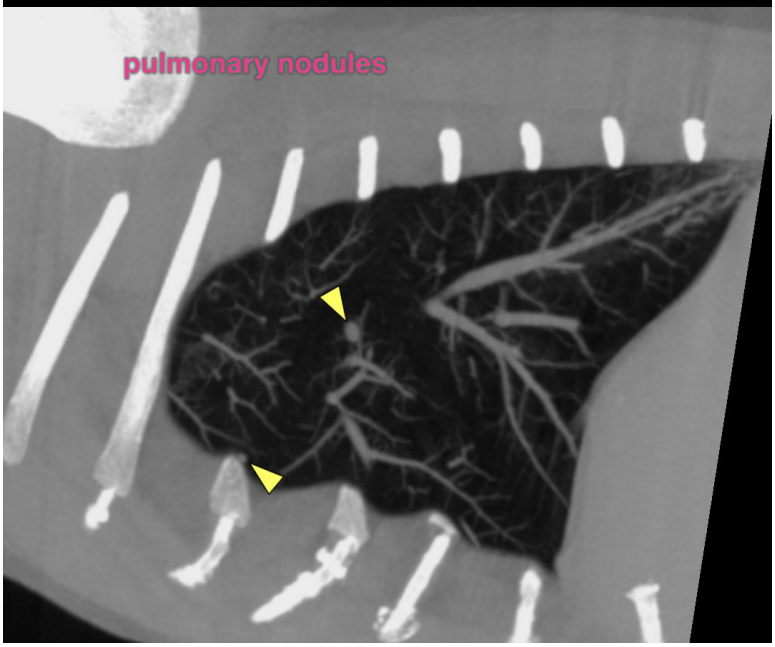

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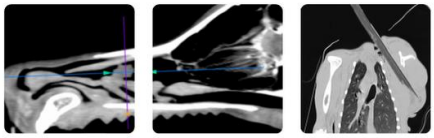

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com