



PATIENT

Scarlett Sorrese

PRESENTING CLINICAL SIGNS

Scarlet presented for inflammation on left eye first noted december 2021. Owners stated dog was playing, hit her head and initially was fine. The following morning owners noticed the swelling for the first time. Over the past few months the swelling has waxed and waned but never completely resolved. Over the past few weeks owner noticed occasionally white ocular discharge and a more firm swelling along the ventral orbit where previously it was more dorsally located. Scarlet is otherwise EDUD normally. Does not seem painful at home.

SPECIES

Canine

BREED

Ridgeback

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

A high resolution plain CT study of the skull and thorax are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

FS

Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

AGE

5 Years

At the caudodorsal aspect of the left maxillary bone – at the rostromedial osseous margin of the left orbit – an irregular soft tissue mass elevating the periosteum with amorphous periosteal new bone formation is seen. The maxillary bone presents permeative osteolytic lesions and the mass is perforating the left nasal cavity and is extending caudally in the left nasal cavity along the perpendicular plate of the left palatine bone. The left maxillary mass is measuring approximately 2.9 x 2.5 x 3.8 cm in size.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

HOSPITAL NAME

Animal Surgical
Center

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.

REFERRING VET

East Meadow AH

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

Thorax

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

INVOICE

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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 pattern is uniform and considered 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.

DATE

4-4-22

The lung parenchyma presents the expected architecture and attenuation behavior. In the ventral tip of the accessory lung lobe, a small region with mineralization is seen.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of



PATIENT abnormal dilation.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Monostotic aggressive mixed osteolytic and osteoproliferative lesion caudodorsal aspect of the left maxillary bone with perforation of the left nasal cavity
- Suspect pulmonary osteoma accessory lung lobe
- No evidence of pulmonary metastatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Ridgeback

The mass appreciated at the rostromedial osseous margin of the left orbit is presenting a biologically aggressive behavior and the odds for neoplastic origin (e.g. chondrosarcoma, osteosarcoma, fibrosarcoma) are high. Osteomyelitis is a consideration, but the odds are considered lower. If not done so yet, FNA sampling and biopsy of the mass are mandatory for further definition.

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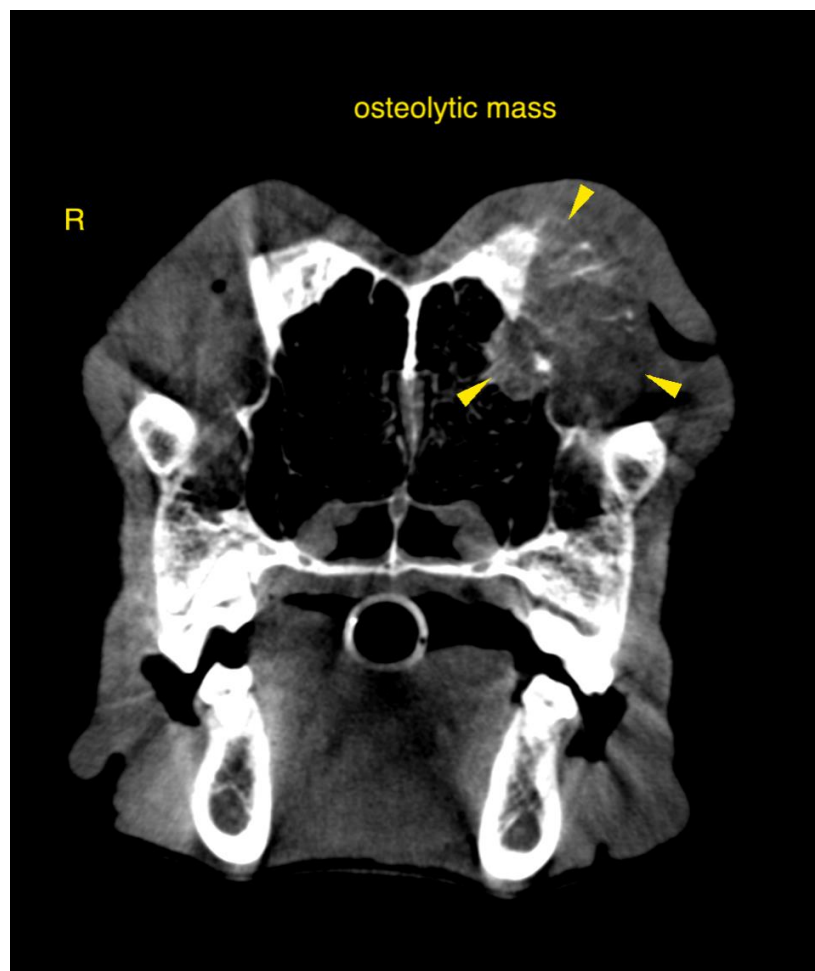
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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