



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Rocky Lehnardt  
**SPECIES** Canine  
**BREED** Collie Pyranees Mix  
**SEX** CM  
**AGE** 4 Years

Rocky presented with a 2 week history of blood drops in his water dish and stertor. A large mandibular mass involving the ramus of the mandible and the left laryngopharynx/soft palate area was identified. The mass lateral to the ramus of the mandible was resected. Grade 3 soft tissue sarcoma was diagnosed. The owner reports the mass is already growing back. Previous diagnosis: None Purpose of CT scan: Staging Location of CT scan: Head Mass: Rapidly growing and is growing back quickly Therapies tried and response: Surgical removal Current medication: None Current signs: Has audible stertor Appetite and activity level: Appetite decreased, energy level decreased by about 70%.

Abnormal PE/Chem/CBC/UA Results: PE: \*\*General Appearance:\*\* Bright, alert and responsive; a mass is palpable over the left mandible and neck \*\*Oral Cavity:\*\* Teeth are free from excessive tartar, no gingivitis present; mucous membranes pink; swelling over left laryngopharynx Lab: Blood work is dated 5/25/22. CBC - PCV = 50%, WBC = 10800, neutrophils = 6264, lymphocytes = 3132, monocytes = 540. Platelets = 237,000. Chemistry - normal. Urinalysis - not provided.

**COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

Skull

Triadan 411 is absent. The proximal part of the crown of triadan 304 is absent and the pulp cavity is filled with hyperattenuating material – history of endodontic treatment.

The right ramus of the mandible – including the condylar process and up to triadan 410 – presents advanced permeative osteolytic lesions. In the right retropharyngeal region, level with the zygomatic process of the right temporal bone and along the right ramus of the mandible a moderate contrast enhancing ill-defined mass is seen. The right retropharyngeal mass is extending medially up to the right hamulus of the pterygoid bone – presenting permeative osteolytic lesions. The nasopharynx is obliterated by the mass.

Along the lateral aspect of the body of the right mandible, a tubular, central fluid attenuating mass is seen

The right tympanic bulla is filled with soft tissue attenuating material. The wall of the right tympanic bulla is mildly thickened.

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.

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 right medial retropharyngeal and mandibular lymph nodes are prominent and present a heterogeneous contrast enhancement pattern.

Thorax

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

**HOSPITAL NAME**

VetMed Consultants

**REFERRING VET**

Jay Ipsen

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52160

**DATE**

5-29-22



**PATIENT**

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

Rocky Lehnardt

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.

**SPECIES**

The cardiovascular structures including the pulmonary vasculature are within normal limits.

Canine

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.

**BREED**

Collie Pyranees Mix

The lung parenchyma presents the expected architecture and attenuation behavior with interspersed punctuate mineralization.

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

**SEX**

Abdomen

CM

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

**AGE**

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

4 Years

The adrenal glands are within normal limits for size, shape and organ architecture.

**INTERPRETED BY**

Sebastian Schaub, DVM  
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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

**HOSPITAL NAME**

VetMed Consultants

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

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The intervertebral discs L3/L4 to L5/L6 are mildly protruding into the vertebral canal, mildly distorting the ventral epidural space.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Right sided retropharyngeal mass with advanced polyostotic aggressive osteolytic lesions of the right mandible and the right hamulus of the pterygoid bone and early stage of osteolytic lesions sphenoid bone
- Lymphadenopathy right medial retropharyngeal and mandibular lymph nodes
- Tubular cavitary mass lateral aspect right mandible
- Right sided otitis media due to mechanical obstruction of the Eustachian tube
- Mild intervertebral disc protrusion L3/L4 to L5/L6
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

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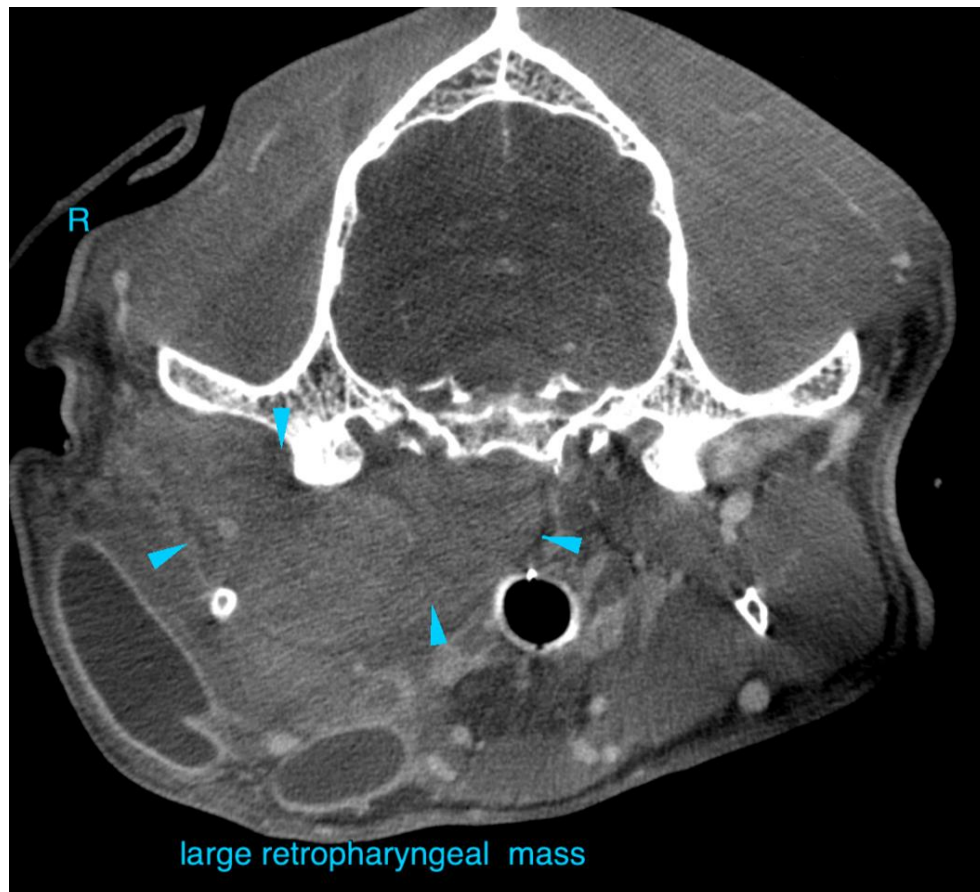
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings right retropharyngeal mass is consistent with the history of sarcoma, presenting local invasive growth with aggressive lytic lesions of the associated osseous structures – up to the base of the skull. The extension of the mass is unfortunately rendering the mass surgically non-resectable.

The tubular cavitory lesion can present seroma secondary to preceding surgery or cavitory component of the sarcoma.

The enlarged regional lymph nodes are suggestive for metastatic spread – FNA sampling can be used for further definition.





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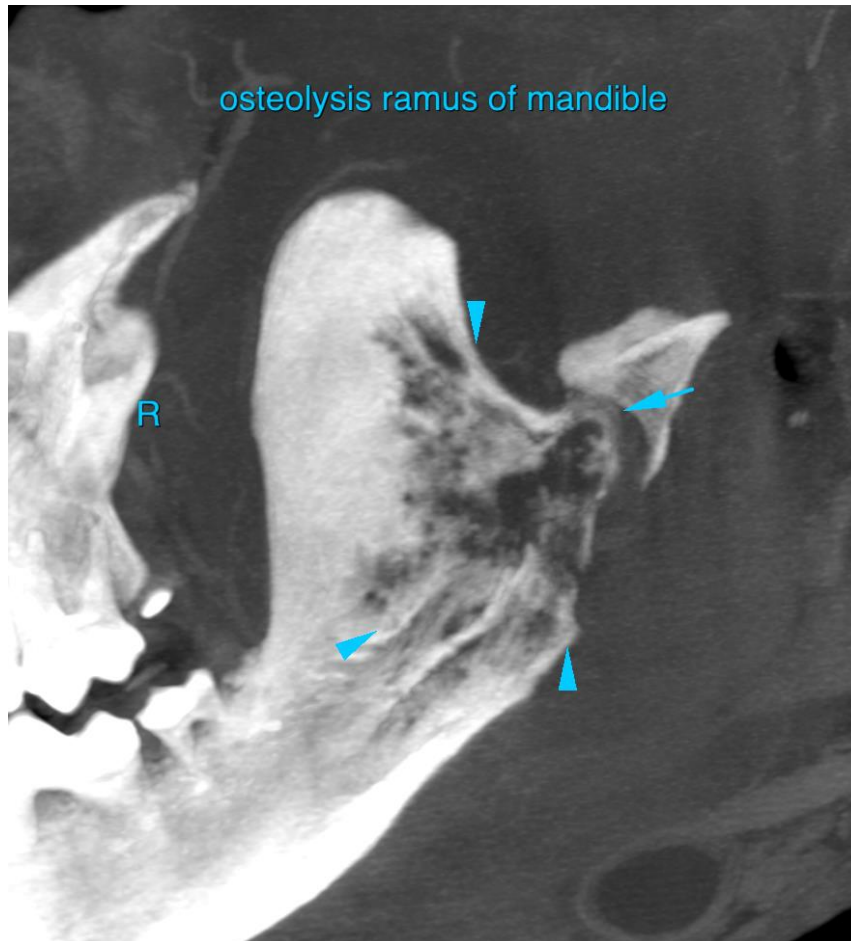
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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