



PATIENT PRESENTING CLINICAL SIGNS

Journey Shaw History: Journey presented with a history of mast cell tumor surrounding the left ear and over the forehead. The mass has ruptured and become infected in the past. There are multiple coalescing dermal and subcutaneous masses around the left ear. Surgical biopsy shows low grade MCT. The mass has recurred since removal 3 months ago and is growing. Bacterial culture grew MRSP.

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed Female

AGE

12 Years

Thoracic radiographs on 4/19/22 were negative for metastatic disease. The mass is partially responsive to prednisone and antihistamines. She has been treated with clindamycin and topical mupirocin cream. Previous diagnosis: low grade MCT Purpose of CT scan: Staging Location of CT scan: Head and neck, chest, abdomen Mass (behaviors): Growing, ulcerates and becomes infected Therapies tried and response: Infection responds to clindamycin. Current medication: Clindamycin 300 mg BID, prednisone 25 mg SID, Benadryl 75 mg BID and Pepcid 40 mg SID Current signs: Shaking and visible mass. Appetite and activity level: Normal

Abnormal PE/Chem/CBC/UA Results: PE: A large area of multiple coalescing nodules and thickening is present over the left side of the head and around the base of the ear, the left pre-scapular lymph node is mildly enlarged. Lab: Blood work is dated 1/5/22. CBC - PCV = 46%, WBC = 7600, neutrophils = 4761, lymphocytes = 2274, monocytes = 427. Platelets = 662,000. Chemistry - ALP = 731, all else normal. Free T4 = 1.5, TOTAL T4 = 2.7. HWT - negative. Urinalysis - USG = 1.040, pH = 6.0, 3+ protein, trace ketones, WBC = 1-5/hpf, RBC = 0, no bacteria. Culture mass (3/23/22) - Staphylococcus pseudintermedius, sensitive to clindamycin. Fine needle aspirates are obtained from the left pre-scapular lymph node and left medial retropharyngeal lymph node.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

HOSPITAL NAME

Vet Med Consultants

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

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

REFERRING VET

Dr. Dana Clark

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

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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. In the subcutaneous tissue along the medial aspect of the base of the pinna of the left ear– extending over the dorsolateral caudal two thirds of the left temporal muscle - a soft tissue attenuating and heterogeneous moderate contrast enhancing plaque like mass, measuring 4.7 x 2.6 x 10.6 cm in size is seen.

DATE

5/5/22



PATIENT

Journey Shaw 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.

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The left parotid lymph node is moderately enlarged and rounded. The left medial retropharyngeal lymph node is mildly prominent.

Canine

Multifocal moderate spondylosis formation is seen along the cervical spine and marked bridging spondylosis formation is noted along the caudal cervical spine.

BREED

Thorax

Labrador Retriever
Mix

Multifocal moderate spondylosis formation is seen along the thoracic & lumbar spine.

SEX

Moderate granular mineralization of the tendon of the left supraspinatus muscle is appreciated, the tendon of the right supraspinatus muscle presents mild mineralization. The major tubercle of the humerus, level with the tendon of the supraspinatus tendon presents an irregular contour.

Spayed Female

AGE

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.

12 Years

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.

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Multiple variable sized gas filled roundish lesions, demarcated by a thin, soft tissue attenuating capsule are seen throughout the lung parenchyma; measuring up to 19 mm in diameter. The caudodorsal dependent aspects of the lung, present regions with mild compression atelectasis. Multifocal punctuate mineralization of the lung parenchyma is appreciated.

HOSPITAL NAME

Vet Med Consultants

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

Abdomen

REFERRING VET

Dr. Dana Clark

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

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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.

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

DATE

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

Journey Shaw

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.

SPECIES

Canine

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

BREED

Labrador Retriever
Mix

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

The intervertebral discs L6/L7 and L7/S1 are mildly protruding into the vertebral canal, distorting the ventral epidural space at the same level.

SEX

Spayed Female

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Plaque like subcutaneous soft tissue mass along the base of the left pinna of the ear – history of mast cell tumor
- Lymphadenopathy left parotid lymph node and mildly left medial retropharyngeal lymph node
- Bullae multifocal throughout the lung parenchyma
- Mild intervertebral disc protrusion L6/L7 and L7/S1 with possible dynamic myelocompression
- Calcifying tendinopathy supraspinatus muscle bilaterally
- Multifocal spondylosis deformans
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The subcutaneous mass along the left aspect of the skull – medial to the left pinna – is consistent with the history of mast cell tumor. The enlarged parotid lymph nodes is highly concerning for metastatic spread – recommend FNA sampling for further definition, including the left medial retropharyngeal lymph node.

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For full tumor staging workup should be complemented by FNA sampling of the spleen and liver.

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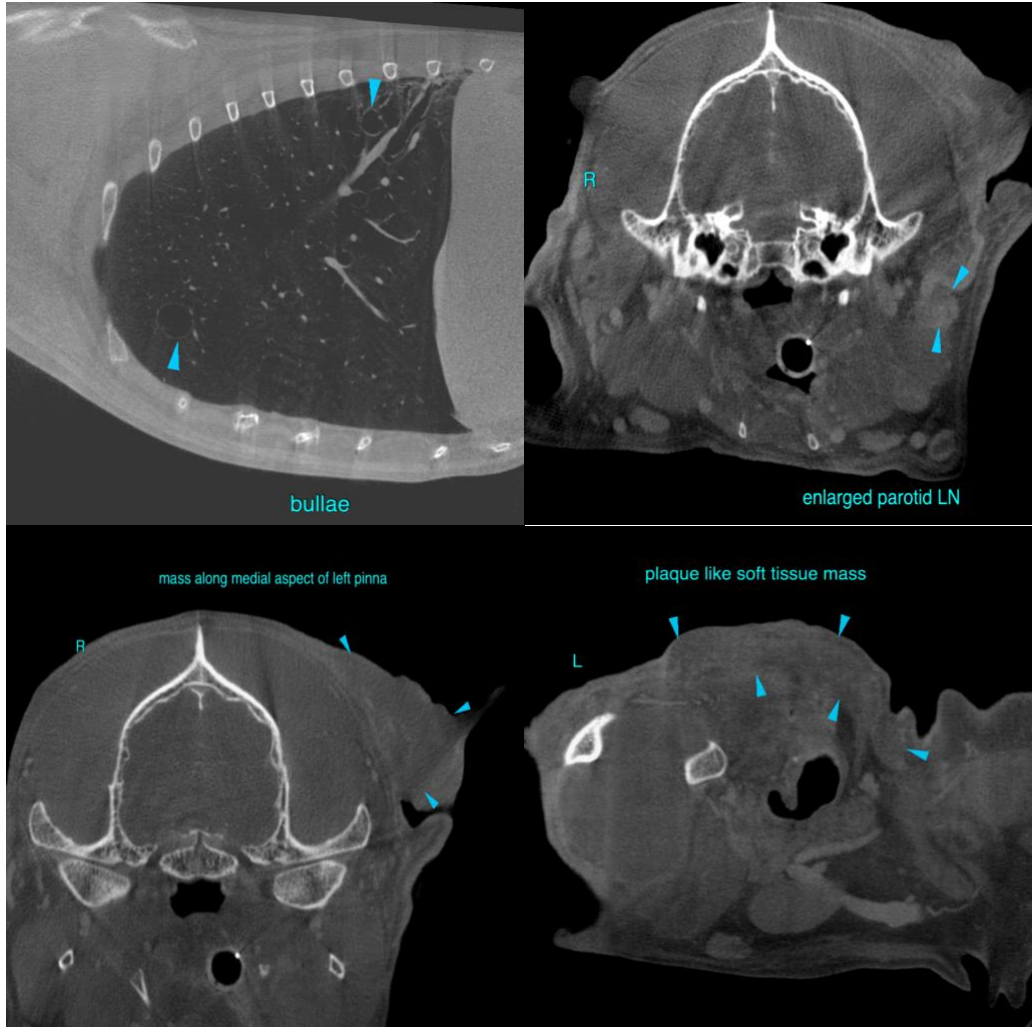
Dr. Dana Clark

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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
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