



**PATIENT PRESENTING CLINICAL SIGNS**

George Smyth left mandibular swelling initially noticed early March 2023. Additionally: small, approximately 3 mm diameter subcutaneous mass over the left nuchal crest, and approximately 3 cm diameter, firm cutaneous mass over the left dorsal metatarsus

**SPECIES COMPUTED TOMOGRAPHY OF THE SKULL, NECK AND LEFT HIND PAW**

Canine A pre- and post-contrast CT study of the skull and left hind paw in a bone and soft tissue reconstruction are provided for review.

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

Newfoundland Skull  
A supernumerary triadan 201 is present.

**SEX** In the subcutaneous tissue along the lateroventral aspect of the body of the left mandible, a well-defined, fat attenuating, ovoid shaped mass is seen, measuring 4.6 x 2.6 x 5.6 cm.

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

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

8 Years Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals present a thickened wall with shell-like mineralization.

**INTERPRETED BY**

Sebastian Schaub, DVM Dr. med. vet. DipECVDI 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 pituitary gland is mildly protruding dorsally beyond the osseous margins of the pituitary fossa.

**HOSPITAL NAME**

Animal Health Partners 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.

In the subcutaneous tissue at the caudodorsal aspect of the skull and the left craniolateral aspect of the neck – level with C1/C2 –, a well-defined, soft tissue nodule is appreciated respectively, measuring up to 6.4 mm.

**REFERRING VET**

Dr. Debbie Reynolds The osseous and soft tissue structures of the included parts of the neck are within normal limits.

Left hind paw

**INVOICE** At the dorsal aspect of the metatarsal bones, an ill-defined, plaque like, homogeneous soft tissue attenuating and contrast enhancing mass is seen, measuring 3.1 x 1.3 x 4.9 cm. The metatarsal bones present without abnormalities.

58144 Bridging new bone formation is seen at the dorsal aspect of the distal intertarsal joint.

**DATE** The remainder of the osseous and soft tissue structures of the left hind paw present no abnormalities.

5-5-23



**PATIENT COMPUTED TOMOGRAPHIC DIAGNOSIS**

George Smyth

- Subcutaneous lipoma along the lateroventral aspect left body of the mandible
- Cutaneous mass dorsal aspect left metatarsal region without signs of osseous involvement
- Equivocal enlargement pituitary gland

**SPECIES**

Canine

- Non-specific subcutaneous nodule caudodorsal aspect of the skull and left craniolateral aspect of the neck
- Chronic otitis externa with dystrophic mineralization of the external ear canals
- Supernumerary triadan 201
- Osteophyte formation dorsal aspect left distal intertarsal joint

**BREED**

Newfoundland

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cutaneous mass at the dorsal aspect of the left metatarsal region is suggestive for soft tissue neoplasm – such as mast-cell tumor, cutaneous adnexal tumor. Inflammatory changes of the cutis is a consideration as well. Further definition warrants FNA sampling.

**SEX**

MN

The prominent pituitary gland can still present an anatomical variant or (non)functional pituitary adenoma. Testing of the pituitary adrenal axis can be considered for further workup.

**AGE**

8 Years

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Dr. med. vet. DipECVDI

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**PATIENT**

George Smyth

**SPECIES**

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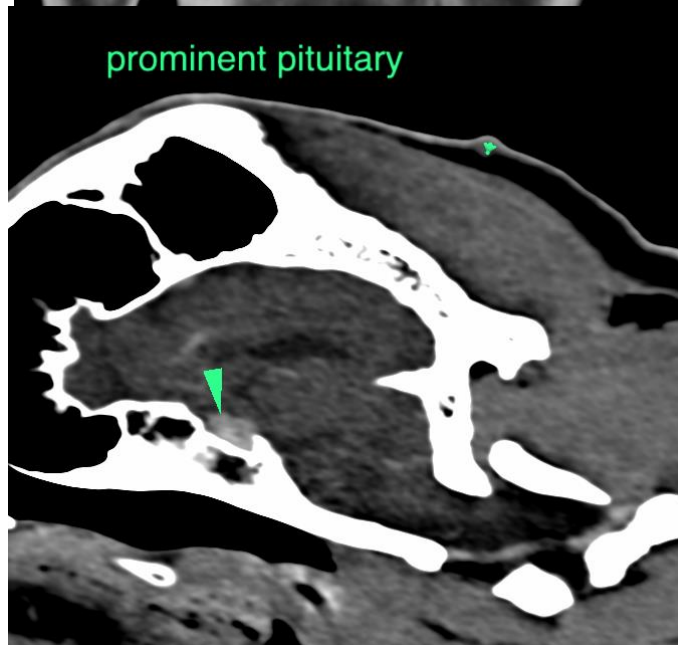
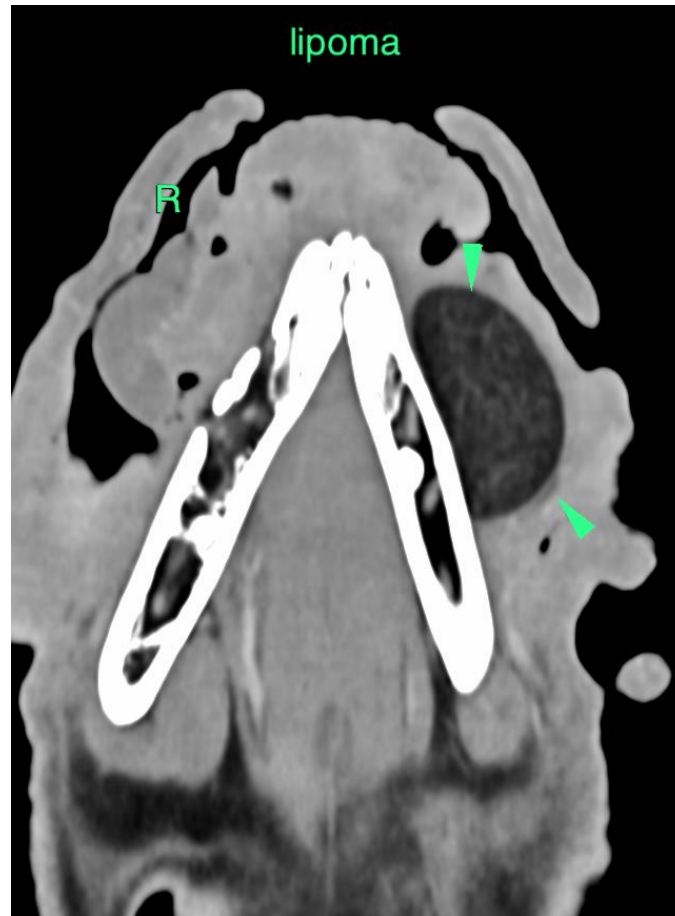
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**PATIENT**

George Smyth

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.

**SPECIES**

Canine

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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**SEX**

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