

PATIENT

Juliette Lacewell

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Spayed Female

AGE

10 Years

WEIGHT

31 lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Nicholas Vitale DVM

HOSPITAL NAME

Wilson Veterinary
Hospital

REFERRING VET

Nicholas Vitale DVM

INVOICE

16153

DATE

05/05/26

PRESENTING CLINICAL SIGNS

Over four-month history issue with right eye, right nasal discharge.

Abnormal PE/Chem/CBC/UA Results: Right facial nerve paralysis noted, no palpebral reflex, no tear production, concern for neurogenic KCS. dried nasal discharge right nasal external opening, per owner difficulty breathing. Right ear appears normal, can visualize the TM easily. Rule out facial nerve disease, tumor, etc, vs idiopathic with secondary KCS, mucoid rhinitis.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

Triadan 301, 305 and 405 are absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. In the right nasal opening a small amount of fluid attenuating material is appreciated.

The dorsal osseous lamella of the right frontal sinus and the left parietal bone present zones with moth eaten osteolysis.

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

The left tympanic bulla is partially obliterated by non-contrast enhancing soft tissue material. The osseous lining of both tympanic bullae is smooth and thin. The external ear canals are within normal limits. In the subcutaneous tissue at the lateroventral aspect of the right external ear canal, an irregular roundish soft tissue attenuating nodule is seen.

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.

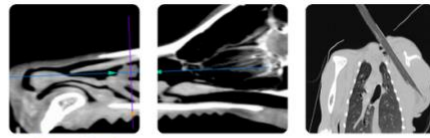
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Polyostotic semi aggressive osteolytic lesions right frontal bone and left parietal bone – partially mild expansile character
- Exudate in right nasal opening
- Left sided mild otitis media
- Non-specific subcutaneous nodule subcutaneous tissue lateral to right external ear canal

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild expansile appearing osteolytic lesions of the right frontal bone and left parietal bone are concerning for osseous metastatic disease (e.g. carcinoma). Differentials can include granulomatous osteitis (e.g. mycotic infection) or fibrous dysplasia. Ultrasound guided FNA sampling of the osteolytic lesions can be tried for further workup. If a previous CT scan of the skull of the patient is available, check if the osseous lesion had been present before that would support the diagnosis of benign fibrous dysplasia.

No abnormalities are appreciated that do explain the facial nerve palsy.



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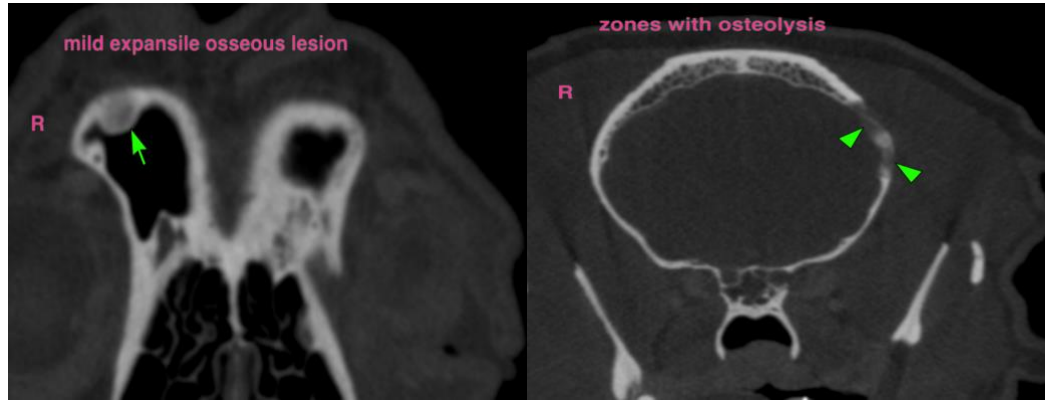
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If not done so yet, complementing workup by full tumor screening – including imaging of the neck, thorax and abdomen may be beneficial.



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