SonoPath Teleradiology

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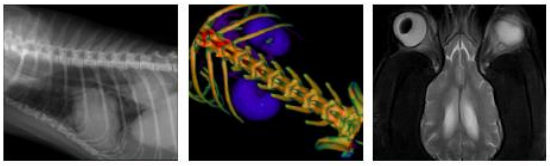

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Penny Milroy

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

FS

AGE

9.5 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Bridgwater Veterinary Hospital and Wellness Centre

REFERRING VET

Dr. Mulhern/Dr. Bebchuk

INVOICE

52016

DATE

5-9-22

PRESENTING CLINICAL SIGNS

Mass on left dorsal temporal region, noticed initially Dec 2021, not bothered by it. Not changing in size but came up quickly, fixed to tissue below. FNA results show most likely squamous cell carcinoma but not definitive. CT for possible surgical planning.

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

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.

Centered on the left frontal bone, an expansile, heterogeneous soft tissue attenuating mass, with extensive aggressive osteolytic lesions of the left frontal and parietal bone is seen – measuring 4.1 x 3.8 x 10.0 cm in size. The mass is crossing the midline and the right parietal and frontal bone present with osteolytic lesions as well. Extensive lysis of the cranial fossa is appreciated. The left cerebral hemisphere is mildly depressed by the mass effect.

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

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.

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 aggressive osteolytic mass left rostrodorsal aspect of the calvarium with large soft tissue component and perforation of the cranial fossa

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large soft tissue neoplasm at the left rostrodorsal aspect of the calvarium with secondary polyostotic aggressive osteolytic lesions of the associated osseous structure and perforation of the cranial fossa. Regarding the history, the presumptive diagnosis is squamous cell carcinoma, rule out other differentials, such as hemangiosarcoma, osteosarcoma, fibrosarcoma, chondrosarcoma, other. Surgical resection of the mass is considered not feasible, but the chances of radiation therapy can be discussed with oncologist.

Consider full tumor staging.

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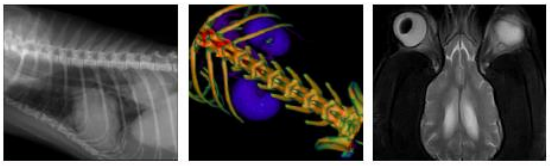

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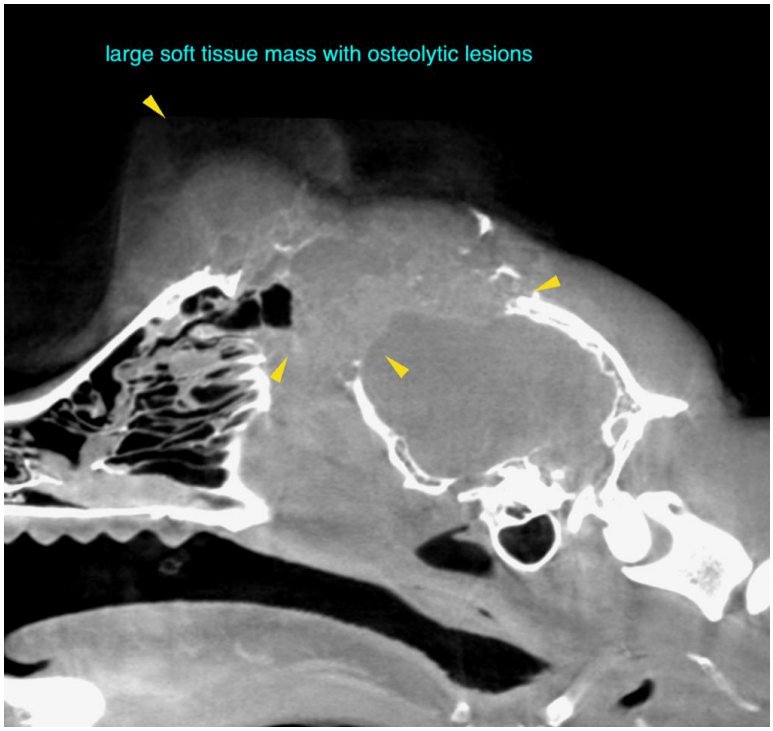

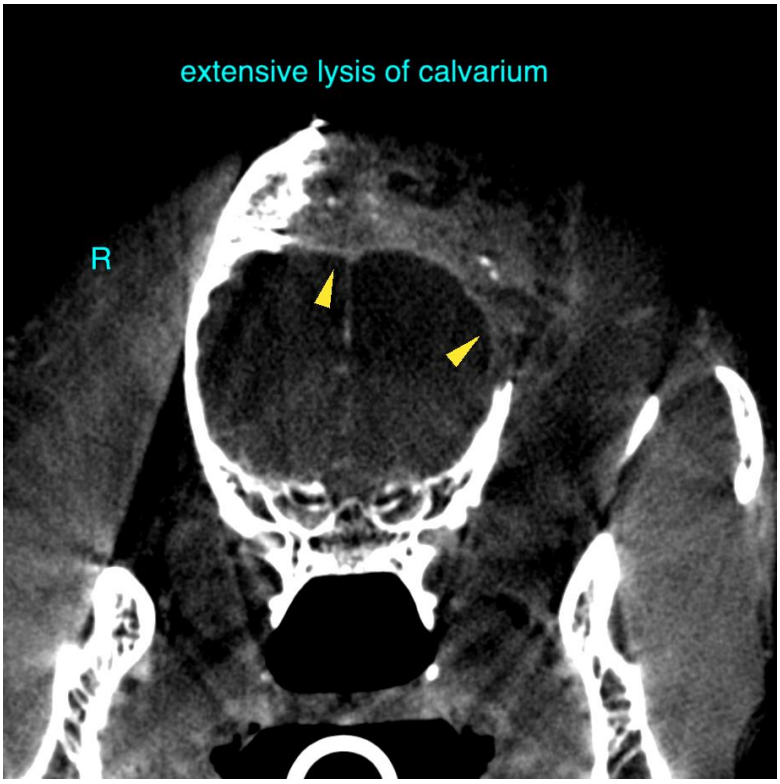

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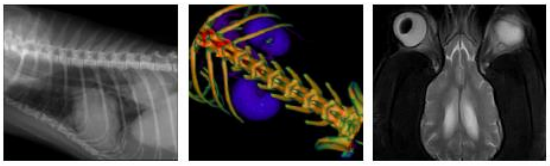

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com