



PATIENT PRESENTING CLINICAL SIGNS

Sophie Schnagel The patient is not eating and having difficulty opening their mouth. purulent brown nasal discharge. Abnormal PE/Chem/CBC/UA Results: Noted mass left caudal maxilla on intubation.

SPECIES COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

BREED Skull

Mix-Breed Centered on the distal aspect of the alveolar process of the left maxillary bone, a uniform soft tissue attenuating and mild contrast enhancing mass is appreciated. The mass is extending medially up into the choana/caudoventral aspect of the left nasal cavity. The associated left maxillary bone, left palatine bone, ethmoid bone and rostral aspect of the left hamulus of the pterygoid bone present permeative osteolytic lesions. The mass is extending mesially up to the level of triadan 208/209. The mass is bulging mildly into the ventral aspect of the left orbit. Triadan 210 is deviated ventrally and laterally within the mass. The mass is measuring approximately 3.3 x 2.1 x 3.4 cm in size.

SEX

Female Spayed

AGE

14 Years

In the left nasal cavity, a mild amount of fluid attenuating material is attached to the nasal mucosal lining and focal destruction of the turbinate structures level with the mass is appreciated. The remaining premolar and molar teeth present variable degree of ankylosis and resorptive lesions.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

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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.

REFERRING VET

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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.

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Thorax

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

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.

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

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Throughout the lung parenchyma, randomly distributed, well-defined soft tissue attenuating nodules, measuring up to 6 mm in diameter are appreciated.

A mild amount of free gas is appreciated in the pleural cavity.



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

COMPUTED TOMOGRAPHIC DIAGNOSIS

SPECIES

Canine

- Biologically aggressive soft tissue mass centered on the alveolar process of the left maxillary bone
- Structured nodular interstitial lung pattern
- Mild pneumothorax
- Generalized periodontal disease of all teeth with ankylosis & tooth root resorption.

BREED

Mix-Breed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with soft tissue neoplasia centered on the alveolar process of the left maxillary bone with invasion of the nasal cavity and polyostotic aggressive osteolytic lesion of the local osseous structures. The pulmonary nodular pattern is most consistent with pulmonary metastatic disease.

SEX

Female Spayed

If not done so yet, FNA sampling ± biopsy of the maxillary mass are recommended as advanced diagnostic test.

The pneumothorax might be iatrogenic secondary to overinflation of the lung.

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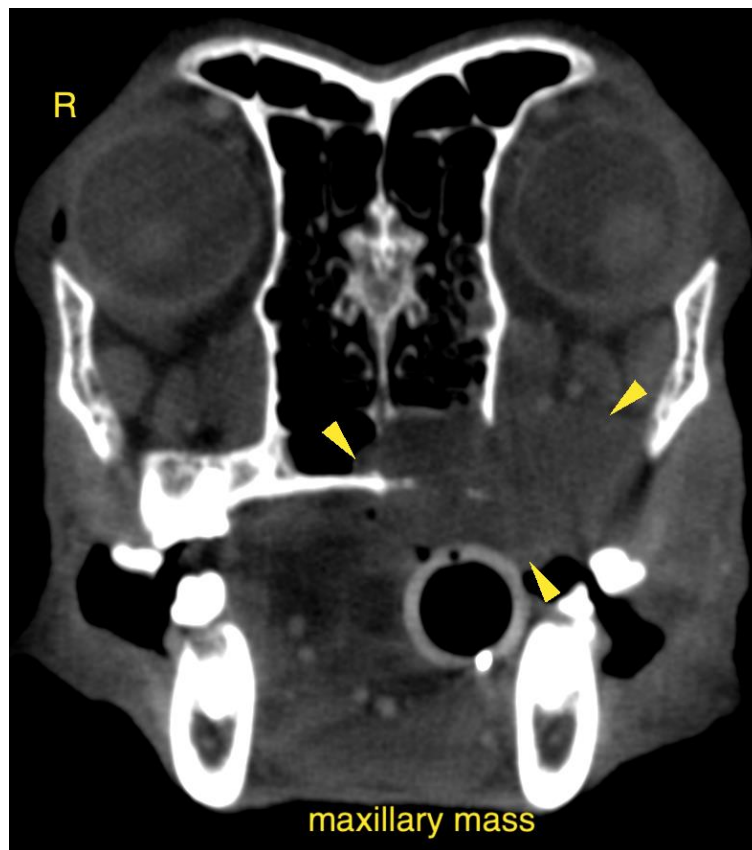
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PATIENT

Sophie Schnagel

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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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