



PATIENT

Milli Jones

SPECIES

Canine

BREED

American Pitbull

SEX

FS

AGE

9Y

WEIGHT

28kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

EJ

HOSPITAL NAME

Bluegrass Veterinary
Specialists

REFERRING VET

Dr. Jonathan Blakely,
DVM, DACVS

INVOICE

75260

DATE

6-2-26

PRESENTING CLINICAL SIGNS

About 1 month ago started treating right side cherry eye. Last Thursday P ate part of a doorframe. O noticed swelling around R eye and P has had a hard time opening mouth fully and eating. Cherry eye seems to be getting bigger again since. rDVM found pus discharge from inside of mouth and sent out a cytology and came back osteocarcinoma but also noted that it was not a good sample. O is wondering if a part of the door frame became lodged since no swelling or hardness was noticed before that incident. P has finished a round of antibiotics and NSAIDs.

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

A plain CT study of the skull and thorax in a bone and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

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.

In the right retrobulbar space, an ill-defined, irregular mild hypoattenuating soft tissue swelling is appreciated - blending with the temporal muscle caudally and extending up to the parietal bone and extending rostrally up to the alveolar process of the right maxillary bone. Ventrally the soft tissue swelling is protruding into the oral cavity. The right ocular bulb is displaced rostrally by the mass effect. The associated rostrolateral aspect of the calvarium present multifocal moth eaten osteolytic lesions.

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. The ventricular system is non-dilated and symmetric.

The right mandibular lymph nodes and the right mandibular lymph node are prominent.

Thorax

At the caudoproximal margin of the right scapula, an ill-defined zone with mild expansile permeative osteolysis is appreciated.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

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.

Multifocal throughout the lung parenchyma, randomly distributed, well-defined, soft tissue attenuating nodules are appreciated; measuring up to 11 mm in diameter.

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



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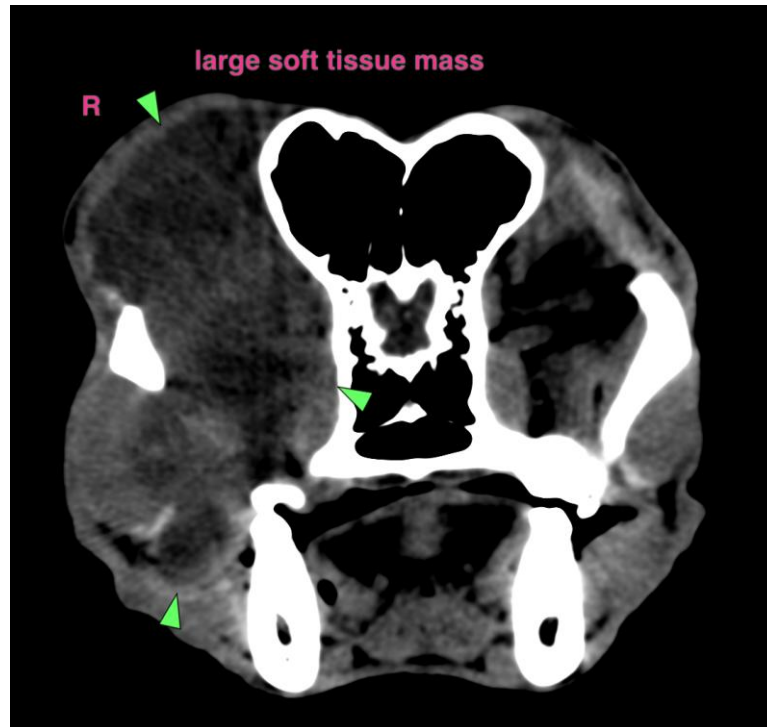
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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right sided retrobulbar soft tissue mass with osseous aggressive osteolytic lesions
- Lymphadenopathy right mandibular lymph nodes and right medial retropharyngeal lymph node
- Aggressive osteolytic lesion right scapula
- Structured nodular interstitial lung pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are supporting the diagnosis of underlying neoplastic disease – sarcoma is most likely with osseous metastasis to right scapula, pulmonary metastasis and likely metastatic spread to the regional lymph nodes of the skull.





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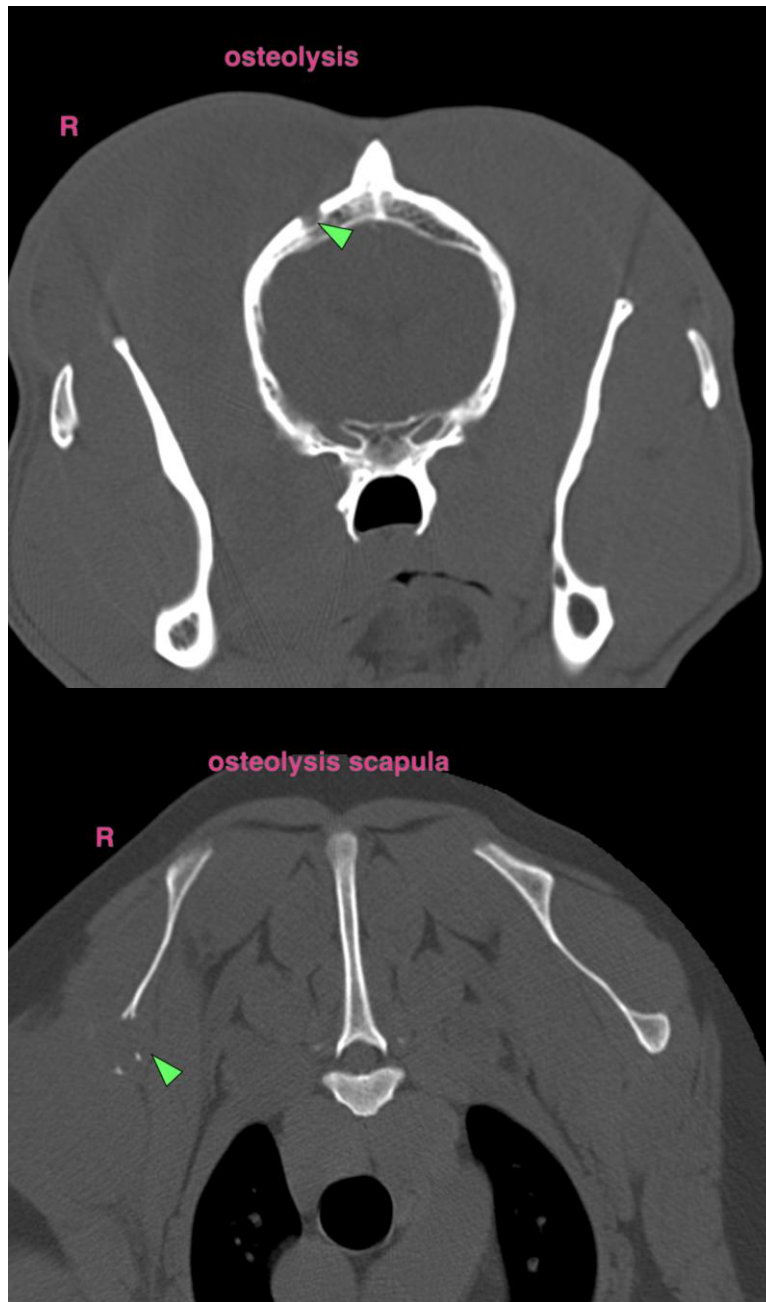
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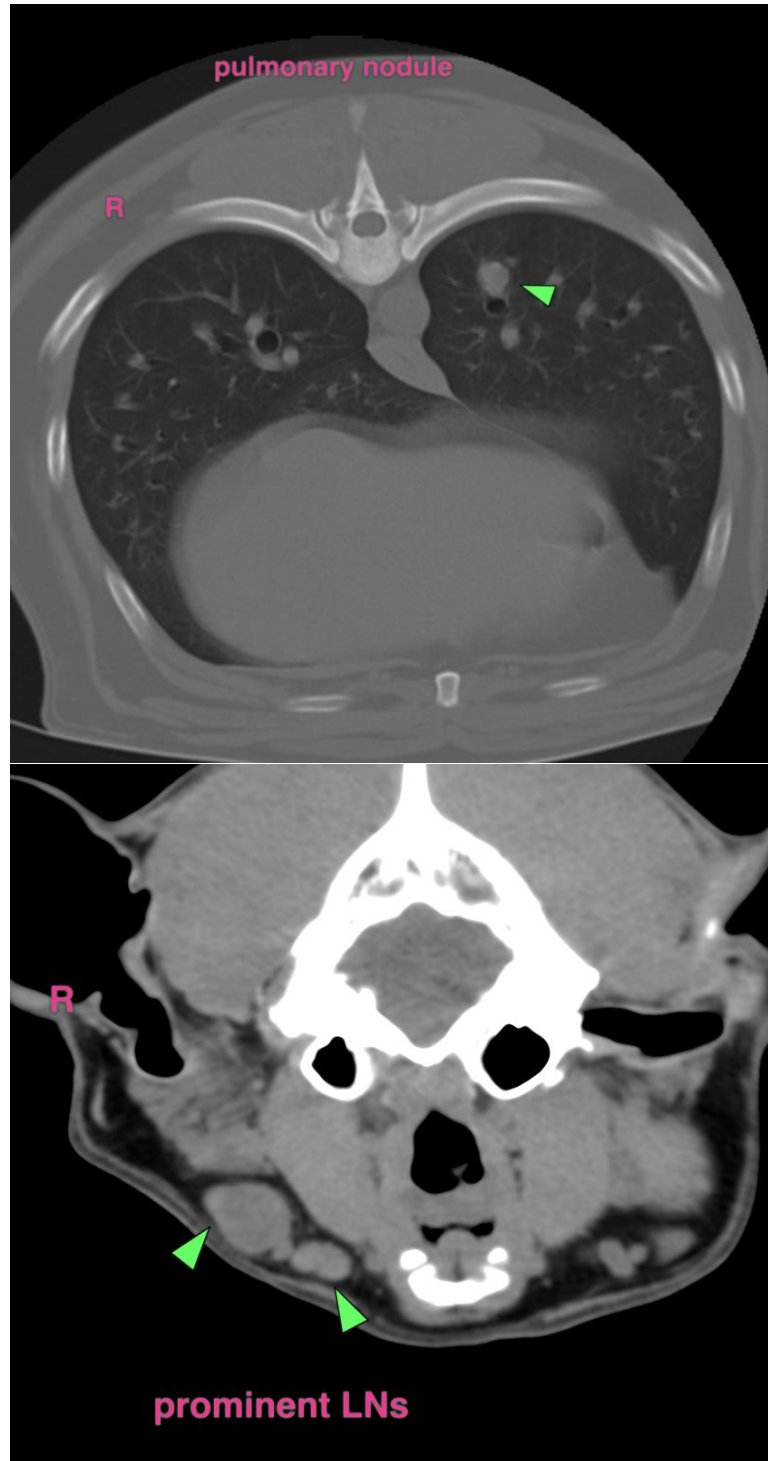
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com