



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Samba Pelletier
SPECIES Canine
BREED German Shepherd
SEX MN
AGE 9 Years
INTERPRETED BY Sebastian Schaub, DVM Dr. med. vet. DipECVDI
HOSPITAL NAME Mobile Pet Imaging
REFERRING VET Seraydar

Patient presented for evaluation of cervical pain that has been present for 2 months and has been non-responsive to NSAIDs and gabapentin. He has also had recurrent mild ear infections bilaterally over the same period of time. On physical exam, he is painful when opening mouth and during cervical ventroflexion. CPs and CNs are normal. No pain on mastication. There appears to be significant muscle wasting around the cranial cervical spine. Sedated skull and cervical radiographs - Both tympanic bullae are thin-walled and air-filled. No evidence of tympanic bulla lysis or proliferation. The temporomandibular joints are congruent on all views. There is mild mineralization of the external auditory canals. No mandibular fracture, lysis, or proliferation is appreciated. Nasal and frontal sinuses, nasopharynx, and common pharyngeal region are all normally air-filled. Cervical vertebrae are appropriately aligned, with no narrowed intervertebral disc spaces.

Abnormal PE/Chem/CBC/UA Results: CBC/Chemistry/T4/UA all unremarkable

COMPUTED TOMOGRAPHY OF THE SKULL & NECK

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

COMPUTED TOMOGRAPHIC FINDINGS

Triadan 110 & 210 are absent.

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

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.

In the right aspect of the caudal cranial fossa, centered on the right lateral aspect of the tentorium osseum cerebelli, most caudal aspect of the right temporal bone and right caudolateral aspect of the occipital bone a cauliflower like mineralizing and heterogeneous contrast enhancing mass is seen. The granular mineralizing mass presents local aggressive osteolysis of the associated osseous structures and is perforating the cranial fossa protruding both into the cranial fossa and musculature overlying the skull at the same level. The right hemisphere of the cerebellum and the right occipital lobe are distorted by the mass effect. The mass is coming in contact with the dorsal arch of C1 caudally. Solid periosteal new bone formation is seen along the dorsal aspect of the arch of C1. The mass is measuring 3.0 x 2.5 x 4.8 cm.

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 semiaggressive mixed mineralizing and osteolytic mass centered on the right caudolateral aspect of the calvarium, invading the cranial fossa
- Absent triadan 110 & 210

DATE

6-22-23



PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Samba Pelletier The ossifying mass associated with the occipital bone is compatible with primary neoplasia of bone, perforating the cranial fossa. Differentials include osteosarcoma, chondrosarcoma, multilobulated osteochondrosarcoma, other. FNA sampling/biopsy of the mass can be performed for further definition.

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The mass is explaining the clinical signs.

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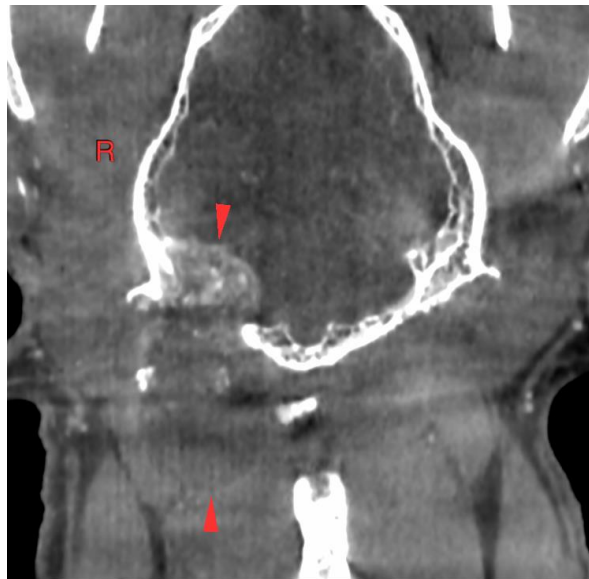
Seraydar

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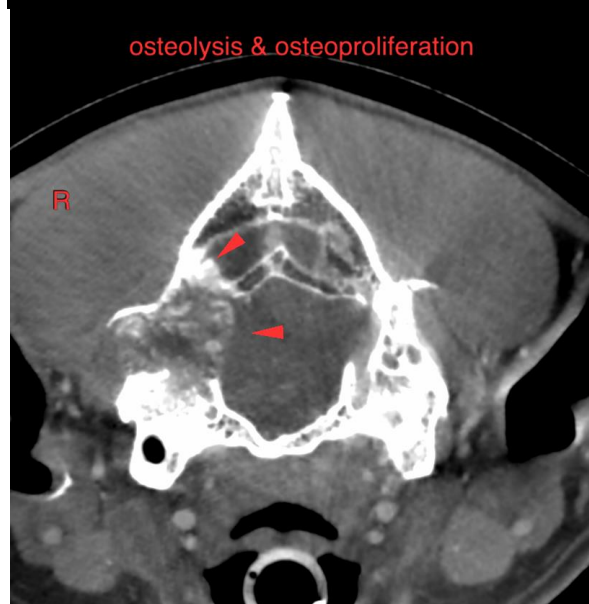
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DATE

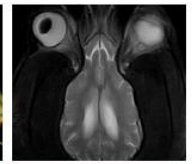
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mineralizing mass



osteolysis & osteoproliferation



PATIENT

Samba Pelletier

SPECIES

Canine

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.

BREED

German Shepherd

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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