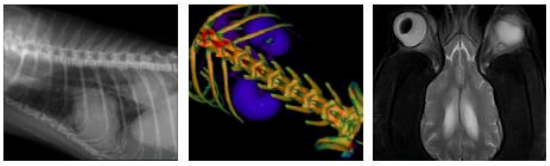

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jetta Barnette

SPECIES

Canine

BREED

Labrador Retriever

SEX

Female

AGE

8 Years

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

State Avenue VC

REFERRING VET

Dr. Jessica Evoniuk

INVOICE

15866

DATE

6/3/22

PRESENTING CLINICAL SIGNS

History: Presented for imaging as referral from WRVC. BAR, active, E/D well at home. Noting change in gait HX of nasal discharge and recently this weekend began having throat irritation and hypermetric gait changes. Previous CT delays noted

Abnormal PE/Chem/CBC/UA Results: BAR, E/e clear. Teeth- G2 tarter. No overt oral masses. Scarring over nose from previous injury as puppy. Mucopurulent crusting discharge from the left nostril. H/L WNL. HR 150. Hypermetric- exaggerated movement of forelimbs but not necessarily rising the limb higher than expected (per VIN would be more likely described as increased protraction with decreased flexion during the protection phase of gait This results in the limbs moving out forward more than normal and is most commonly a manifestation of spasticity (increased muscle tone). This is most common with upper motor neuron lesions, especially more chronic lesions.) Focal soft tissue adhered swelling of the lateral R elbow region Minimal ataxia. CP deficits in both hind.

COMPUTED TOMOGRAPHIC STUDY OF THE NECK

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

COMPUTED TOMOGRAPHIC FINDINGS

Abrasion of the crowns of the canine teeth is appreciated.

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.

Post contrast administration, in right lateral aspect of the caudal cranial fossa – in the region of the lateral aperture of the fourth ventricle – an irregular convex shaped and heterogeneous contrast enhancing mass is appreciated, measuring approximately 1.5 x 1.4 x 1.4 cm in size. The mass presents a broad base to the temporal & occipital bone at the same level. The cerebellum at the same level is distorted by the mass effect.

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.
The osseous and soft tissue structures of the neck are within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intracranial extraaxial mass right lateral aspect of the caudal cranial fossa

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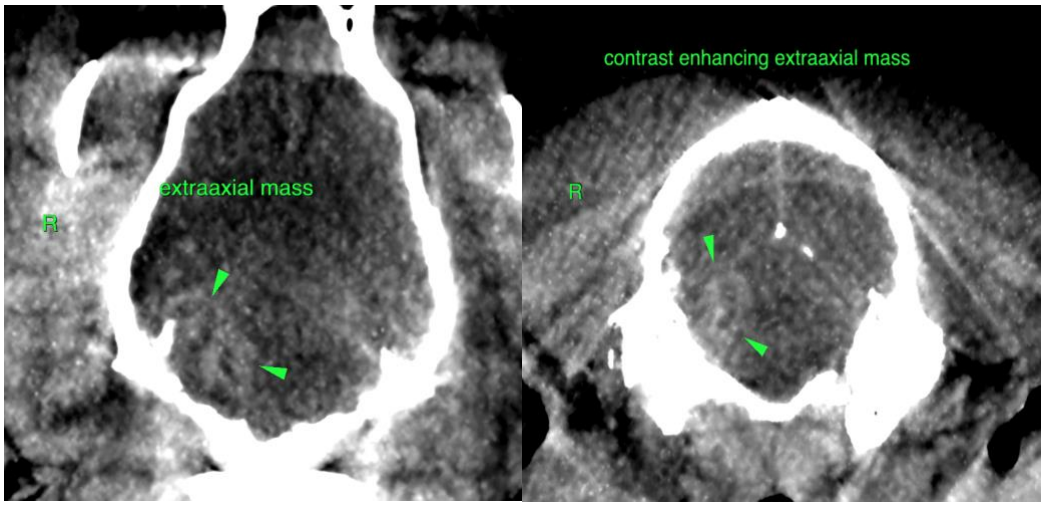
- Mild abrasion of the canine teeth
- Normal nasal cavity
- Normal neck

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a mass in the right lateral aspect of the caudal cranial fossa, consistent with extraaxial neoplasia. Differentials include meningioma, round cell tumor, choroid plexus tumor, other. The intracranial extraaxial mass is a potential explanation for the described neurological deficits. If it is therapeutical relevant – e.g., radiation therapy is a consideration – an MRI study of the brain can be used for further definition and ruling out dripping metastasis along the spinal cord.



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