



PATIENT

Max Rios

PRESENTING CLINICAL SIGNS

Max had hx of weight loss, muscle waste, DDZ, decreased appetite, halitosis, possible tonsil tumor. BX poorly differentiated carcinoma, squamous cell carcinoma vs salivary carcinoma. Abnormal PE/Chem/CBC/UA Results: BCS 3/9 DDZ stage 3/4 BX: Carcinoma. BW: WNL UA: not performed

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL

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

BREED

Yorkie

COMPUTED TOMOGRAPHIC FINDINGS

The tooth elements 101, 102, 105, 106, 108-110, 201, 202, 205, 206, 209, 210, 302-305, 402, 404-406 are absent. The remaining teeth present evidence of generalized moderate periodontal disease. Triadan 104 & 204 present a moderate widening of the periodontal space with perforation of the left nasal cavity.

SEX

CM

Level with triadan 411, at the lingual surface, a polypoid soft tissue mass is attached to the gingival lining.

AGE

9 Years

Mild destruction of the nasal conchal structures is seen, R>L.

The volume of the masticatory musculature is mild to moderately decreased.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Attached to the left wall of the oropharynx, a plaque like, ill-defined, soft tissue attenuating mass is visible, measuring approximately 2.1 x 1.5 x 2.4 cm in size. The plaque like mass presents an irregular surface and is post contrast mildly hypoattenuating. The margins to the retropharyngeal tissue are blurred and the caudal aspect of the left hamulus of the pterygoid bone presents evidence of osteolysis.

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

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The left tympanic bulla is filled with fluid attenuating material and the wall is mildly thickened and smooth.

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

Dr Robert W. Thomas

The left medial retropharyngeal lymph node is significantly enlarged, rounded and has a heterogeneous hypoattenuating contrast enhancement pattern. The left mandibular lymph nodes, right medial retropharyngeal lymph node and the left parotid lymph node are prominent with a mild heterogeneous contrast enhancement pattern.

INVOICE

53144

The left ala of C1 being in contact with the left medial retropharyngeal lymph node presents with immature periosteal new bone formation.

DATE

7-28-22

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Plaque like mass left aspect of oropharynx (region of left tonsil)
- Lymphadenopathy tributary lymph nodes of the skull, L>R
- Polyostotic aggressive mixed osteolytic & osteoproliferative lesions left ala of C1 and hamulus of pterygoid bone



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- Polypoid gingival mass lingual aspect 411
- Left sided otitis media
- Oronasal fistula formation 104&204 with mild destructive rhinitis
- Generalized periodontal disease of the remaining teeth
- Multiple absent teeth, see above

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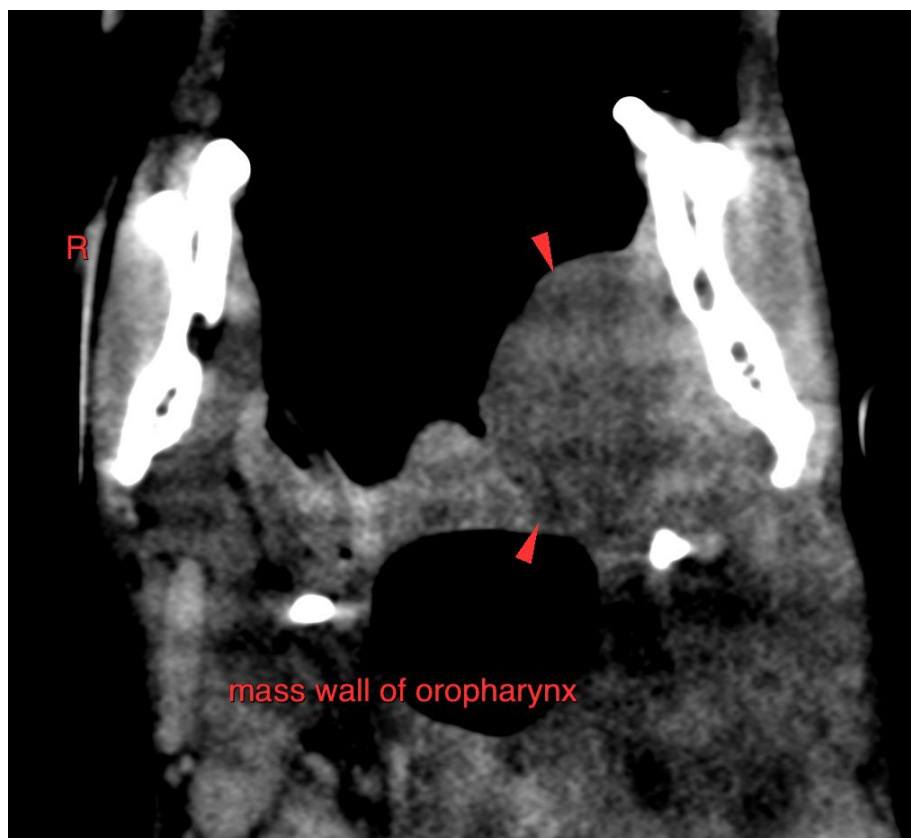
DATE

7-28-22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The plaque like mass at the left wall of the oropharynx is supporting the diagnosis of squamous cell carcinoma (possibly originating from the left tonsil) with metastatic spread to the tributary lymph nodes. The left sided otitis media is likely a sequela of the mass invading the retropharyngeal region and compressing the left Eustachian tube. Treatment options are limited to palliative management, the long term prognosis is considered poor.

Consider complementing full tumor staging by 3-view thoracic radiographs.





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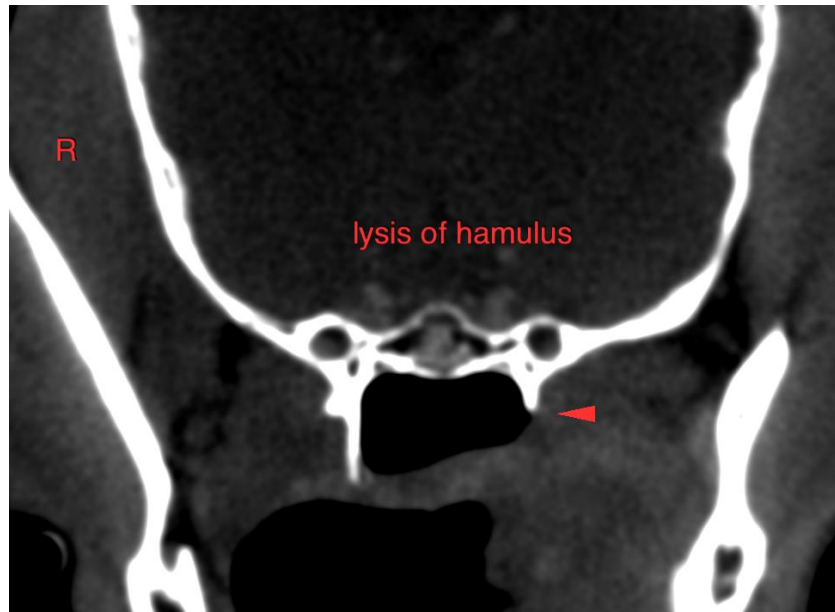
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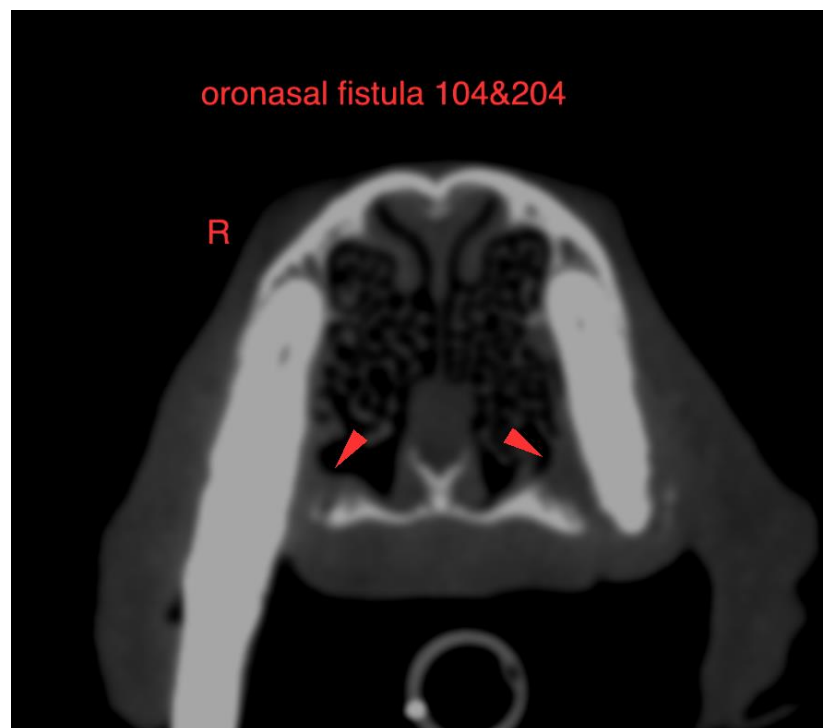
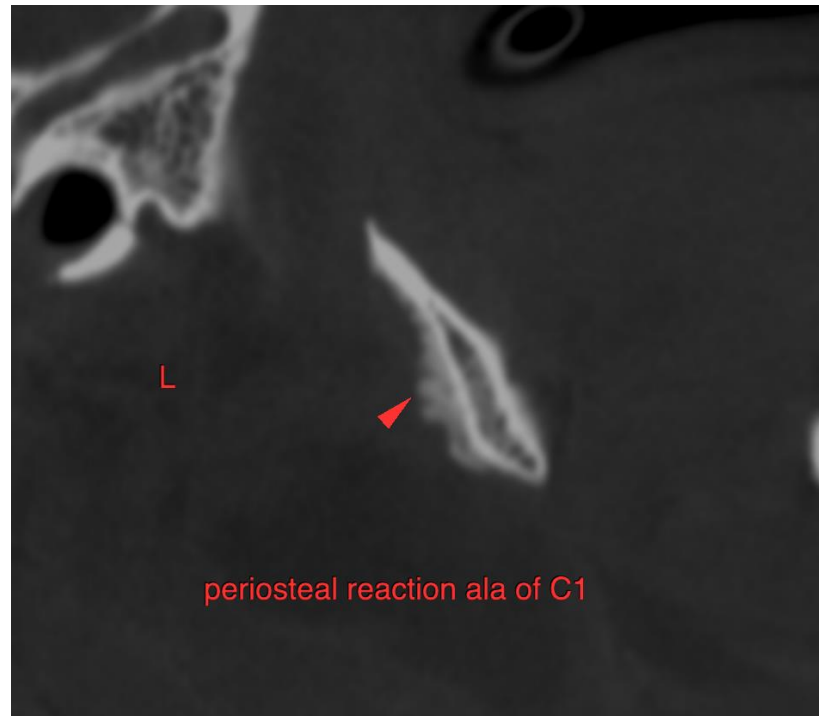
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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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