



PATIENT PRESENTING CLINICAL SIGNS

Walter Capeneka
SPECIES Canine
BREED Pit Bull Mix
SEX MN
AGE 2 Years

Pet presented with a "several week" history of gagging, mildly stridorous breathing and swallowing hard. Owner was concerned pet needed a palate resection based on symptoms he was seeing at home. A CT was done to further diagnose the cause of the symptoms and a mass was noted above the soft and hard palate. Biopsies of the lesion were taken after the CT. Abnormal PE/Chem/CBC/UA Results: Mildly increased ALT and ALP

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants. Originating from the left hamulus of the pterygoid bone, an expansile, mild mineralizing mass, presenting a multicameral appearance, is seen. Post contrast administration the mass of the left hamulus is presents a mild heterogeneous contrast enhancement pattern and is measuring 3.2 x 2.5 x 4.4 cm in size; the mass is protruding both into the nasopharynx, occupying approximately up to 95% of the cross-sectional area, and into the retropharyngeal tissue. The associated left aspect of the pterygoid bone presents moth eaten osteolytic lesions with advanced lysis of the left hamulus. 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.

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.

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.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME

Wilson Veterinary Hospital

REFERRING VET

Dr. Nicholas Vitale

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic aggressive mixed osteolytic & osteoproliferative lesion left aspect pterygoid bone
- Secondary upper airway obstruction

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The expansile bone lesion originating from the left hamulus of the pterygoid bone is compatible with primary osseous neoplasia and the top differentials include osteochondrosarcoma, chondrosarcoma, osteosarcoma. Biopsy of the mass has already been performed for further definition and results are pending. The chances of radiation therapy ± palliative debulking of the part protruding into the nasopharynx should be discussed with oncologist.

Consider full tumor staging.



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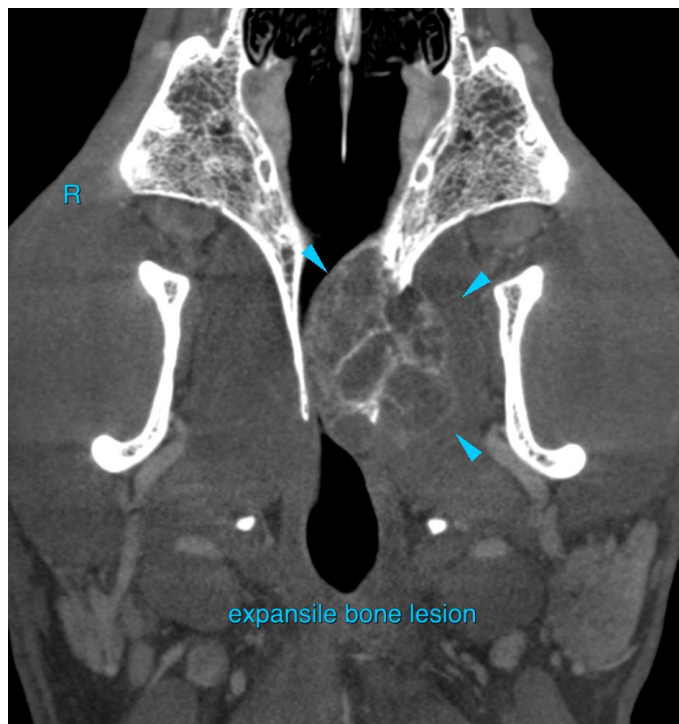
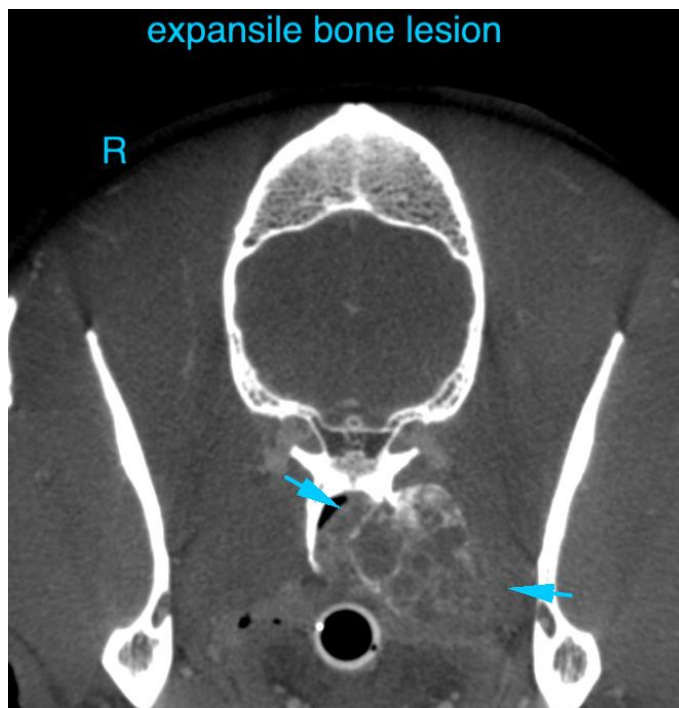
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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