SonoPath Teleradiology
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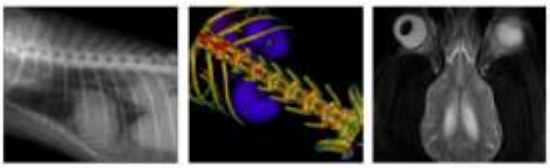


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jusiah Polk County

SPECIES

Canine

BREED

German Shepherd

SEX

M

AGE

7.5 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Emergency Hospital Volusia

REFERRING VET

Dr. Alyssa Carver

INVOICE

46997

DATE

8-17-21

PRESENTING CLINICAL SIGNS

P presented for having a growth under left eye. Possibly tooth root abscess but dental rads indicated it is not. Biopsy taken and came back with spindle Cell proliferation with chondro-osseous differentiation on microscope findings. p doesn't seem physically bothered.
Abnormal PE/Chem/CBC/UA Results: BW all WNL

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the skull, thorax and abdomen are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Triadan 402 presents a horizontal fracture line within the proximal aspect of the respective alveolar crest.

At the ventral margin of the left orbit, a uniform soft tissue swelling is visible, presenting a heterogeneous contrast enhancement pattern with a hypoattenuating center. The swelling is measuring approximately 2.2 x 2.4 x 2.3 cm in size. The rostroventral osseous margin of the left orbit presents immature periosteal new bone formation.

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 present mild to moderate shell-like mineralization.

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.

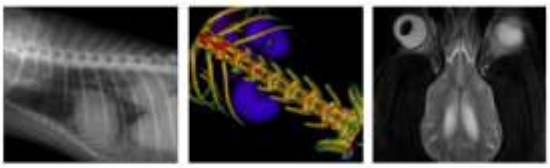
The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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

The cardiovascular structures including the pulmonary vasculature are within normal limits.



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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.

The lung parenchyma presents the expected architecture and with multiple regions of dystelectasis predominantly of the right lung. Multifocal pinpoint mineralization of the lung parenchyma is seen.

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

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The lumbosacral intervertebral disc is markedly protruding into the vertebral canal, occupying approximately 90% of the cross-sectional area of the vertebral canal at the same level.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue swelling rostroventral margin left orbit with accompanying immature periosteal new bone formation
- Degenerative lumbosacral stenosis with compressive myelopathy
- Dystelectasis of the lung
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is fitting the history of soft tissue swelling at the rostroventral aspect of the right orbit with focal periosteal new bone formation. The swelling presents a post contrast hypoattenuating center and granuloma due to migrating foreign body should be ruled out by ultrasound. If any inflammatory origin can be ruled out neoplasia such as fibroma/fibrosarcoma,

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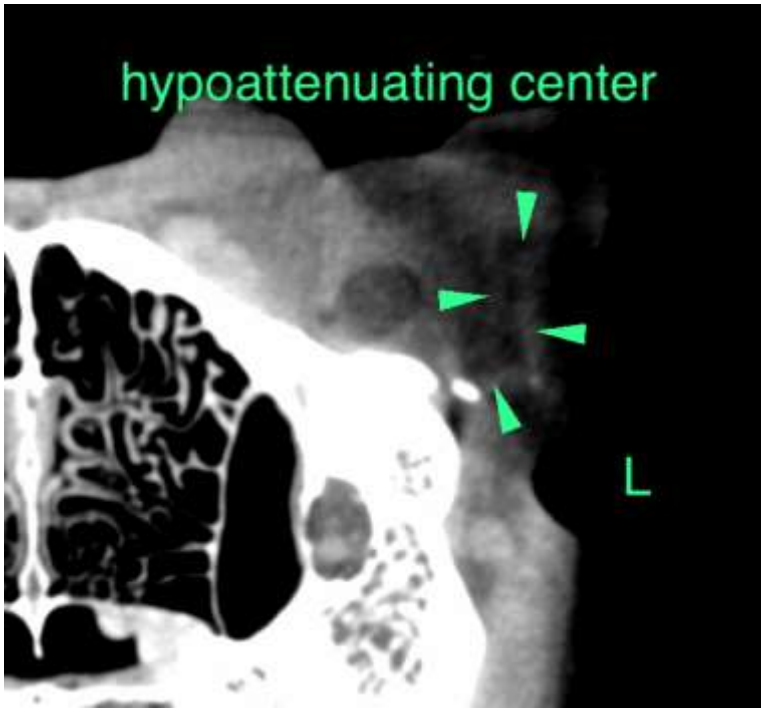
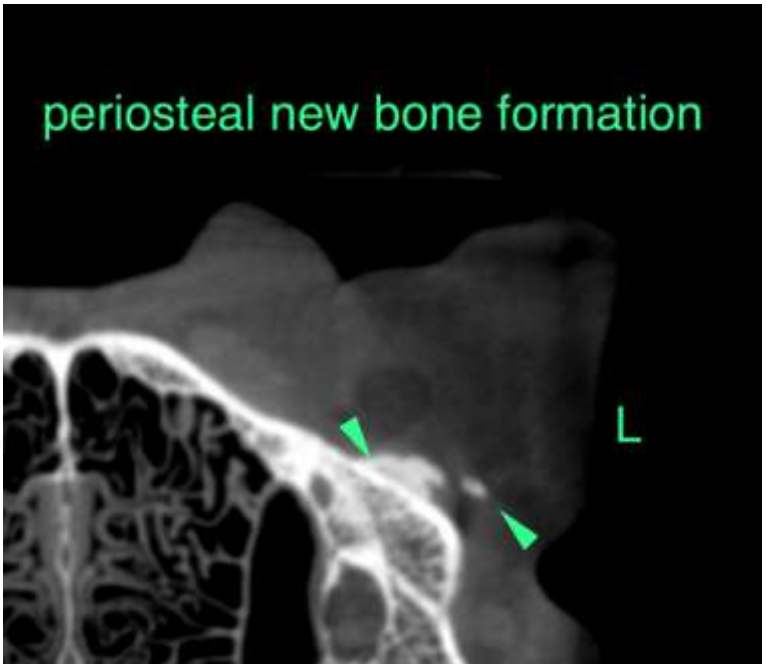
chondroma, chondrosarcoma are the top differential and surgical excision including the rostroventral osseous margin of the left orbit should be considered.





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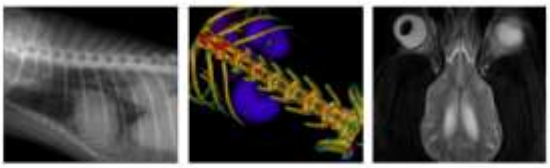

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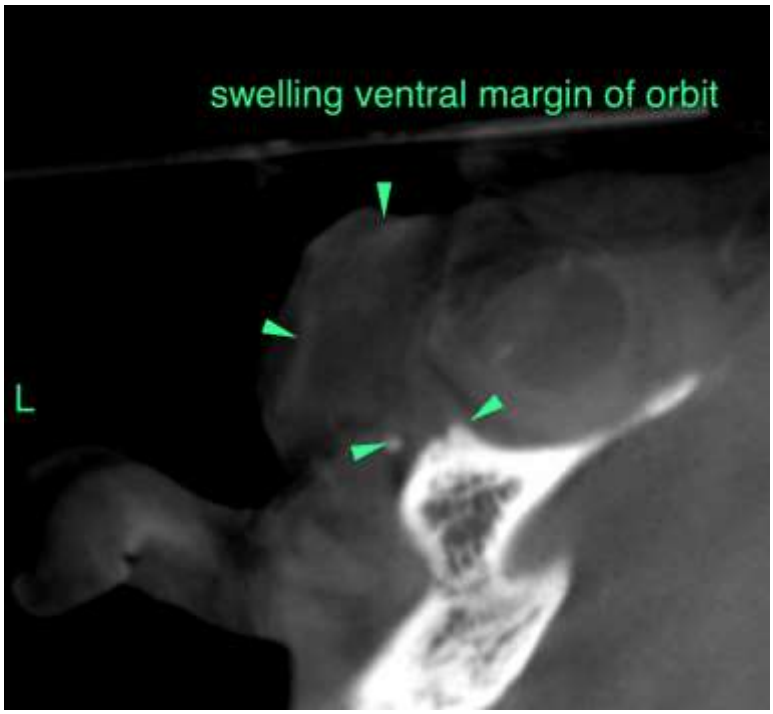

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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