



PATIENT PRESENTING CLINICAL SIGNS

Bennie McRoy Pet initially presented on 8/12/23 for mild lethargy, congestion, and L eye "drifting sideways". PE revealed enlarged L submandibular LN's. Owner declined diagnostics and pet was placed on Meloxicam, Clavamox and Apoquel. Pet came back on 8/19/23- symptoms at home had progressed to included prolapsed nictitans and muzzle swelling. A CT was done. Biopsies were obtained via incising the L buccal mucosa.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: Increased Ca++ 12.3 (7.9-12). Has been historically elevated for at least 2 years. Owner decline ionized Ca++ or malignancy panel.

BREED

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX

The tooth elements 101, 102, 105, 106, 205, 301-305, 311, 401, 402, 405, 408 are absent. Remaining roots of triadan 304 and 408 are appreciated within the alveolar crests, presenting a widened periodontal space respectively. Triadan 104 presents a widened periodontal space and the right nasal cavity is perforated. All remaining teeth present signs of mild periodontal disease.

MN

AGE

12 Years, 6 Months

The left nasal cavity is obliterated by soft tissue attenuating and mild heterogeneous contrast enhancing material. Mild destruction of the left nasal conchal & turbinate structures is appreciated. Along the lateral aspect of the lateral wall of the left nasal cavity, an ill-defined uniform soft tissue attenuating and mild irregular contrast enhancing mass is seen; the mass is extending from the caudal aspect of the left orbital cavity rostrally up to the level of the nasal planum. The left ocular bulb is deviated dorsally and rostrally by the mass effect.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

HOSPITAL NAME

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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.

REFERRING VET

Dr. Shanti
Subramanian

The mandibular lymph nodes bilaterally and the left medial retropharyngeal lymph node are significantly enlarged, rounded, uniform soft tissue attenuating have a mild irregular contrast enhancement pattern.

COMPUTED TOMOGRAPHIC DIAGNOSIS

INVOICE

59896

DATE

8-23-23

- Ill-defined soft tissue mass along the left lateral aspect of the nose and invasion of the left orbital cavity
- Secondary left sided exophthalmos
- Left nasal soft tissue mass
- Lymphadenopathy mandibular lymph nodes bilaterally and left medial retropharyngeal lymph node
- Periodontal disease 104 with oro-nasal fistula formation
- Remaining roots triadan 304 and 408 with signs of periodontal disease
- Multiple absent teeth



PATIENT

Bennie McRoy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appreciated soft tissue mass is consistent with primary soft tissue neoplasm, dissecting through the osseous lining of the left nasal cavity and invading the left nasal cavity. The enlarged lymph nodes indicate secondary metastatic disease. Differentials for the soft tissue mass can include squamous cell carcinoma, melanoma, mast-cell tumor, sarcoma. Biopsy has already been performed for further differentiation and results are pending.

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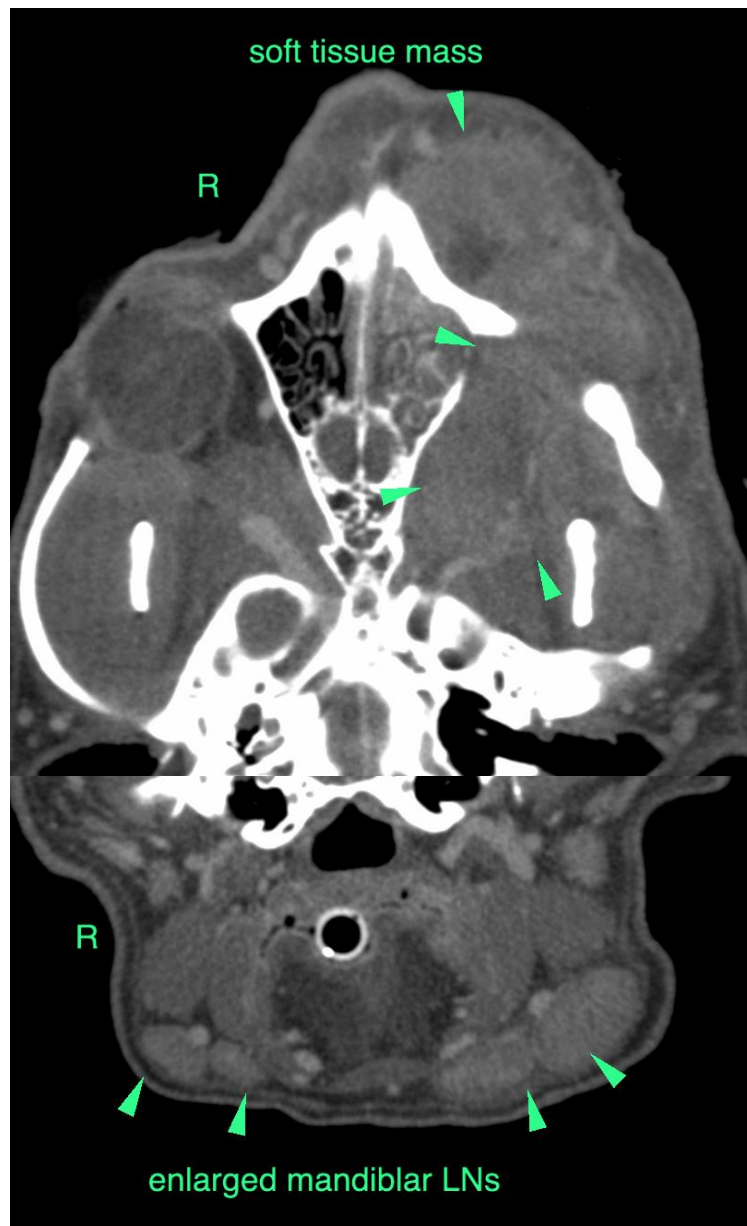
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PATIENT

Bennie McRoy **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
info@sonopath.com

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