



PATIENT PRESENTING CLINICAL SIGNS

Rufus Sukonick June 07,23 on physical exam oral mas observed on left upper lip adjacent to canine/pre molar with central ulceration approx 1 cm. On June 14 FNA taken. Cytology revealed spindle cell proliferation with evidence of mixed inflammation. Extracellular bacteria. A biopsy of the oral mass was sent out for interpretation. Histopathology showed a malignant spindle cell tumor, exact . No evidence of angiolymphatic invasion. Excision is complete, but margins are narrow. Melanoma diagnostic panel added which was negative, diagnosis of soft tissue sarcoma. Thoracic radiographs performed on August 3, no pulmonary metastasis observed. CT for staging and surgical planning.
Abnormal PE/Chem/CBC/UA Results: PE - 1.5 cm sq mass caudal sternum

BREED COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

Labrador A pre- and post-contrast CT study of the skull and thorax in a bone, lung and soft tissue reconstruction are provided for review.

SEX COMPUTED TOMOGRAPHIC FINDINGS

MN Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

AGE The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

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

INTERPRETED BY

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.

HOSPITAL NAME

Animal Health Partner 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

REFERRING VET

Jerome Gagnon The periarticular bones of both shoulder joints present mild to moderate osteophyte new bone formation, R>L.

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.

INVOICE

59876 The cardiovascular structures including the pulmonary vasculature are within normal limits.

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.

DATE

8-23-23 The lung parenchyma presents the expected architecture and attenuation behavior.

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



PATIENT COMPUTED TOMOGRAPHIC DIAGNOSIS

- Rufus Sukonick
- History of excised sarcoma left upper lip, level with 204/205
 - Degenerative osteoarthritis shoulder joints bilaterally, R>L
 - No evidence of pulmonary metastatic disease

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In the current CT study of the skull no abnormalities are appreciated, however due to folding of the lip small mucosal lesions can be missed – the CT study presents without signs of osseous involvement of the excised sarcoma and the regional lymph nodes are unremarkable.

BREED

Labrador

SEX

MN

AGE

7 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health
Partner

REFERRING VET

Jerome Gagnon

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.

INVOICE

59876

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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DATE

8-23-23