



PATIENT PRESENTING CLINICAL SIGNS

Dooley Solari Oral Melanoma Dx 2 weeks ago.

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

Canine

COMPUTED TOMOGRAPHIC FINDINGS

BREED Skull

Pomeranian Mix

All teeth but triadan 204 and 307 are absent. The root of triadan 204 is perforating the nasal cavity and in the rostral segment of the left nasal cavity, non-contrast enhancing soft tissue material is seen.

SEX

MN

Centered on the alveolar process of the left maxillary bone, a soft tissue attenuating and heterogeneous contrast enhancing amorphous, ill-defined mass is visible, presenting mild central mineralization. Advanced aggressive osteolysis of the left maxillary bone and rostral segment of the left zygomatic bone is appreciated and the maxillary mass is protruding into the left nasal cavity. The mass is bulging into the left orbit and the left ocular bulb is deviated dorsally. The left maxillary mass is measuring approximately 2.2 x 1.5 x 2.9 cm in size.

AGE

17 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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 lateral ventricles are prominent.

HOSPITAL NAME

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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

Borecky

Level with the intervertebral disc space C6/C7, heterogeneous mineralized material is protruding into the vertebral canal, occupying approximately up to 15% of the cross-sectional area of the vertebral canal at the same level.

T7, T9, T10 and T11 present ill-defined geographic osteolytic lesions.

INVOICE

53696

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.

DATE

8-24-22

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

Multifocal throughout the lung parenchyma, well-defined soft tissue attenuating nodules, measuring up to 1.6 cm in size are visible.



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

Dooley Solari

COMPUTED TOMOGRAPHIC DIAGNOSIS

SPECIES

Canine

BREED

Pomeranian Mix

- History of left maxillary melanoma with polyostotic aggressive osteolytic lesions of the left maxillary and left zygomatic bone
- Structured nodular interstitial lung pattern
- Oronasal fistula 204 with local odontogenic rhinitis
- History of dental extractions
- Suspect fatty bone marrow replacement multiple thoracic vertebra, less likely osseous metastasis
- Intervertebral disc protrusion C6/C7
- Incidental ventriculomegaly of the brain

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

MN

The findings are consistent history of melanoma, originating from the left maxillary bone with local osteolysis and pulmonary metastatic spread. Potential palliative treatment options should be discussed with oncologist.

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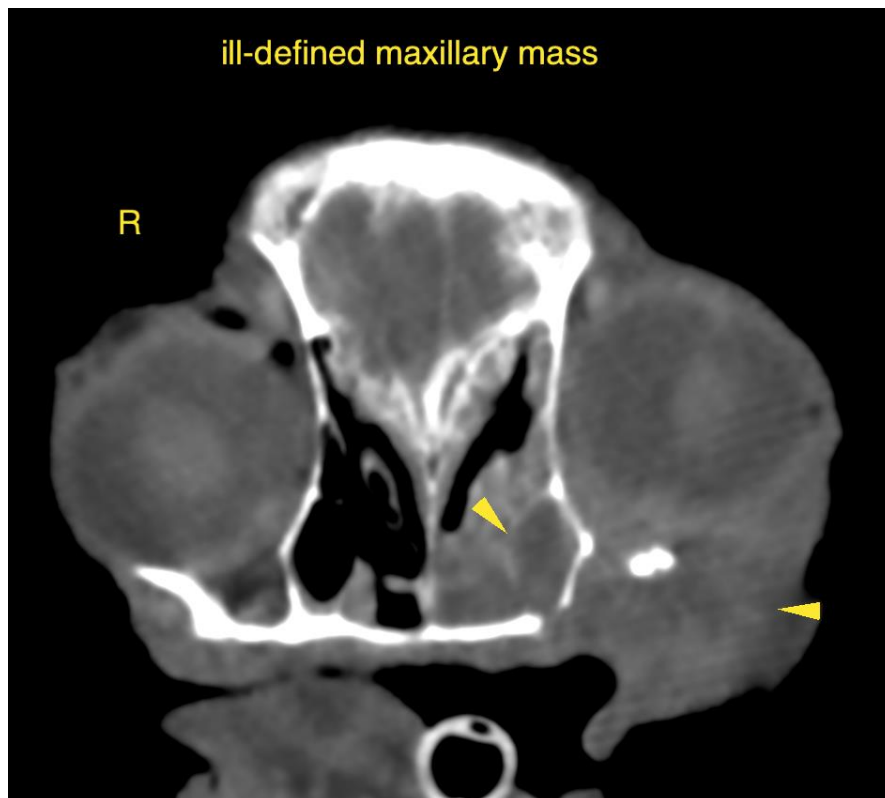
Borecky

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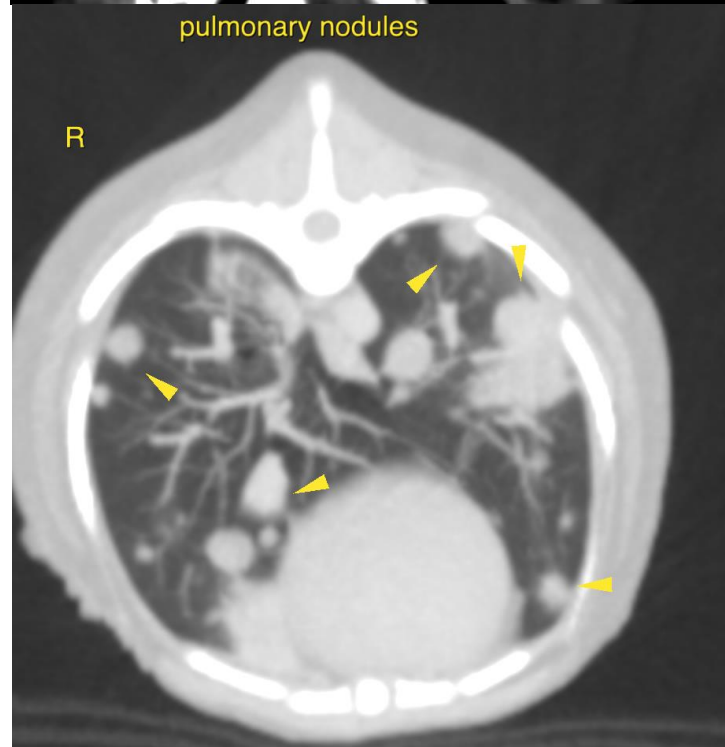
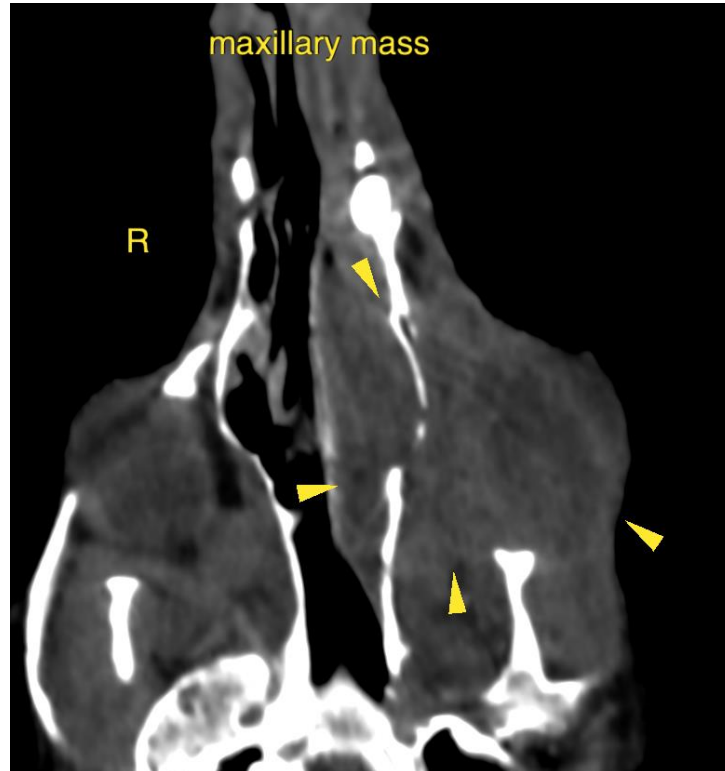
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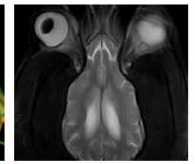
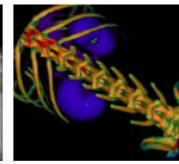
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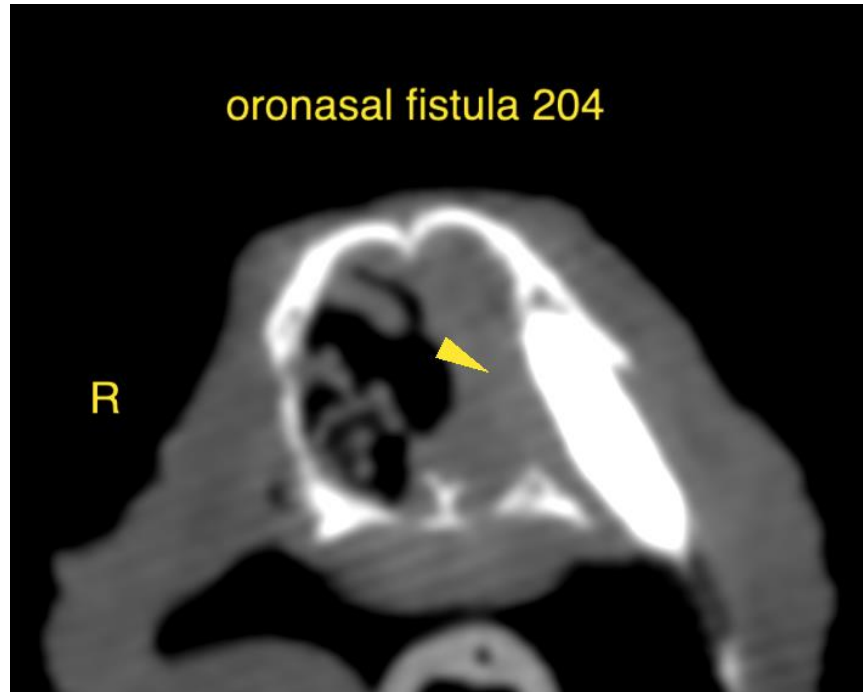
Pomeranian Mix

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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.

HOSPITAL NAME

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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.

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