

PATIENT PRESENTING CLINICAL SIGNS

Nettie Kilker Surgical planning for mandibular mass

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

Doberman

A supernumerary triadan 311&411 is appreciated.

The rostral segment of the left body of the mandible – level with triadan 301 to 306 – and the most rostral segment of the right body of the mandible – level with the incisor teeth – present extensive permeative osteolytic lesions with an associated uniform soft tissue attenuating and mild heterogeneous contrast enhancing soft tissue mass. Triadan 303-305 are absent.

SEX

Spayed Female

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

AGE

10 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

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The left mandibular lymph nodes are prominent and have a mild heterogeneous contrast enhancement pattern.

The vertebral endplates C2/C3 present with moderate spondylosis formation. Moderate central mineralization of the intervertebral disc C6/C7 is visible.

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Thorax

The vertebral endplates T12/T13 present moderate spondylosis formation. The left humeral head presents with a small (6.1 mm), ill-defined geographic osteolytic lesion of the subchondral bone.

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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.

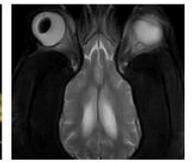
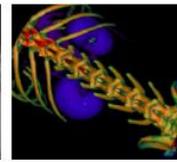
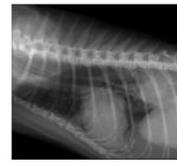
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The cardiovascular structures including the pulmonary vasculature are within normal limits.

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.

The lung parenchyma presents the expected architecture and attenuation behavior.



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

Nettie Kilker

COMPUTED TOMOGRAPHIC DIAGNOSIS

SPECIES

Canine

- Polyostotic aggressive osteolytic lesions rostral segment body of mandible bilaterally, L>>R, with associated soft tissue mass
- Lymphadenopathy left mandibular lymph nodes
- Osteolytic lesion subchondral bone left humeral head
- Chondroid disc degeneration C6/C7
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

BREED

Doberman

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Spayed Female

The mandibular mass is consistent with neoplastic disease and soft tissue neoplasia such as melanoma, fibrosarcoma, squamous cell carcinoma or primary osseous neoplasia (unusual to cross symphysis) such as osteosarcoma, chondrosarcoma need to be considered. Complete surgical resection of the mass is considered feasible, potential osteotomy lines are distal to triadan 307 and distal to triadan 405.

AGE

10 Years

The enlarged left mandibular lymph nodes are equivocal for metastatic disease versus reactive hyperplasia – recommend FNA sampling for further specification.

The osteolytic lesion of the subchondral bone of the left humeral head are most consistent with fatty bone marrow replacement or osseous cyst like lesion. The odds for metastatic disease are considered low.

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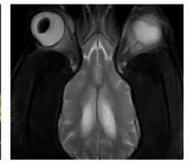
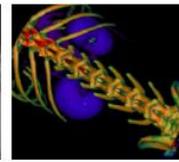
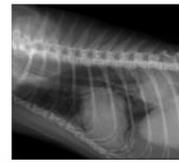
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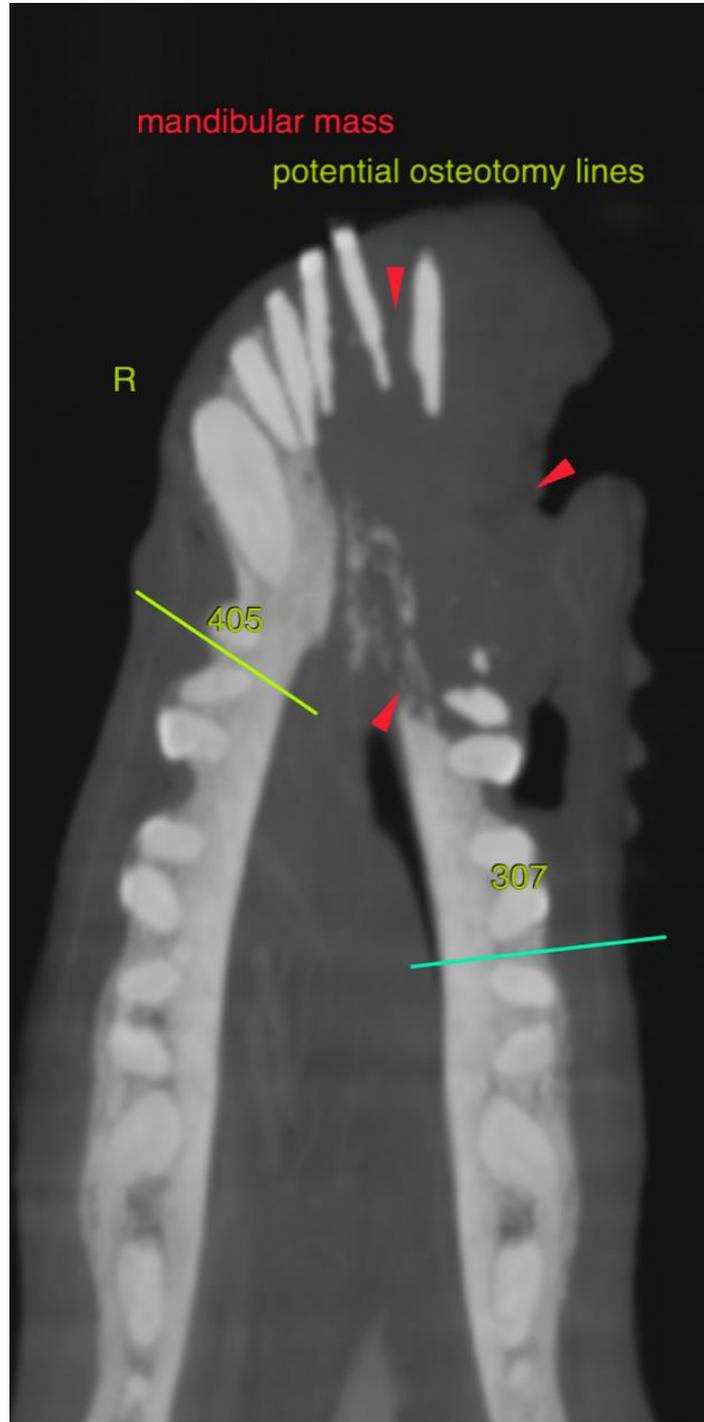
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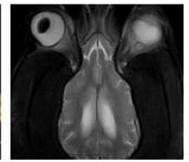
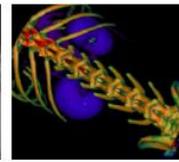
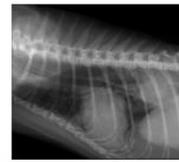
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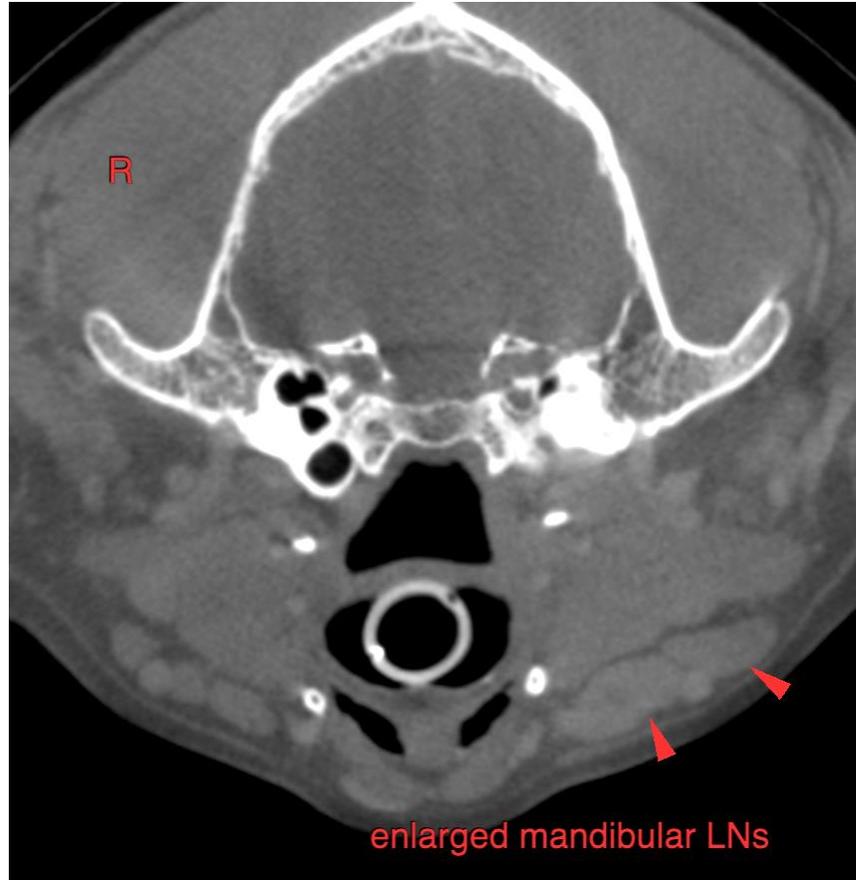
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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