



**PATIENT PRESENTING CLINICAL SIGNS**

Apollo Salazar Mandible fracture and neoplasia: **MICROSCOPIC FINDINGS:** Poorly differentiated neoplasia with mild purulent gingivitis and osteomyelitis **COMMENTS:** Histopathology is indicative of a poorly differentiated neoplasm.

**SPECIES COMPUTED TOMOGRAPHY OF THE SKULL & THORAX**

Canine 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.

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

Mixed Breed Skull  
Part of the crown of triadan 101 is absent.

**SEX** The rostral segment, mesial to triadan 406, of the right mandible and the rostral part of the left mandible, mesial to triadan 304 are absent. A cerclage wire is wrapped around the rostral segment of the right & left body of the mandible. The remaining rostral part of the right mandible presents moth eaten osteolytic lesions and the medullary cavity is filled with gas up to the level of triadan 407. The rostral part of the left mandible presents moth eaten osteolytic lesions of the cortex up to the level of triadan 307. At the same level bilateral immature mild periosteal new bone formation is appreciated.

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

11 Years, 2 Months

**INTERPRETED BY**

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

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.

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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 pituitary gland is prominent and is mildly bulging dorsally from the pituitary fossa into the cranial fossa, measuring 8 x 7 x 8 mm in size.

The mandibular lymph nodes bilaterally are prominent and present a heterogeneous contrast enhancement pattern, R>L.

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

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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.

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, with randomly interspersed punctuate mineralization. Dystelectasis of the caudodorsal aspects of the lung parenchyma is appreciated.



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

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### COMPUTED TOMOGRAPHIC DIAGNOSIS

#### SPECIES

Canine

- Polyostotic aggressive osteolytic lesion rostral segment of the mandible, R>L
- Lymphadenopathy mandibular lymph nodes bilaterally, R>L
- Prominent pituitary gland
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

#### BREED

Mixed Breed

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

#### SEX

MN

The findings are fitting the diagnosis of rostral mandibular neoplasia with advanced osteolysis & signs of osteomyelitis mandible bilaterally and regions of osteonecrosis of the rostral segment of the right mandible. The odds for metastatic spread to the mandibular lymph nodes are high. Bilateral rostral mandibulectomy is considered as the therapy of choice – osteotomy lines should be at least mesial to triadan 408 and mesial to triadan 307.

Consider FNA sampling of the mandibular lymph nodes for full tumor staging.

#### AGE

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The prominent pituitary gland can indicate (non)functional pituitary adenoma, correlate with findings from blood work.

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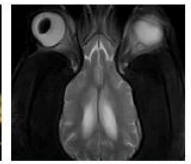
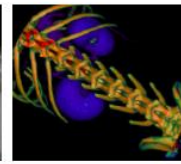
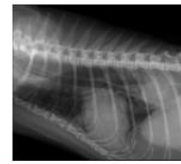
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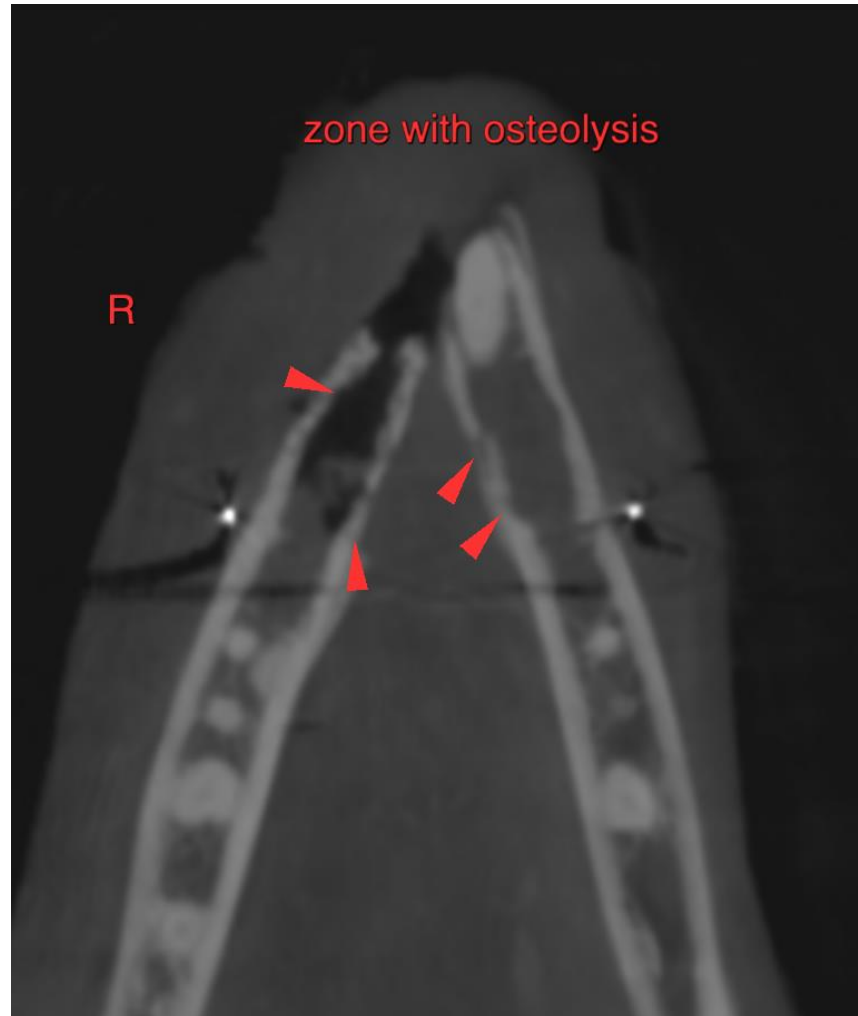
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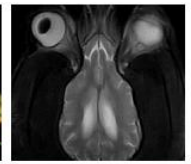
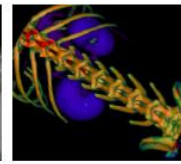
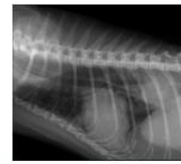
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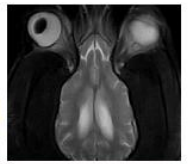
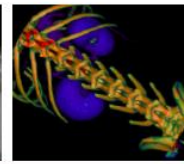
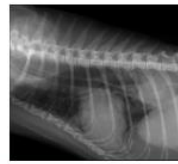
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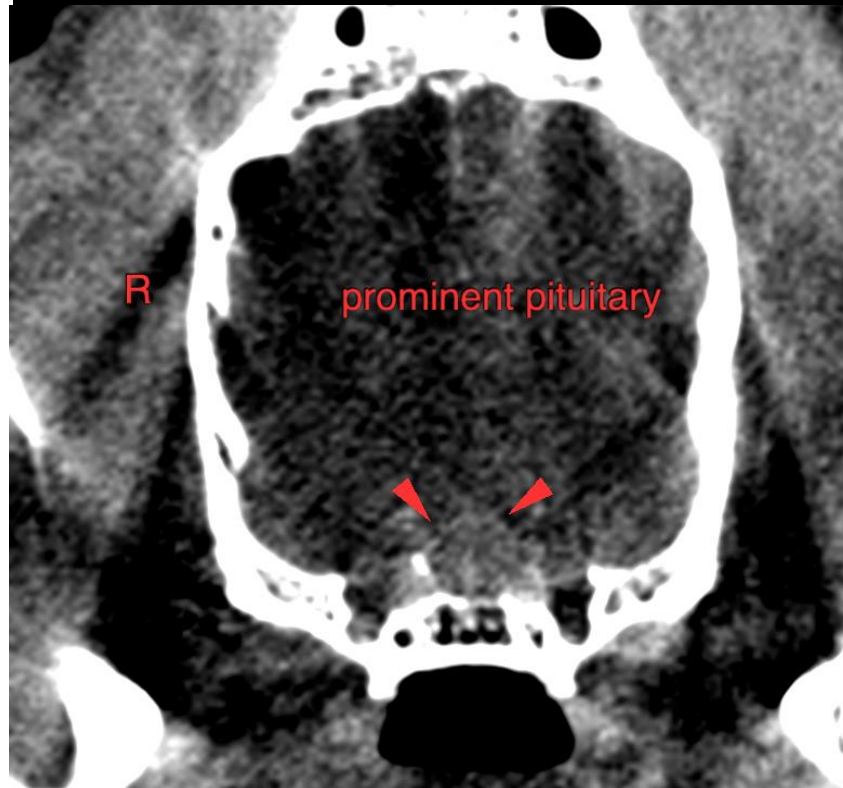
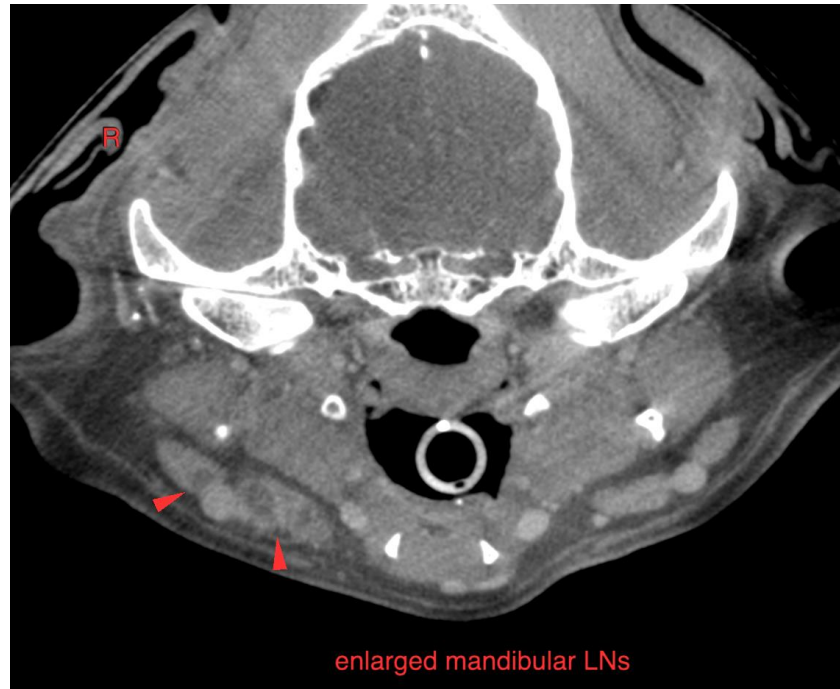
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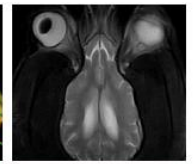
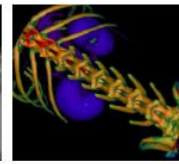
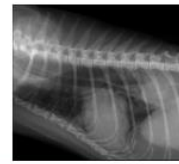
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**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.

**BREED**

Mixed Breed

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