



PATIENT

Smokey
Anderson/Hughes

PRESENTING CLINICAL SIGNS

7yr MC Yorkie presenting for anorexia and drooling since yesterday. Patient appears painful around the mouth. Hx rectal bleeding that started in May, no recent occurrences.
Abnormal PE/Chem/CBC/UA Results: Left dorsal soft palate swelling / firm soft tissue mass, OS protruding. Chem: Elevated ALP (226 U/I) and Globulin (4.5 g/dL), mildly elevated ALT (126 U/I) CBC: Elevated WBC (22.96 10³/uL) Elevated PT (22.9s) and PTT (120.4s)

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

Yorkie Mix

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Triadan 105, 205, 305, 311, 405 and 411 are absent.

SEX

MC

Originating from the caudal margin of the horizontal plate of the left palatine bone/rostral aspect of the left lamina sphenoidethmoidalis & rostral margin of the left hamulus of the pterygoid bone, a cauliflower like mineralizing roundish mass is visible, measuring 4.4 x 2.0 x 4.8 cm in size. The associated osseous structures present permeative osteolytic lesions. The mineralizing mass is distorting the oro- and nasopharynx at the same level. Triadan 210 is deviated caudally by the mass and the alveolar bone of triadan 210 is lost. In the rostradorsal aspect, the mass is protruding into the left orbit and the left ocular bulb is deviated dorsally and rostrally by the mass effect. Post contrast administration, the mineralizing mass presents a peripheral hypoattenuating soft tissue component,

AGE

7 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

HOSPITAL NAME

Animal Emergency
Hospital Deland

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.

REFERRING VET

Dr. Schwanebeck

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 mandibular lymph nodes are prominent.

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Level with the intervertebral disc space C5/C6, mild heterogeneous mineralized disc material is mildly protruding into the vertebral canal, distorting the ventral epidural space at the same level. The cranial vertebral endplate of C6 is misshapen, presenting a sloping conformation of the vertebral endplate dorsally.

The remainder of the osseous and soft tissue structures of the neck are within normal limits.

DATE

9-1-22

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 and attenuation behavior.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS**SEX**

MC

- Expansile polyostotic aggressive osteoproliferative mass centered on the caudal aspect of the hard palate with associated soft tissue component
- Secondary left sided exophthalmos
- Lymphadenopathy mandibular lymph nodes
- Suspect osteochondrosis dissecans like lesion cranial vertebral endplate C6 with secondary mild intervertebral disc protrusion C5/C6 without compressive myelopathy
- Multiple absent teeth
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mineralizing mass is consistent with primary osseous neoplasia, such as osteosarcoma, chondrosarcoma, multilobulated osteochondrosarcoma, other. Biopsy of the mass can be performed for further definition and the chances of radiation therapy might be discussed with oncologist.

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The odds for reactive hyperplasia of the mandibular lymph nodes are considered higher than for metastatic disease, consider FNA sampling to confirm the diagnosis.

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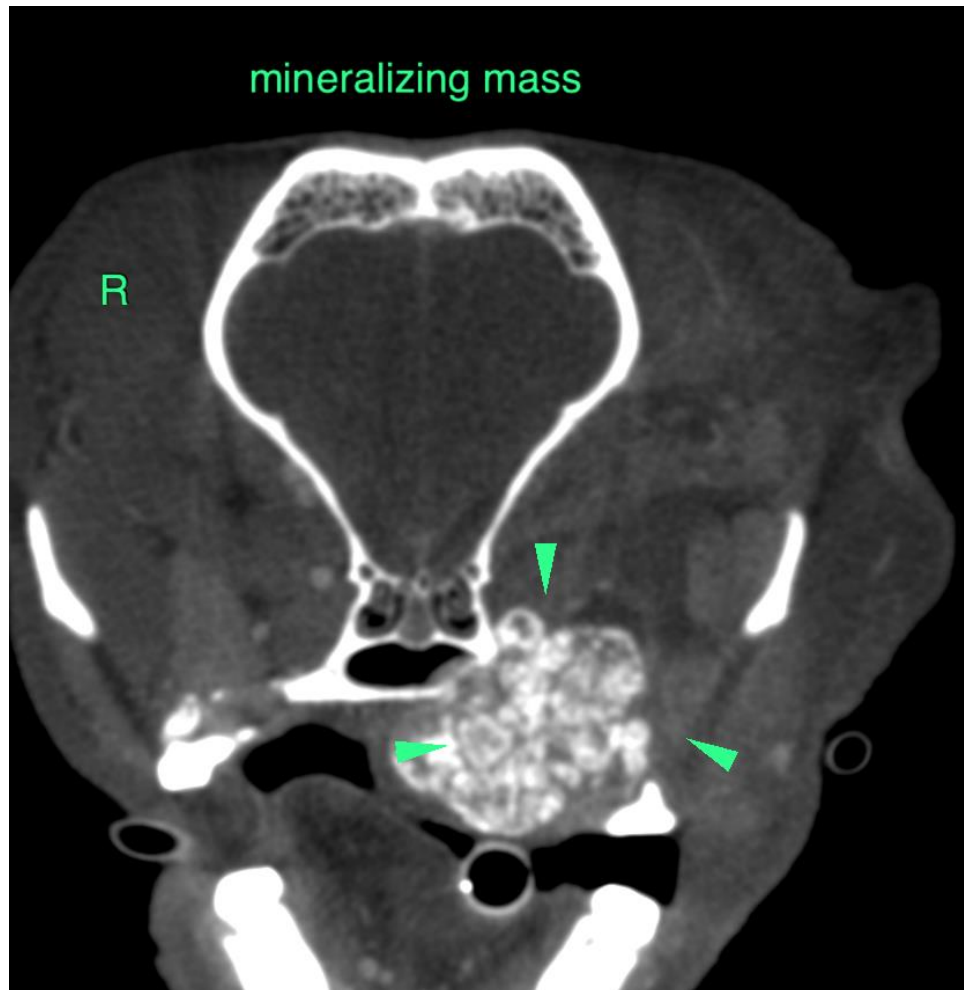
Dr. Schwanebeck

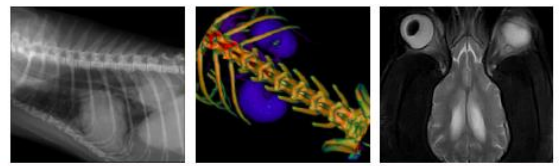
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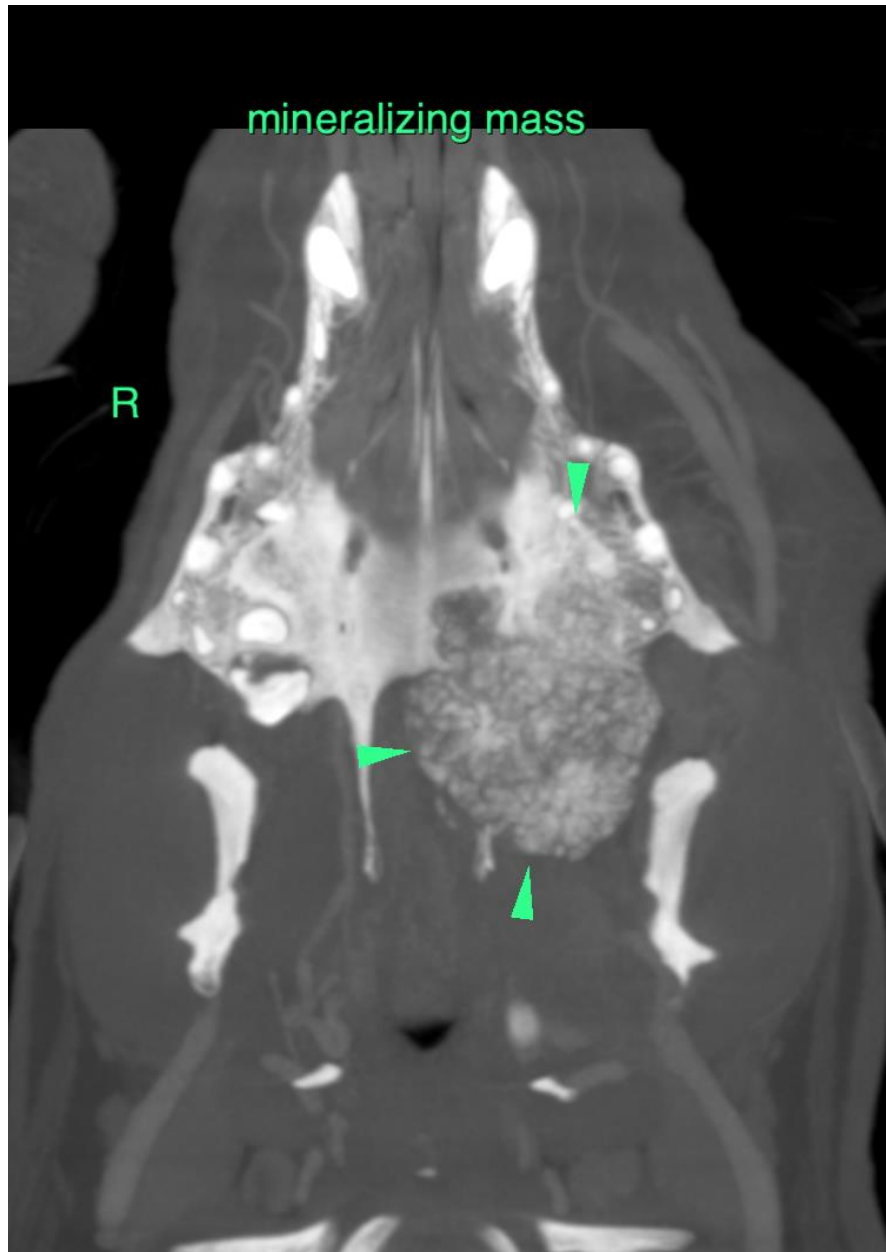
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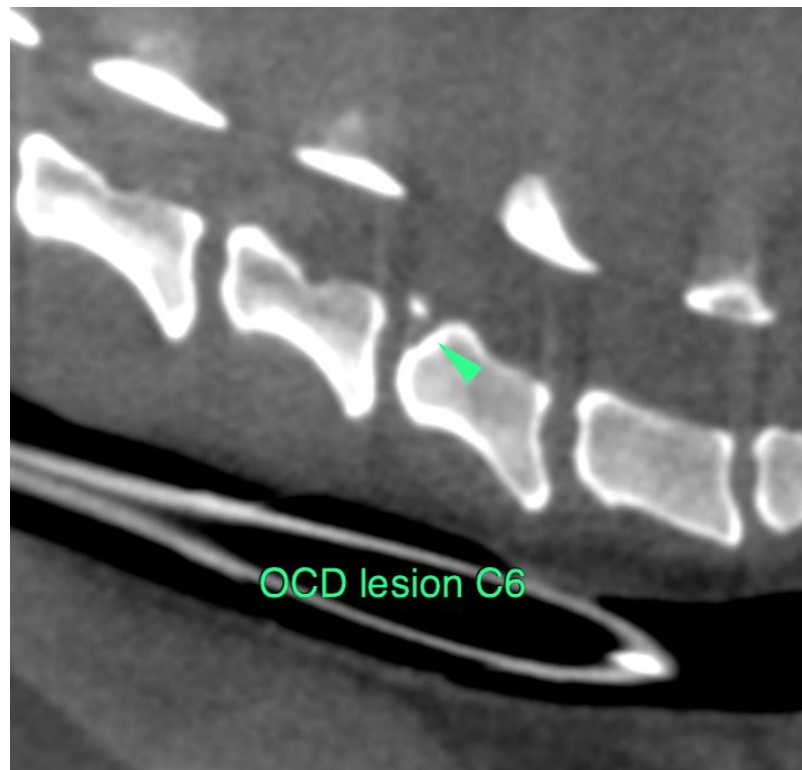
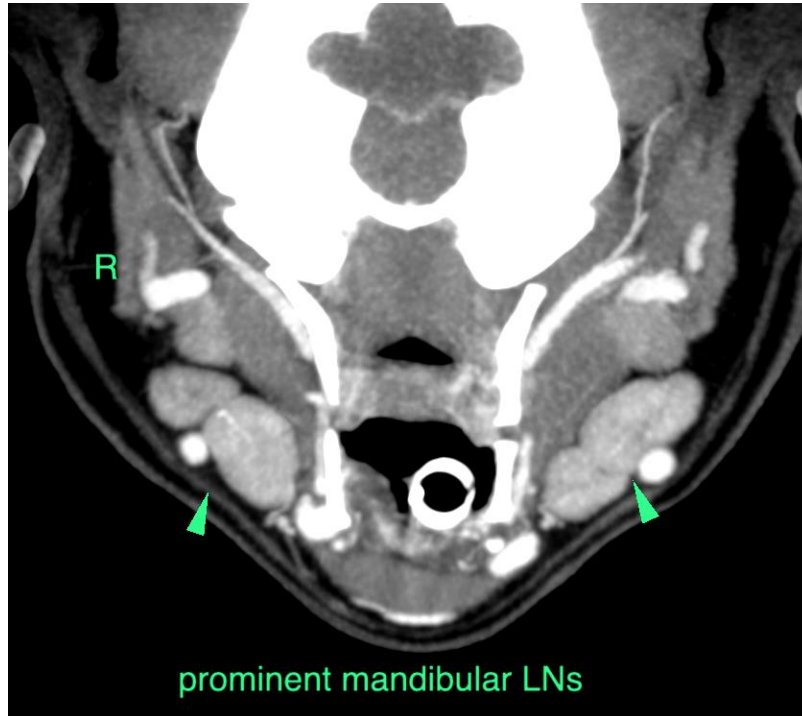
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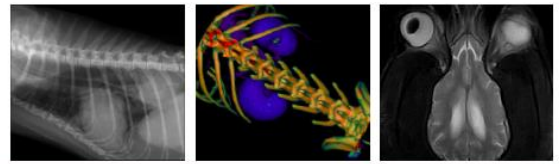
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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