
PATIENT PRESENTING CLINICAL SIGNS

Guinness Cotter History: Acute left sided facial swelling and nasal congestion with epistaxis. Rhinoscopy reveals swollen tissues left nostril, Biopsy said inflammation, no improvements on steroid, has gotten worse, R/O neoplasia, suspect oropharynx

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results:

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL
BREED

Lab

A high resolution pre- and post-contrast CT study of the skull is provided for review.

SEX

Neutered Male

COMPUTED TOMOGRAPHIC FINDINGS

Centered on the rostral third of the hard palate a uniform soft tissue attenuating and heterogeneous moderate contrast enhancing mass is visible. The mass is extending from the incisor bone caudally up to the level of choana. Extensive permeative osteolysis of the palatine bone and alveolar part of the maxillary bone bilaterally is seen up to the level of maxillary P4. The mass is protruding both into the nasal cavity and oral cavity. Moderate destruction of the associated conchal and turbinate structures is visible. The left upper incisor teeth are displaced rostrally and are diverging.

AGE

8 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.

HOSPITAL NAME

Rockaway AH

The left mandibular and medial retropharyngeal lymph node are prominent with a mild heterogeneous contrast enhancement pattern.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Polyostotic aggressive osteolytic lesion hard palate involving the maxillary bone bilaterally
- Mild lymphadenopathy left mandibular and medial retropharyngeal lymph node

REFERRING VET

Dr. Gannon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
INVOICE

12990

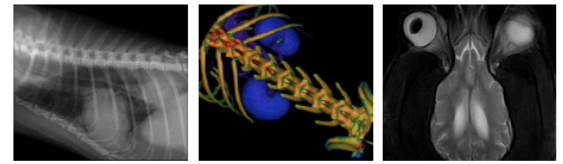
The findings are consistent with primary neoplasia originating from the hard palate and differentials include squamous cell carcinoma, osteosarcoma, chondrosarcoma, fibrosarcoma, other. Recommend repeating biopsy – from the oral cavity is likely to provide more reliable biopsy results. Based on biopsy results, the chances of radiation therapy can be discussed with oncologist.

DATE

9/8/21

The prominent regional lymph nodes are equivocal for reactive hyperplasia or metastatic spread.

Consider full tumor staging.



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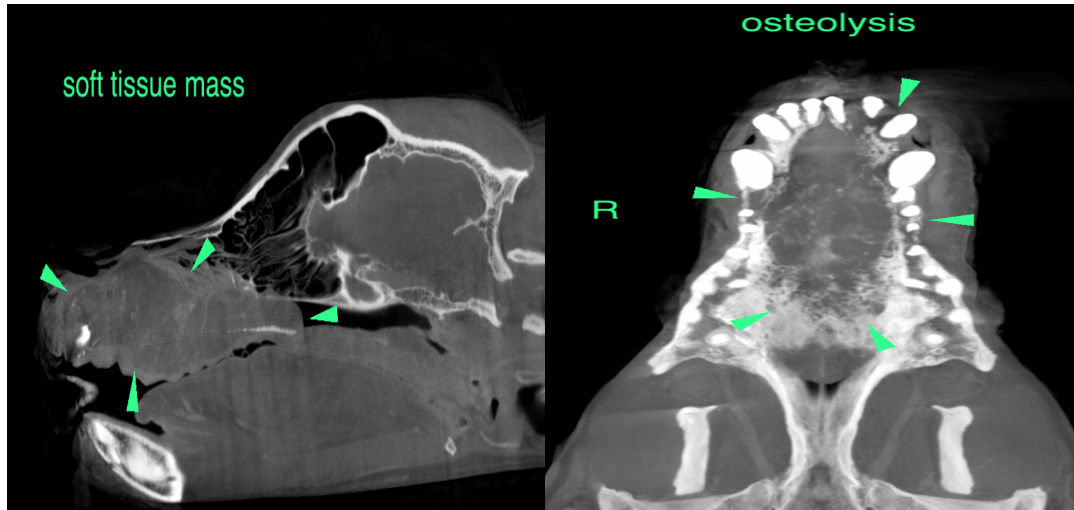
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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