



PATIENT

Sebastian Oquendo

SPECIES

Canine

BREED

English Bulldog

SEX

NM

AGE

8 Years Approx.

INTERPRETED BY

Tilde Rodrigues Froes,
DMV, MSc., Dr. Med
Vet., Dipl. CBraRVet

HOSPITAL NAME

Veterinary Image
Center

REFERRING VET

Dr. J. Carrasquillo,
DVM

INVOICE

56921

DATE

2-23-23

PRESENTING CLINICAL SIGNS

Patient with a history of seizures that began in December 2022. Last episode of seizure was on 2/21/2023. Patient presents neurological symptoms such as lack of coordination, disorientation and seizures. The patient is on Apoquel for chronic use and at the end of 2022 Kepra was added to control seizures.

Abnormal PE/Chem/CBC/UA Results: CBC --- RBC and HCT mild decreased, LYM mild decreased CHEM --- unremarkable

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre and post-contrast high-resolution head CT is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

An irregularly shaped, ovoid to amorphous mass effect, with mild heterogeneous enhancement and ring-enhancement is seen within the brain parenchyma in the topographic region of the left temporal lobe, a portion of the left parietal lobe, and portion of the occipital lobe. The mass causes a contralateral shift of the falx cerebri. The mass is compressing the ipsilateral lateral ventricle. The mass measures approximately 2.7cm x 2.4cm x 2.0cm.

Mild bilateral asymmetrical lateral ventriculomegaly is noted—otherwise, normal brain parenchyma.

The nasal cavity and frontal sinuses are normal.

The tympanic bullae are normal. Multifocal pinpoint dystrophic mineralization is seen in the horizontal auditory wall canal.

The pharynx and larynx are normal.

The retrobulbar spaces and globes are normal.

The cribriform plate is normal.

The temporomandibular joints are bilaterally congruent.

The retropharyngeal lymph nodes are mildly enlarged with normal contrast enhancement pattern.

On the edge of the exam, small multifocal irregular, hyperattenuating, nodular masses are seen in the ventral border of the trachea, more on the left side, and also adjacent to the left carotid artery bifurcation. The masses measure approximately 2.2cm x 1.4 and 0.7cm x 0.76cm.

The thyroid glands are not visible.

All teeth are present.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderately enhancing intra-axial mass effect with ring-enhancement in the left-brain hemisphere (left temporal, portion of parietal lobe, and occipital lobe) that causes falx cerebri shift and compression of the left lateral ventricle. Differential diagnosis includes neoplasm process.
- Mild bilateral asymmetrical ventriculomegaly.
- Mild retropharyngeal lymphadenitis, reactive or metastatic.
- Left sided cervical nodules - differential diagnosis includes ectopic thyroid tissue, less likely ectopic parathyroid or lymphatic tissue. The thyroid glands are not clearly identified, that could be correlated to the collimation.
- Dystrophic mineralization of the bilateral horizontal external auditory canal, incidental or consequence of previous chronic otitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left sided intra-axial brain mass is confirmed. Differential diagnosis includes neoplasm process, for example, astrocytoma, oligodendroglioma, lymphosarcoma, glioblastoma, or other. The computed tomographic findings are correlated to the clinical history. For better evaluation of the characteristics of the lesion and to narrow the differential diagnosis, an MRI is suggested.

Cervical ultrasonography and fine-needle aspiration are suggested for further analysis of the detected cervical lesion.

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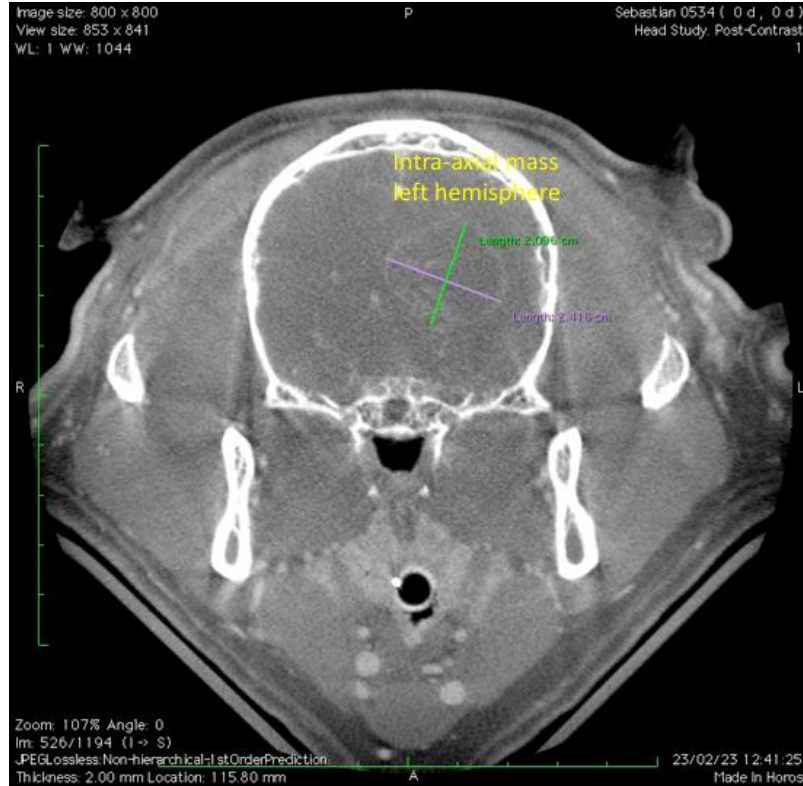
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@sonopath.com

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