

Veterinary Diagnostic Imaging & Cytopathology, P.C.

VetMedStat Consultation Services

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16900 SE 82nd Dr., Clackamas, OR 97015

Requesting Veterinarian: **Kroll, Robert**

Report Date: 08/21/03

Requesting Hospital: **VDIC**

Report #: **9976**

Clackamas, OR 97015

In House MRI

Phone: **503-722-8077**

Patient: **Sachie Nagasawa**

Sex: **Female, Spayed** Age **10.6**

Species: **Dog**

Breed: **Cocker Spaniel**

Chart ID#: **MRI**

INTERPRETATION AND RECOMMENDATIONS:

MRI of the Head 08-21-03: No brain lesions are seen. There is bilateral thickening of the external auditory canals, including both vertical and horizontal components. There is enhancement of the thickened epithelium diffusely. Both tympanic bullae are normal. Adjacent to the bullae, both canals are obstructed by soft tissue. On the right, the obstruction appears to be due to the severe epithelial thickening, while on the left, a smooth ovoid mass with pronounced peripheral enhancement is present. It measures 1.7 x 0.9 x 0.8 cm. The mass distends the canal slightly but there is no evidence of extension into the surrounding tissue.

MRI of the Spine 08-21-03: All of the visible discs are dessicated. There is a compressive ventral herniation of the T11-T12 disc. There are non-compressive disc herniations at T13-L1, L2-L3, L3-L4 and L5-L6. No significant abnormalities are seen in the thoracic or cervical spine.

Conclusions: T11-T12 disc herniation. Bilateral otitis externa. Left auditory canal mass, whose smooth contours suggest a benign etiology, or if malignant, a low-grade malignancy. Biopsy is planned.

Jennifer Hanson, DVM
Radiology

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Requesting Veterinarian: **Takashima, Gregg** Report Date: **08/25/05**

Requesting Hospital: **The Parkway Veterinary Hospita** Report #: **79576**

3 SW Monroe Pkwy #Y T:8P:8
Lake Oswego, OR 97035 RAD/US/CT/MRI
Phone: **503-636-2102** Fax: **503-636-2549**
Additional report faxed to:

Patient: **Sachie Nagasawa**

Sex: **Female, Spayed** Age **12.6** Species: **Dog** Breed: **Cocker Spaniel**

Chart ID#:

INTERPRETATION AND RECOMMENDATIONS:

HISTORY: Cries when picked up by the chest. Chronic otitis. Painful over the mid-dorsal spine.

ABDOMEN 08-24-05: No significant abnormalities are seen.

THORAX: There are mild aging changes in the lung fields. No other significant abnormalities are seen.

SPINE: There is unusual mineralization of the soft tissues adjacent to the spinous processes in the thoracic spine, likely associated with the supraspinous ligament. A similar finding was visible on a study dated 06-27-03. There is persistent severe narrowing of the T11-12 disc space with a new finding of moderate spondylosis at that level. Disc space narrowing and spondylosis are persistent at L1-2, L3-4, L4-5, L5-6, and L6-7. The lumbosacral junction is not included entirely on the current view. There is mild osteoarthritis of several of the dorsal articular facets. No bone lysis is seen.

CONCLUSIONS: Unremarkable thorax and abdomen. Chronic disc herniation is likely present at several sites in the thoracic and lumbar spine. The supraspinatus ligament mineralization is likely an incidental finding. If more information about the spine is desired, MRI would be recommended. /mrm

Jennifer Hanson DVM,Dip. ACVR
Radiologist

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16900 SE 82nd Dr., Clackamas, OR 97015

Requesting Veterinarian:	Takashima, Gregg	Report Date:	09/08/05
Requesting Hospital:	The Parkway Veterinary Hospita	Report #:	81341
	3 SW Monroe Pkwy #Y	T:9P:8	
	Lake Oswego, OR 97035	RAD/US/CT/MRI	
	Phone: 503-636-2102	Fax: 503-636-2549	
	Additional report faxed to:		

Patient: **Sachie Nagasawa**

Sex: **Female, Spayed** Age **12.6** Species: **Dog** Breed: **Cocker Spaniel**

Chart ID#:

INTERPRETATION AND RECOMMENDATIONS:

HISTORY: Chronic ear disease. Whining more than normal. Also disc disease. Had a left nasal discharge that resolved.

SKULL 09-07-05: There is severe bilateral external auditory canal mineralization, worse on the left. The right external auditory canal is very narrow. The tympanic bullae are partially obscured by the soft tissue mineralization. The temporomandibular joints, nasal cavity, and frontal sinuses are unremarkable.

CONCLUSIONS: Chronic otitis externa. Evaluation of the bullae is difficult and CT or MRI should be considered to confirm or rule out otitis media.

/mrm

Jennifer Hanson, DVM,Dip. ACVR
Radiologist

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16900 SE 82nd Dr., Clackamas, OR 97015

Requesting Veterinarian:	Takashima, Gregg	Report Date:	06/07/07
Requesting Hospital:	The Parkway Veterinary Hospita	Report #:	192090
	3 SW Monroe Pkwy #Y	T:6P:7	
	Lake Oswego, OR 97035	RAD/US/CT/MRI	
	Phone: 503-636-2102	Fax: 503-636-2549	
	Additional report faxed to:		

Patient: **Sachie Nagasawa**

Sex: **Female, Spayed** Age **14.4** Species: **Dog** Breed: **Cocker Spaniel**

Chart ID#:

INTERPRETATION AND RECOMMENDATIONS:

Melanoma. Metastasis check.

THORAX June 6, 2007: There is pronounced calcification of the tracheal rings. There is also calcification of the soft tissues dorsal to the thorax. This finding was mentioned on previous reports as well. There are mild to moderate aging changes in the lungs. No cardiovascular abnormalities are seen. No pulmonary metastases are seen.

ABDOMEN June 6, 2007: No significant abnormalities are seen. There is incidental disk space narrowing and spondylosis sporadically throughout the visible spine.

CONCLUSIONS: Negative metastatic check. Aging changes and incidental soft tissue calcification.

Jennifer Hanson, DVM,Dip. ACVR
Radiologist

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16900 SE 82nd Dr., Clackamas, OR 97015

Requesting Veterinarian:	Freeman, Kim	Report Date:	08/20/07
Requesting Hospital:	Northwest Veterinary Specialists	Report #:	208005
	16756 SE 82nd Drive	T:9P:9	
	Clackamas, OR 97015	VDI Teleradiology	
	Phone: 503-656-3999	Fax: 503-557-8672	
	Additional report faxed to:		

Patient: **SACHIE NAGASAWA**

Sex: **Female** Age **14.6** Species: **Dog** Breed: **Cocker Spaniel**

Chart ID#: **16700**

INTERPRETATION AND RECOMMENDATIONS:

THORAX August 17, 2007: Three views are provided. Previous images are not available however previous reports are available for review. There is persistent soft tissue mineralization dorsal to the thoracic cavity. There is moderate aging change throughout the pulmonary parenchyma. The cardiovascular structures are normal. No metastatic lesions are seen. There is incidental spinal and sternbral spondylosis.

CONCLUSIONS: Negative for metastatic check. Incidental dystrophic mineralization dorsal to the thorax.

NOTE: Please contact us if this interpretation is inconsistent with your impressions or requires further clarification. Thank you.

Jennifer Hanson, DVM,Dip. ACVR
Radiologist

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16900 SE 82nd Dr., Clackamas, OR 97015

Requesting Veterinarian:	Freeman, Kim	Report Date:	11/16/07
Requesting Hospital:	Northwest Veterinary Specialists	Report #:	227833
	16756 SE 82nd Drive	T:10P:8	
	Clackamas, OR 97015	VDI Teleradiology	
	Phone: 503-656-3999	Fax: 503-557-8672	
	Additional report faxed to:		

Patient: **SACHIE NAGASAWA**

Sex: **Female** Age **14.8** Species: **Dog** Breed: **Cocker Spaniel**

Chart ID#: **16700**

INTERPRETATION AND RECOMMENDATIONS:

HISTORY:

Melanoma met check

THORAX 11-16-07: Previous radiographs dated 08-17-07 are available for comparison. On the right lateral view, there is a small soft tissue opacity nodular structure overlying the cranioventral mediastinal region within the second intercostal space. This structure is approximately 0.5 cm in diameter. A similar structure is seen on the previous images which appears more vascular in origin at that time. The cardiovascular structures remain within normal limits. There are normal age related changes within the lungs which are similar to that seen previously. The thoracic spondylosis and mineralization within the subcutaneous tissues dorsal to the thorax are also unchanged.

CONCLUSIONS: Questionable pulmonary nodule. This is thought more likely due to vasculature in the area rather than a true pulmonary nodule. Continuing to radiographically monitor the thorax is recommended. If more complete evaluation is desired at this time, thoracic CT would be recommended.

If there are discrepancies between this report and your impressions please call to discuss the case. Thank you.

Jennifer Tepavich, DVM,Dip. ACVR
Radiologist

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