



PATIENT	PRESENTING CLINICAL SIGNS
Gus Galloway	<p>12/8/21 - Recheck Rhinoscopy, 8 month Post RT: Gus has been doing well for the past month. He sneezes a lot, has right sided mucopurulent discharge with occasional blood tinge, grimaces the right side of his face and rubs the right side of his face. Yesterday he had a seizure at 9:00 am during his trip to Utah. He had another seizure at 1:30 am and a third at 6:00 this morning. An episode of epistaxis occurred during the first seizure. After the first seizure, a post ictal phase is reported, running away, growling and barking with raised hair on his back and neck. Then suddenly he was over affectionate. He is drinking a lot. The second and third seizures were less severe than the first. Since then, he hasn't been acting like himself, less responsive, confused. He had trazodone 150 mg yesterday at 9 am and last night and again this morning. He is still on carprofen, finished clindamycin. The owner reports the clindamycin did not help with the mucopurulent nasal discharge. 11/3/21 - 7 month Post RT: Gus presented for a 7 month post radiation recheck for nasal carcinoma. Right sided mucopurulent nasal and ocular discharge have persisted since the RT. There has been some blood (rust color) in the discharge in the last 2 days. The amount of nasal discharge has increased over the last week. Sniffing a lot, sneezing, shaking head, snores, and scrunching nose. Breathing okay - able to sleep. Ocular discharge still present with right eye. Energy seems normal. Has yelped a couple of times when touching around right ear. Current medication: Clindamycin, trazodone for flights. 7/14/21 - 4 month Post RT: Has been doing very well at home. His energy levels have been good and he breathes well through his nose. The owner reports green tinged ocular discharge from the right eye, which she cleans away twice daily. There is also dried nasal discharge around the margins of the right nostril. He occasionally sneezes. Head shaking previously reported has resolved. There was hair loss over the forehead in the radiation treatment side but as now growing back. He is currently not on any medications other than parasite control. The previous swelling over the forehead has resolved. Appetite and activity are normal. He has gained weight. Current blood work is not repeated. The nasal culture results grew <i>Streptococcus canis</i> and <i>Staphylococcus pseudintermedius</i>, both sensitive to clindamycin. The pre and post contrast CT of the head and rhinoscopy findings document complete remission of the nasal carcinoma. There is extensive osteolysis of the maxillary and frontal bones. There is also a large area of cribriform plate resorption. The right nasal cavity is empty. There is no evidence of residual or recurring nasal carcinoma at this time. There are mild changes in the nose consistent with chronic rhinitis. Nasal culture is pending. 4/14/21 - HDR Brachytherapy Fraction 2 of 2: Gus has advanced grade 4 nasal carcinoma. The nasal mass was debulked on 3/10/21. Fraction 1 of 2 HDR brachytherapy was given on 3/24/21. Since the radiation therapy 3 weeks ago, he has been doing very well. The swelling over his forehead dorsal to the right frontal sinus has diminished in size by approximately 75%. The underlying bone is now palpable. He breathes well through his nose and there is no snoring when he sleeps. A little bit of dried discharge is present around the right nostril. Appetite and activity are normal. He is beginning to gain some weight. The owner reports he acts like he did 3 years ago. The repeat the CT and rhinoscopy findings document significant resorption of the right nasal mass and mass invading the right frontal sinus. Mass tissue is still visible lining the caudal nasal cavity. The right nasal cavity is empty and patent into the nasopharynx. The nasal carcinoma is responding to the radiation therapy. Fraction 2 of 2 HDR brachytherapy at a dose of 12 Gy was given today. The total dose of 28 Gy was given between the 2 fractions. Refills of carprofen and clindamycin are dispensed. He should be continued on a nonsteroidal anti-inflammatory for life. Repeat CT and rhinoscopy is recommended in 3 months. 3/24/21 - HDR Brachytherapy Fraction 1 of 2: The rhinoscopy findings show mass tissue filling the caudal nasopharynx dorsal to the choana and also filling the right maxillary recess. Mass tissue is pink, lumpy and friable. The mass easily bleeds when touched. The appearance of the mass is consistent with nasal carcinoma. Repeat biopsies are obtained. The nasal mass is treated with 16 Gy through 23 brachytherapy catheters. Nasal adenocarcinoma is confirmed. 3/10/21 - Nasal Mass Debulking: Gus presented with a 2 year history of nasal signs. 2 years ago the owners noticed reverse sneezing. A bump formed over the forehead 6-8 months ago. The bump was sensitive to the touch. Deep biopsy of the swelling over the forehead</p>
SPECIES	
Canine	
BREED	
Labrador Retriever	
SEX	
Intact Male	
AGE	
6 Years	
INTERPRETED BY	
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HOSPITAL NAME	
VetMed Consultants	
REFERRING VET	
Dr. Jonathan Bradshaw	
INVOICE	
33376	
DATE	
12/9/21	


PATIENT

Gus Galloway

documents nasal carcinoma. CT scan performed 2 weeks ago shows advanced nasal carcinoma filling the right nasal cavity and frontal sinuses. The mass has eroded through the cribriform plate and through the frontal bone. There has been no response to antibiotic therapy. He has been treated with cephalexin, , and Previcox. He is currently on Previcox. Appetite and activity are normal. The contrast CT and rhinoscopy findings confirm the presence of a large mass filling the right nasal cavity. The appearance of the mass is consistent with an aggressive osteolytic neoplasm. Nasal adenocarcinoma was previously diagnosed. The mass has eroded through the cribriform plate and extends into the cranial cavity. There is also mass tissue extending outside the right frontal sinus and into the right orbit resulting in mild right-sided Exophthalmos. The mass is debulked for palliation and to aid in radiation therapy.

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Abnormal PE/Chem/CBC/UA Results: PE: Lethargic after three seizures in the last 24 hours. Breathes well through nose. Mucopurulent right sided nasal discharge. Lab: CBC - PCV = 38%, WBC = 16,400, neutrophils = 11211, lymphocytes = 2934, monocytes = 967, eosinophils = 1278. Chemistry - normal. Rhinoscopy Findings: The nasopharynx is imaged using a 120-degree reverse rigid scope and uvula retractor. The nasopharynx is open. Mucopurulent discharge is present. There is no evidence of nasopharyngeal mass tissue. Choanae appear normal bilaterally. The right nasal cavity is imaged using a 2.7 mm 0-degree scope without flushing. The right nasal cavity is empty. Mucosa lining the right nasal cavity is smooth and pink. There is a large area of bone necrosis over the right maxilla caudodorsal to the right maxillary recess. Several small focal areas of mildly raised granular erythematous tissue are present (mass tissue?) in the caudal nasal cavity. The right nasal cavity is lavaged and suctioned clean. Material is collected for culture. The necrotic bone cannot be removed because it is attached to the maxilla.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post-contrast studies available for review.

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COMPUTED TOMOGRAPHIC FINDINGS

Complete loss of the nasal turbinates is seen within the right nasal cavity. There are multiple defects in the osseous lining of the right nasal cavity including the palatinal maxillary nasal bone and frontal bone as well as the bony orbita and the right cribriform plate.

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Asymmetry of the olfactory bulbs with enlargement and mildly decreased attenuation of the right olfactory bulb is seen. No other structural changes of the brain are appreciated.

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Moderate turbinate destruction is seen within the left nasal cavity. The osseous septum between the right and left frontal sinuses is incomplete. Mild mucosal swelling and fluid accumulation is noted between the remaining turbinates of the left nasal cavity. There is no evidence of a soft tissue mass within the nasal cavities.

Both medial retropharyngeal lymph nodes present mild symmetric enlargement.

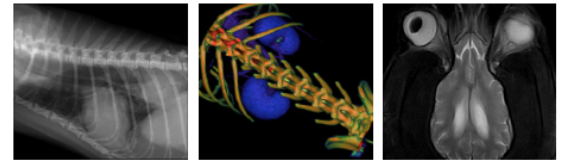
COMPUTED TOMOGRAPHIC DIAGNOSIS
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- History of nasal adenocarcinoma with debulking and irradiative treatment, no direct evidence of tumor recurrence
- Complete right-sided and partial left-sided turbinate and conchae necrosis
- Multiple osseous defects including cribriform plate
- Olfactory bulb asymmetry



PATIENT • Bilateral medial retropharyngeal lymphadenomegaly

Gus Galloway

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

No direct evidence of tumor recurrence is noted in the CT study in terms of a discreet mass. There is extensive loss of the nasal turbinates in both nasal cavities with complete void of turbinates and conchae in the right nasal cavity and partial absence of the turbinates in the left nasal cavity. Multiple defects in the osseous lining of the right nasal cavity and right frontal sinus are seen, including a defect within the cribriform plate.

BREED

Labrador Retriever

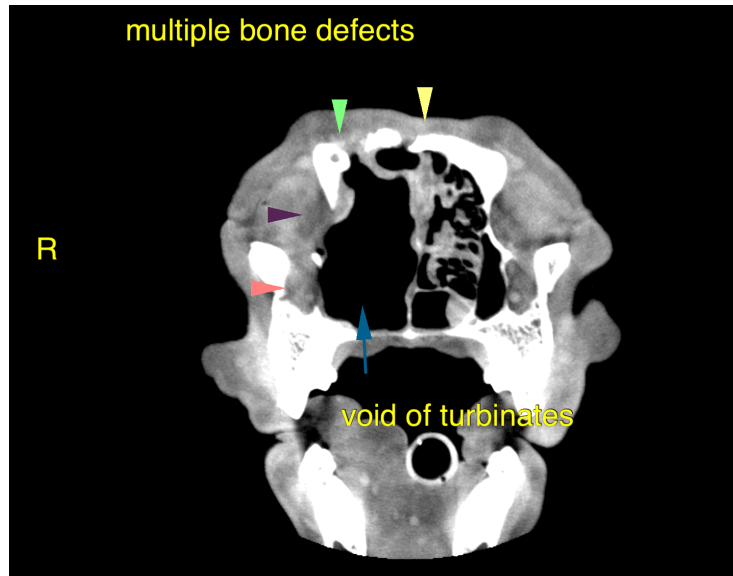
The asymmetry of the olfactory bulbs may represent a meningocele/meningomyelocele secondary to the loss of the osseous lining. However, regional tumor recurrence, meningeal scarring or inflammation cannot be ruled out as potential differential diagnoses. Areas of regional necrosis with or without liquification appear to be a potential as well. No other structural changes of the neuroparenchyma are identified. Complementary CSF analysis could be considered in order to rule out infectious meningoencephalitis.

SEX

Intact Male

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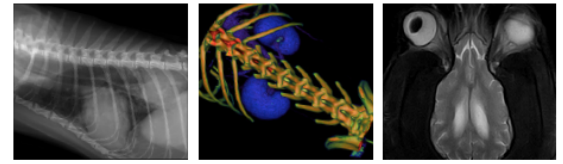
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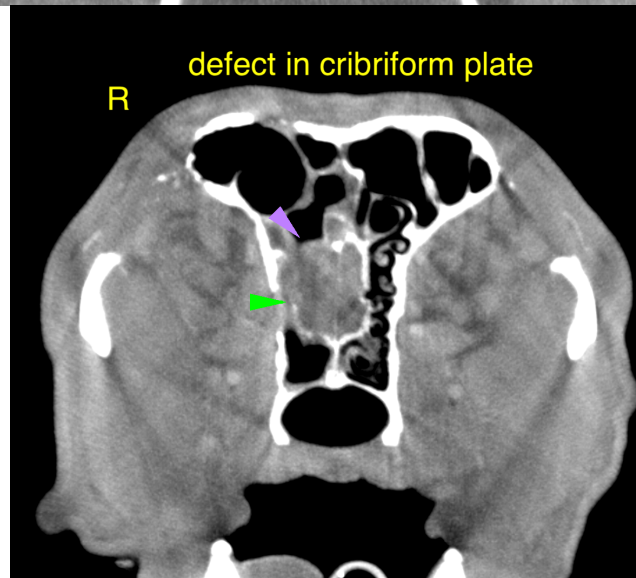
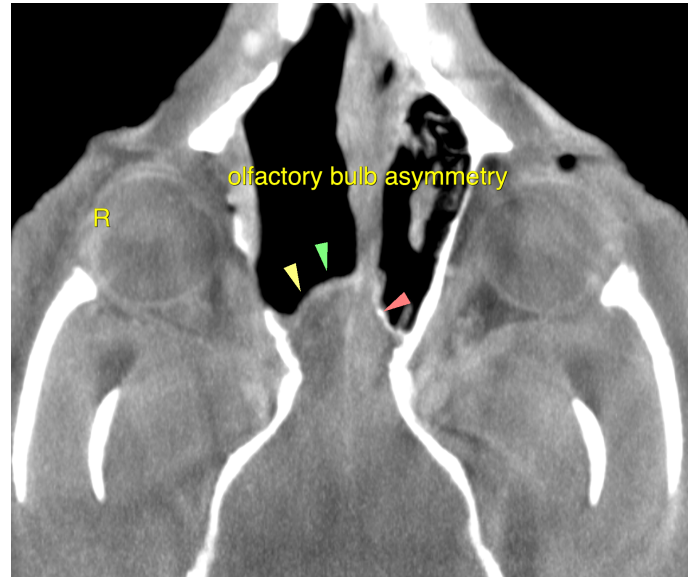
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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