



PATIENT

Daisy May Trepte

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

12 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Critical Vet
Care/Suncoast
Veterinary

REFERRING VET

Dr. Young

INVOICE

56596

DATE

2-6-23

PRESENTING CLINICAL SIGNS

Daisy May is a 12 yr old FS, Shih Tzu that presented for having a cough, sneezing, and progression of gagging in the last 1-2 months or so. Daisy May was seen at the primary on 12/20/22 for coughing and sneezing. Daisy was prescribed Doxycycline 100mg tablets 0.5 tablet PO Q12 x5 days and Chlorpheniramine 4mg tablets 0.5 tablet PO Q12 x5 days. Owner states there was some improvement but then when was finished that the coughing seemed to come back. Daisy was then also seen on 12/27 and Daisy was improving then. Daisy was then seen between 01/03/23-01/30/23 for increasing coughing and now a gagging. Daisy had radiographs done and there was note of the cranial portion of the trachea had some type of "S" deviation like a possible mass.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, THORAX, & ABDOMEN

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head

An irregular shaped ill-defined soft tissue attenuating mass of approximately 3 x 2.5 x 2 cm size is seen within the right nasal cavity. The mass presents regional turbinate destruction as well as polyostotic aggressive osteolysis involving the hard palate, bony nasal septum, right bony orbit a, nasal and frontal bones as well as the cribriform plate. The mass presents extension into the right orbita, oral cavity, nasal fundus, and cranial vault. An extraaxial mass effect onto the right front a lobe of the brain is noted.

The regional lymph nodes present within normal limits.

Multifocal moderate to severe periodontal disease is seen in an incomplete brachycephalic dentition.

Thorax & Neck

Both lobes of the thyroid gland are seen and present within normal limits.

No evidence of pulmonary metastases. Occasional small sized pulmonary bullae are noted. The architecture of the pulmonary interstitium and bronchial tree presents within normal limits otherwise.

The sternal and cranial mediastinal lymph nodes as well as the tracheobronchial lymph nodes present within normal limits.

Abdomen

An irregular shaped heterogeneously enhancing mass of 20 x 16mm expands the left adrenal gland. At this time, there is no evidence of vascular invasion. The right adrenal gland presents within normal limits.

Bilateral cortical renal infarcts are seen.

**PATIENT**

The liver, gallbladder, spleen, and gastrointestinal tract present within age related normal limits.

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Mild L6/7 intervertebral disc protrusion is noted.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass within the right nasal cavity with aggressive biological behavior and extension into the cranial vault, right orbita, nasal fundus, and oral cavity.
- Left adrenal gland mass.
- Occasional pulmonary bullae.
- No evidence of pulmonary metastatic disease.
- No evidence of lymph node metastases.
- Bilateral renal infarcts.
- Chronic intervertebral disc protrusion L6/7, mild.
- Severe chronic periodontitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with a malignant soft tissue neoplasia within the right nasal cavity with extension into the cranial vault, right orbita, oral cavity, and nasal fundus. Differential diagnosis includes nasal adenocarcinoma, squamous cell carcinoma, round cell neoplasia, and other. Final diagnosis will require sampling for histology. Note the extensive tumor growth and intracranial extension. The long term prognosis is poor unfortunately.

An expansile left adrenal gland mass meeting neoplastic criteria is noted. Differential diagnosis includes adenoma, adenocarcinoma, and pheochromocytoma primarily. Correlation with the laboratory values recommended. At this time, there is no evidence of invasion of the caudal vena cava.

The pulmonary bullae are likely to represent spontaneous bullae and an incidental finding. No structural evidence of bronchopulmonary pathology was noted.



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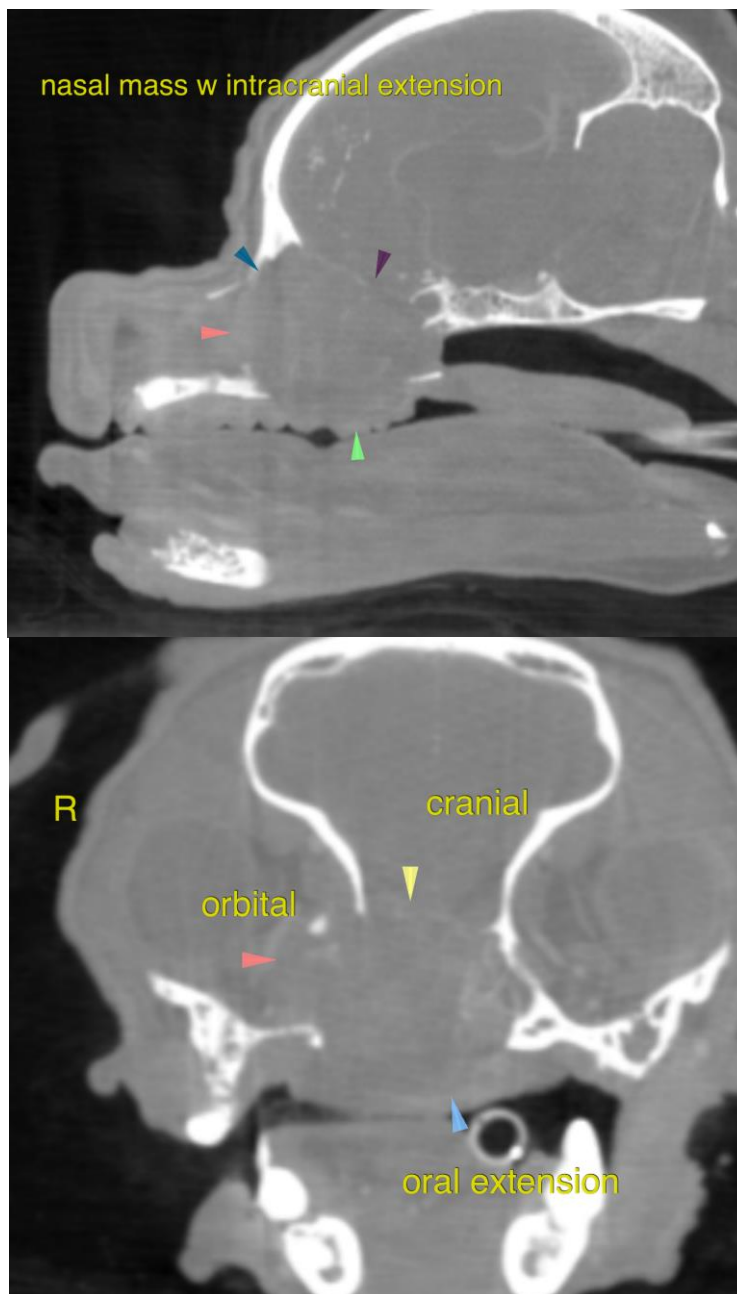
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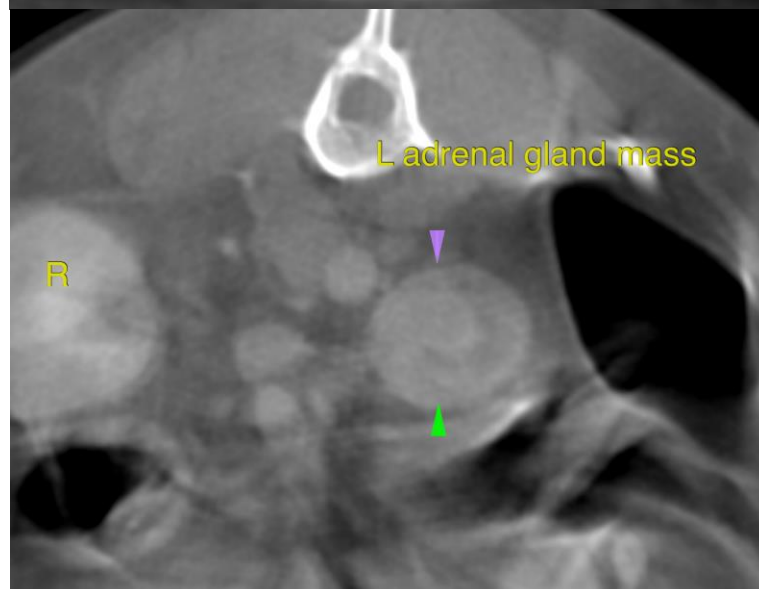
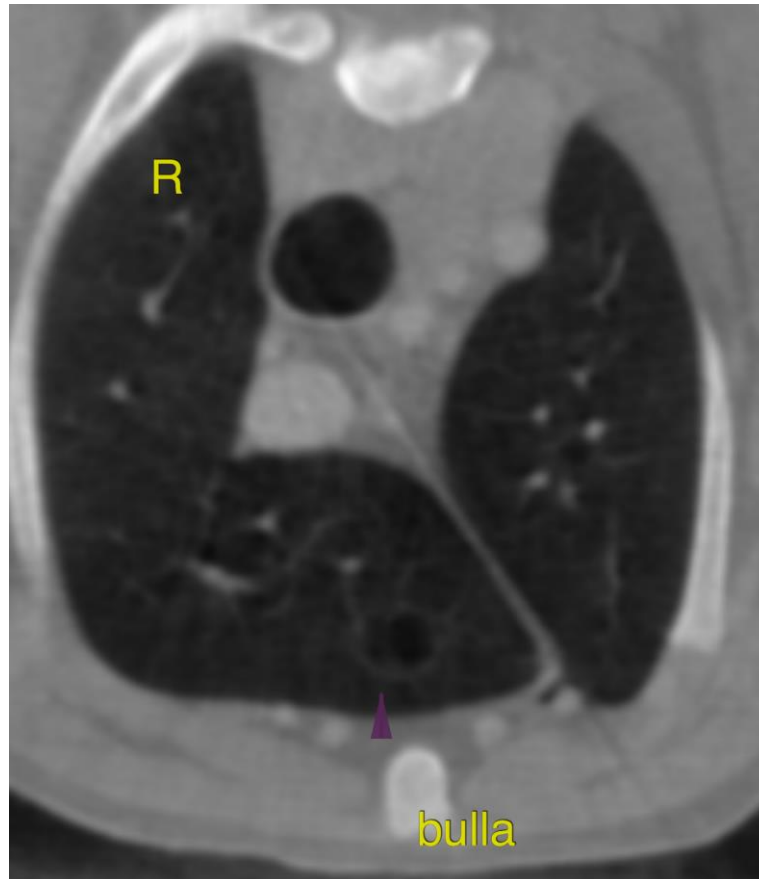
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com

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