



PATIENT

Koko Herlache

PRESENTING CLINICAL SIGNS

Possible tumor in nose. Growth in left nostril noticed about 3 months ago. Right nostril has occasional bleeding. Always sounds congested. Concerned about a tumor in the right nostril as well. The pet shows signs of pain. It has been going on for about a month. Has had a history of cancerous tumors on maxilla left jaw 4-5 years ago. Radiation treated the cancer but abscessed and lead to left eye removal and multiple teeth removed. Cataract/ hemorrhage in right eye, may need to be removed. Steroids caused the left side of jaw to open back up. The pet was scheduled for cataract surgery in the right eye and they held off because the nose bleeding has gotten worse in the last week. Current medications: Neopolydex, Tacrolimus, Sodium chloride nose flush, multi vitamin, fish oil which was stopped 4 days ago.

SPECIES

Canine

BREED

Miniature Schnauzer

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

SEX

Pre/post contrast studies provided for review.

FS

COMPUTED TOMOGRAPHIC FINDINGS

AGE

10 Years

Head/neck:

The right nostril presents a soft tissue dense, expansile mass with a heterogeneous contrast enhancement and diameters of at least 2.05 cm in length and 1.72 cm in width. The nasal entrance still is ventilated but markedly narrowed. On the contralateral left side, no obvious mass is detected but significant focal erosion of the 204 root is recognized. The maxillary bone on the left side is markedly thinned with multiple perforations.

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

Conches on the left are completely missing, severe atrophy is detected on the right.

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Status after left eye removal. Orbital borders on the left side are intact and inconspicuous. The right eye presents marked calcification of the lens. Orbital structures are inconspicuous. Caudal to the orbit the parietal bone is again significantly thinned and perforated. Enhancement of the adjacent meninges is not noted.

The neurocranium shows normal findings.

REFERRING VET

Borecky

Both tympanic bullae are completely ventilated with a regular tympanic bulla wall.

External ear canals are ventilated in all sections, walls of the external ear canals, the adjacent temporomandibular joints and the nasopharyngeal meatus have no particular findings.

INVOICE

49170

Soft tissues of the head and neck are symmetrical and of homogeneous density, especially the mandibular and medial retropharyngeal lymph nodes.

DATE

12-21-21

Thorax:

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The lungs are regularly ventilated with close contact to the inner thoracic wall on all sides. No evidence of pleural thickening, fluid accumulation or free pleural gas is noticed. Pulmonary density is within normal limits, there is no evidence of focal or nodular pulmonary lesions.

SPECIES

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Mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are normal. Thoracic trachea and esophagus present as expected. Diaphragm is normal.

The extra-thoracic soft tissues, thoracic spine as well as ribs and sternum are unremarkable. There is no evidence of bony lysis or abnormal sclerosis.

BREED

Miniature Schnauzer

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Expansile lesion right nostril with narrowing of the nasal entrance
- Erosive lesion of the 204 root
- Thinning and perforation of the left maxillary and right parietal bone
- Severe destruction of the left conches and -atrophy of the right conches
- Calcification of the right lens
- Normal findings of the chest

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT findings show a local expansile lesion of the right nostril which is highly suspicious for a neoplastic process. Masses at the level of the nasal planum are commonly malignant including squamous cell carcinoma, lymphoma and melanoma with the first being the most common. Size and infiltration may be underestimated with CT.

Destruction and atrophy of the conches likely are due to radiation therapy. A mass of the left nose is not noted, but not excluded and the erosive lesion of 204 again is highly suspicious for an aggressive lesion.

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With regard to the cancerous tumor of the left maxilla the thinned and perforated bone (left maxillary and right parietal) are highly suspicious for an aggressive, malignant and metastatic process. Distant metastases are not detected with the current CT.

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Changes of the right eye are consistent with cataract/nucleus sclerosis.

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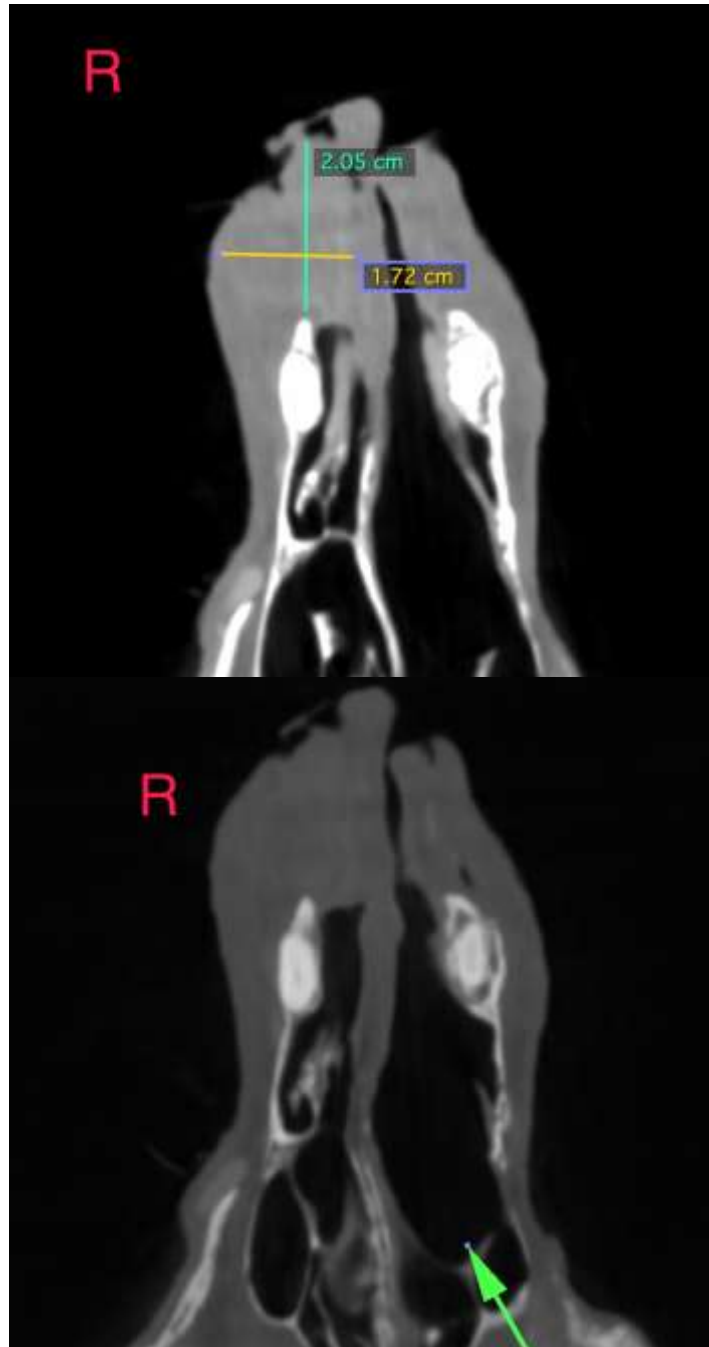
Borecky

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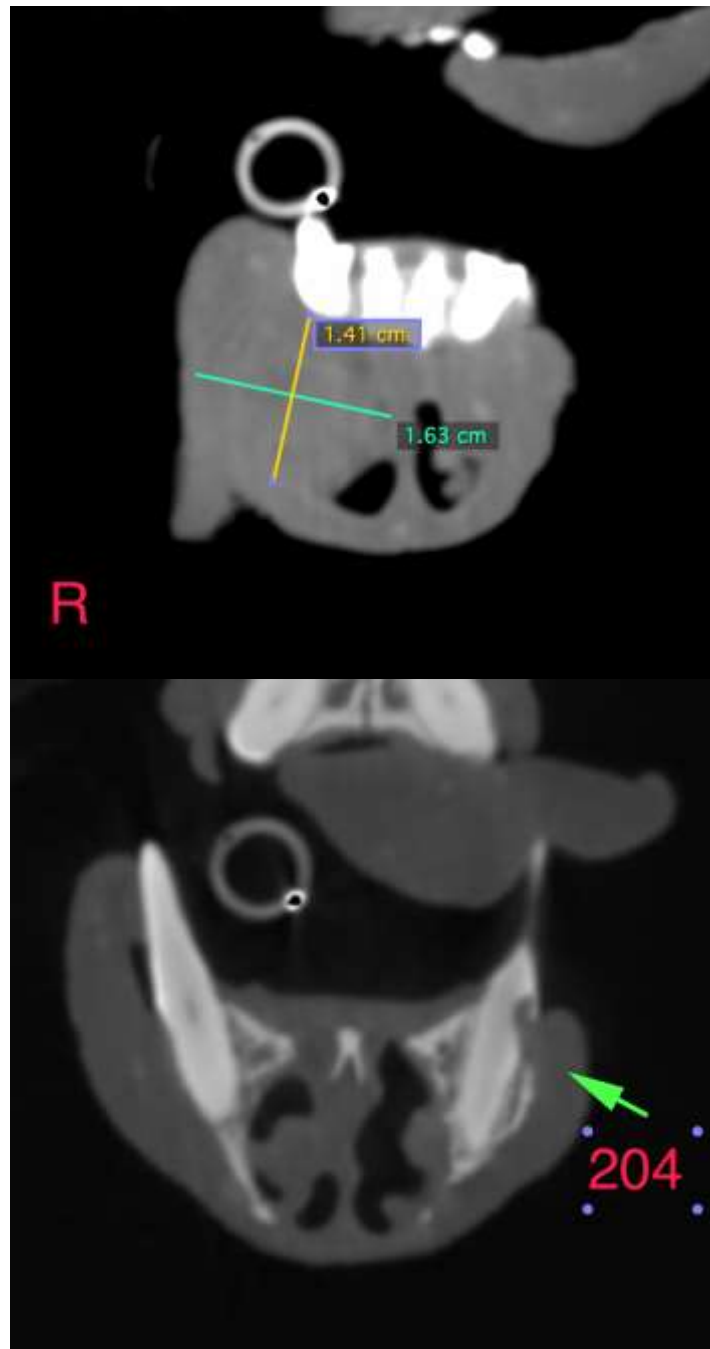
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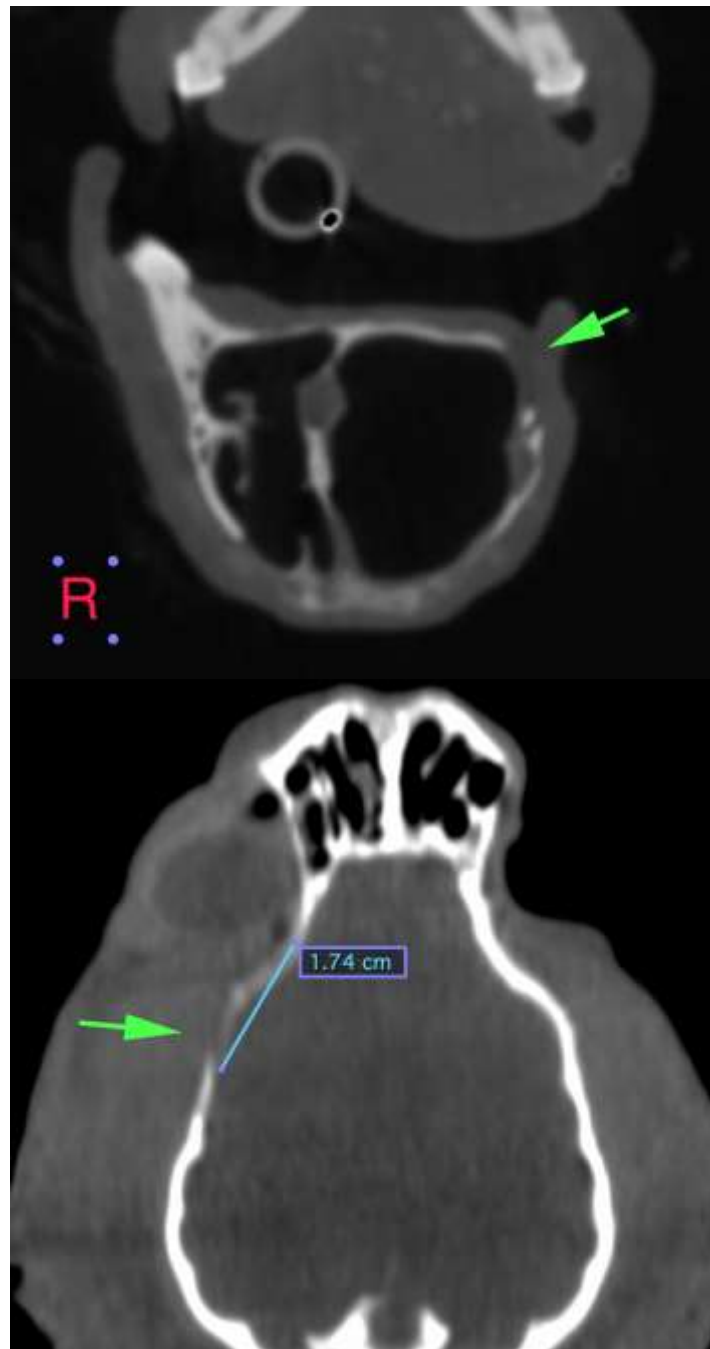
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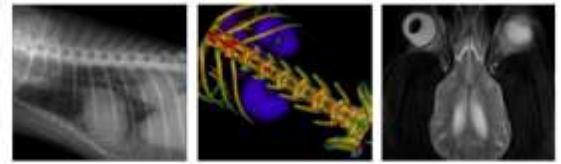
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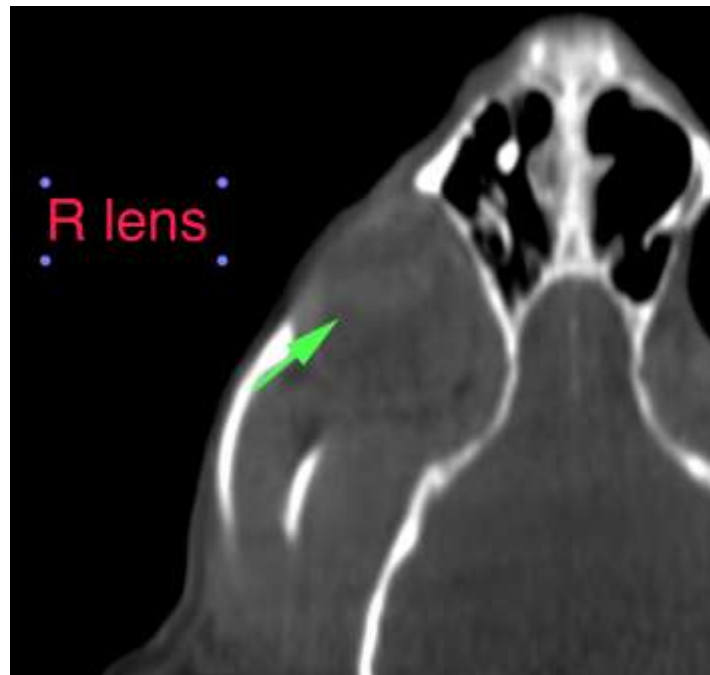
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

HOSPITAL NAME

Mobile Pet Imaging
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