



**PATIENT PRESENTING CLINICAL SIGNS**

Ruby Rise Pet presented for sneezing with epistaxis and intermittent lethargy. Currently on Yunnan Baiyao, Abnormal PE/Chem/CBC/UA Results: Leukocytosis at ~30,000.

**SPECIES COMPUTED TOMOGRAPHY OF THE SKULL & THORAX**

Canine A high resolution pre- and post-contrast CT study of the skull and thorax are provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**BREED**

Skull

Airedale Terrier

The tooth elements 105, 305, 306, 405, 406 and 407 are absent.

**SEX**

The middle segment of the left nasal cavity is occupied by uniform soft tissue attenuating and heterogeneous moderate contrast enhancing material. Advanced destruction of the left nasal conchal & turbinate structures is seen. The perpendicular plate of the left palatine bone presents a region of pressure erosion and perforation of the mass into the left orbit. The nasal septum presents a right sided deviation by the mass effect. The cribriform plate is intact. The left maxillary bone presents evidence of mild moth eaten osteolytic lesions.

FS

**AGE**

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

9 Years, 7 Months

**INTERPRETED BY**

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

**HOSPITAL NAME**

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

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Thorax

Borecky

The bony and surrounding soft tissue structures are within normal limits.

**INVOICE**

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

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The cardiovascular structures including the pulmonary vasculature are within normal limits.

**DATE**

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

1-17-22

The lung parenchyma presents the expected architecture and attenuation behavior. The right



**PATIENT** cranial lung lobe presents a solitary punctuate mineralization.

Ruby Rise Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

**SPECIES** **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Canine
- Left sided nasal soft tissue mass with polyostotic semi-aggressive osteolytic lesions
  - Multiple absent teeth
  - Pulmonary osteoma
- BREED**
- No evidence of pulmonary metastatic disease

Airedale Terrier **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The soft tissue mass in the left nasal cavity is highly suggestive for primary nasal neoplasia, such as adenocarcinoma, transitional cell carcinoma, lymphosarcoma, squamous cell carcinoma, other. The odds for adenomatoid polyp formation or granuloma are low. Recommend rhinoscopy including FNA sampling and biopsy for further definition. Based on the results of the advanced diagnostic tests, the chances of radiation therapy can be discussed with oncologist. The Adam tumor stage is T2/T3.

**SEX**

FS

**AGE**

9 Years, 7 Months

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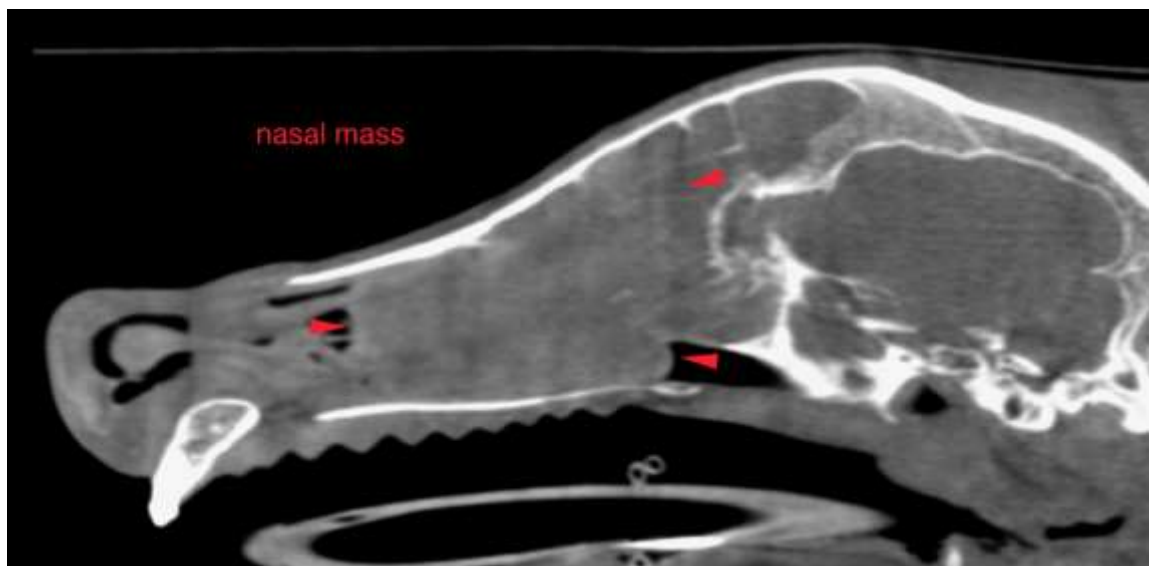
Borecky

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**PATIENT**

Ruby Rise

**SPECIES**

Canine

**BREED**

Airedale Terrier

**SEX**

FS

**AGE**

9 Years, 7 Months

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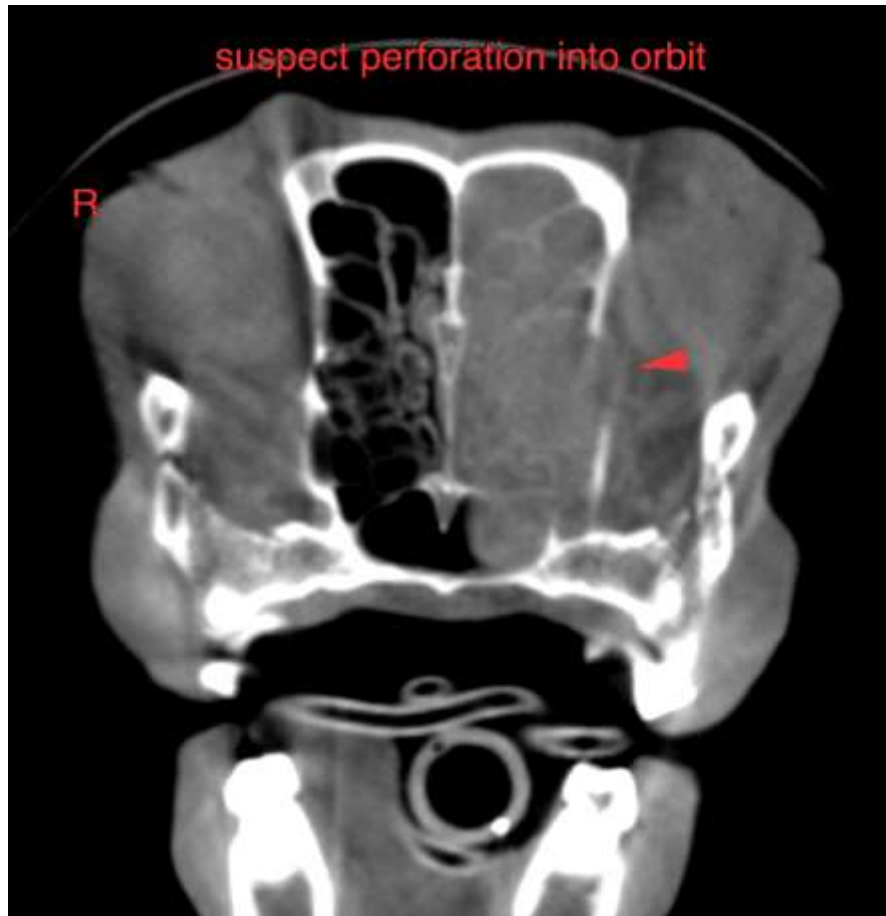
Borecky

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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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