



**PATIENT PRESENTING CLINICAL SIGNS**

Teddy Berry epistaxis over the weekend, today presented with head tilt, opted for CT instead of rhinoscopy

**COMPUTED TOMOGRAPHY OF THE SKULL**

**SPECIES** A high resolution pre- and post-contrast CT study of the skull is provided for review.

Canine **COMPUTED TOMOGRAPHIC FINDINGS**

The tooth elements 301, 302, 401 and 402 are absent.

**BREED** The caudal half of the right nasal cavity is filled with soft tissue attenuating and heterogeneous contrast enhancing material. The right maxillary bone, right nasal bone and osseous lining of the right frontal sinus present multifocal moth eaten osteolytic lesions as well as hyperostosis of the osseous lining of the right frontal sinus. Ventral deviation of an osseous lamella of the right maxillary bone into the right nasal cavity is appreciated, level with triadan 108. Advanced destruction of the right nasal conchal & turbinate structures is seen. There

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

**AGE** 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.

12 Years 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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

**HOSPITAL NAME COMPUTED TOMOGRAPHIC DIAGNOSIS**

Advanced Animal Imaging

- Right nasal soft tissue mass with polyostotic aggressive osteolytic lesions of the associated osseous structures
- Evidence of right sided destructive rhinitis and hyperostosis of the osseous lining right frontal sinus

**REFERRING VET**

- Suspect preceding trauma with chronic fracture of the osseous lining caudodorsal aspect right nasal cavity
- Absent triadan 301, 302, 401 and 402

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE** The nasal mass is highly suggestive for primary nasal neoplasia with polyostotic aggressive osteolytic lesions. Differentials include adenocarcinoma, osteosarcoma, chondrosarcoma, squamous cell carcinoma, transitional cell carcinoma, lymphosarcoma, other. As there are signs of right sided destructive rhinitis and hyperostosis of the right frontal sinus mycotic rhinitis as a second entity or primary entity with nasal granuloma formation need to be considered here. Rhinoscopy including biopsy are strongly recommended for further definition. Based on the results of the advanced diagnostic tests, the chances of radiation therapy and/or antimycotic therapy can be discussed with oncologist/internal medicine. If neoplasia is confirmed, the Adam tumor stage is T3.

54800

**DATE** 10-25-22



**PATIENT**

Teddy Berry

**SPECIES**

Canine

**BREED**

Collie

**SEX**

FS

**AGE**

12 Years

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**HOSPITAL NAME**

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**REFERRING VET**

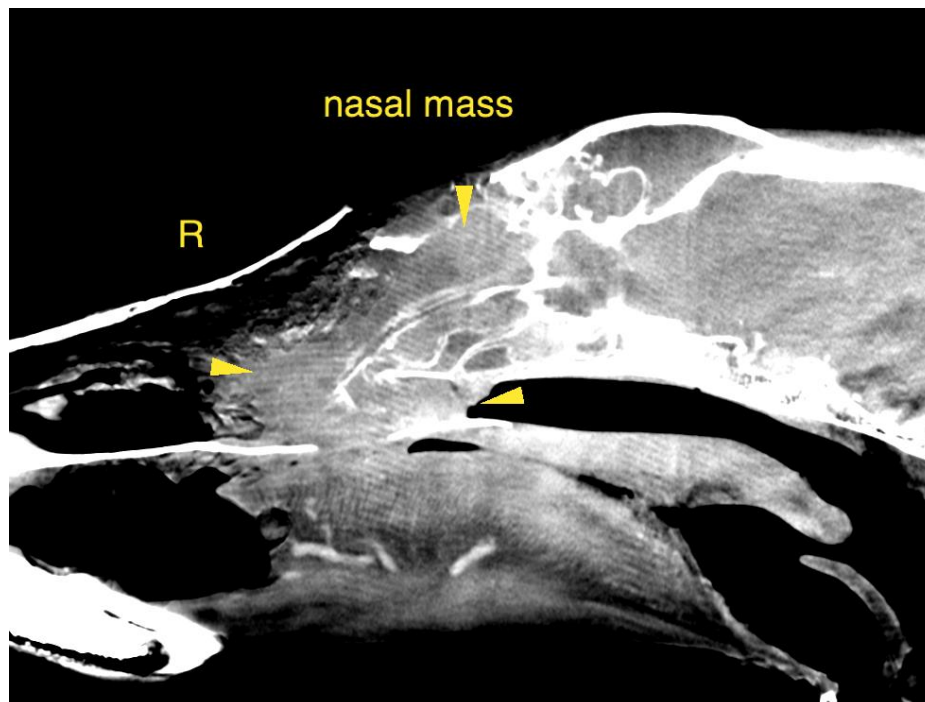
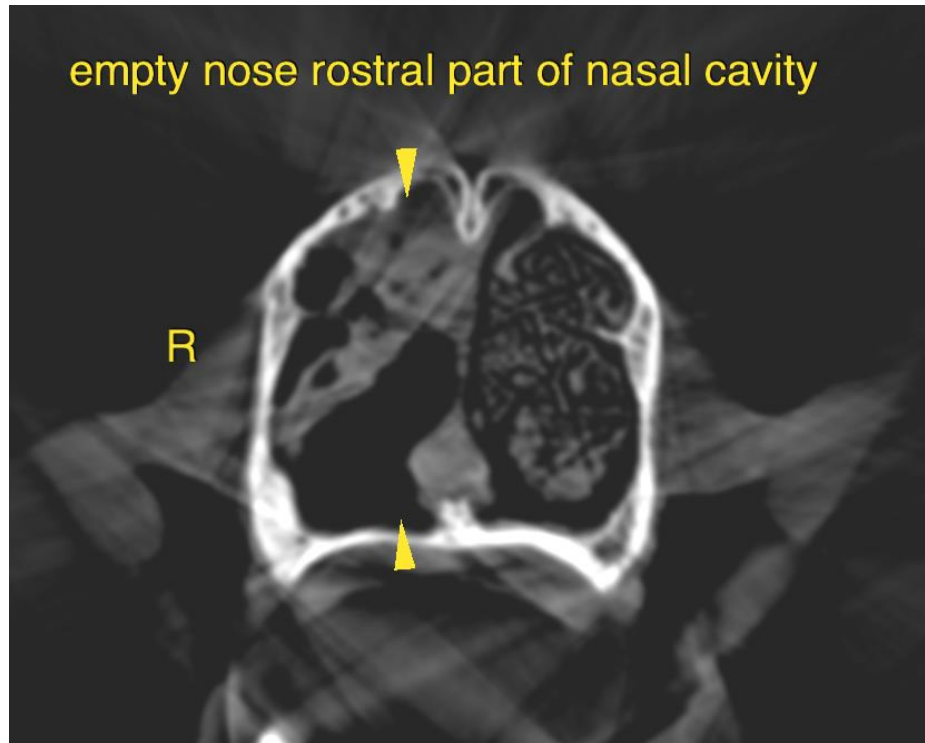
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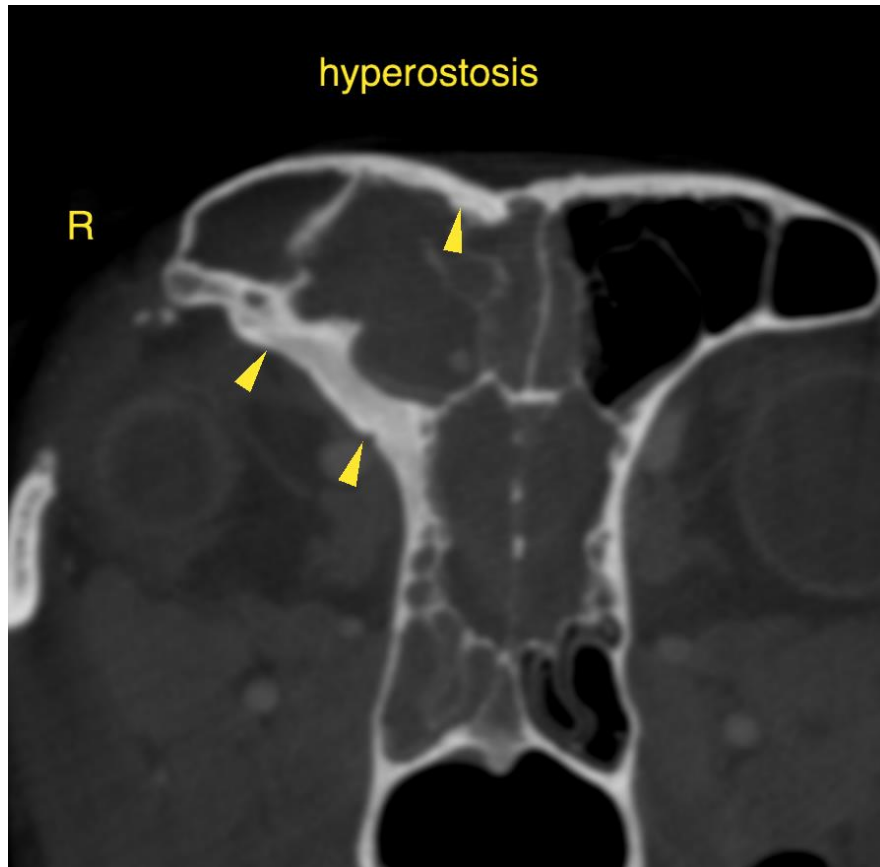
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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