



PATIENT PRESENTING CLINICAL SIGNS

Bubba #22556P-CT
Hutchings Skyline
History: In as referral from Skyline Nearly 1 year history of epistaxis with no diagnosis Initial event 12/2021 resolved with no primary therapy . Currently issues are less aggressive in degree of hemorrhage but more frequent in occurrence. Started unilateral L but now reported as bi-lateral.

SPECIES
Canine
Owners primary interest is quality of life - unlikely to consider SRT or primary chemo options. History includes diagnosis of a cutaneous hemangiosarcoma on and axial skeleton in the last 12 months. Mass above brown with sudden appearance - FNA results attached - failed to make a diagnosis

BREED
Abnormal PE/Chem/CBC/UA Results: Stable labs including PT/PTT

Australian Shepherd

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

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

SEX COMPUTED TOMOGRAPHIC FINDINGS

Neutered Male
Triadan 206 and 208 are absent.

AGE
15 Years 2 Months
The left nasal cavity and the frontal sinuses bilaterally are occupied by expansile, soft tissue attenuating and heterogeneous contrast enhancing material. Advanced destruction of the nasal conchal & turbinate structures is appreciated. The left maxillary bone, the left nasal bone and the frontal bone bilaterally present aggressive osteolytic lesions including the osseous lamella between the frontal sinuses and the cranial fossa.

INTERPRETED BY
Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI
Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

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.

HOSPITAL NAME
Gentle Doctor AH
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.

REFERRING VET
Pete Bashara, DVM
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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- INVOICE**
18151
- Biologically aggressive left nasal soft tissue neoplasia involving the frontal sinuses
 - Secondary polyostotic aggressive osteolytic lesions of the associated osseous structures and perforation of the cranial fossa
 - Absent triadan 206 & 208

DATE
11/18/22



PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bubba #22556P-CT
Hutchings Skyline

The CT study is consistent with primary nasal soft tissue neoplasia and secondary aggressive osteolytic lesions of the associated osseous structures. Differentials include adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, lymphosarcoma, other. Rhinoscopy including biopsy can be used as advanced diagnostic tests. Based on the results of the advanced diagnostic tests, the chances of radiation therapy can be discussed with oncologist. The Adam tumor stage is T4. Consider full tumor staging.

SPECIES

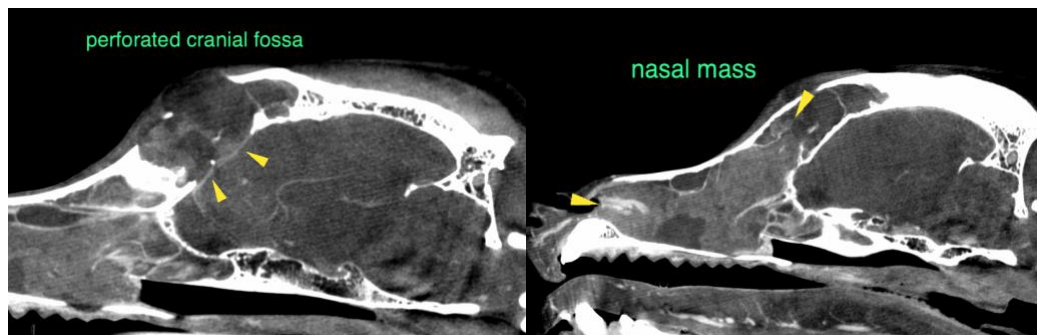
Canine

BREED

Australian Shepherd

SEX

Neutered Male



AGE

15 Years 2 Months

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.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com

HOSPITAL NAME

Gentle Doctor AH

REFERRING VET

Pete Bashara, DVM

INVOICE

18151

DATE

11/18/22