



**PATIENT PRESENTING CLINICAL SIGNS**

**Jax McIntyre**  
**SPECIES** History: Exam Oct 26/22 for behaviour. Past year has been becoming a little aggressive and growly. Has gotten much worse past 2 wks - has started biting when owner touching head to give eye drops. Will unpredictable growl when owner picks him up or goes to pet him even when he comes for attention. Placed on meloxicam 5 days ago but behaviour has gotten worse. Has not been eating very well for the past 10 days. Upon exam, noted some dried blood in fur below nose. After exam, spontaneously developed epistaxis from both nostrils (left worse then right) which stopped on its own within 1-2 minutes. Had to muzzle for exam so could not perform oral exam. No reaction on palpation of face/skull. Allergies - intermittently on vanectyl-P. Cataract surgery May 2022 - on  
**BREED** Optimune, cosopt & Diclofenac.  
**Terrier X** Abnormal PE/Chem/CBC/UA Results: PT/aPTT normal

**COMPUTED TOMOGRAPHIC STUDY OF THE SKULL**

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

**Neutered Male** **COMPUTED TOMOGRAPHIC FINDINGS**

**AGE** Triadan 106, 107, 206, 306, 311, 406 and 411 are absent.

**10.5 Years** The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. In the left frontal sinus, soft tissue attenuating material is attached to the lateral aspect of the osseous lining; in the caudolateral aspect of the left frontal sinus, there is an ill-defined zone with permeative osteolytic lesions of the frontal bone with perforation of 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.

**HOSPITAL NAME**

**Bridgwater VH & WC** 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.

**REFERRING VET**

**Dr. April Crump** 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.

**INVOICE COMPUTED TOMOGRAPHIC DIAGNOSIS**

- 17988**
- Soft tissue material in left frontal sinus with polyostotic aggressive osteolytic lesions of the left frontal bone and left parietal bone and perforation of the cranial fossa
  - Multiple absent teeth

**DATE**

11/3/22



**PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**Jax McIntyre** A soft tissue mass is appreciated in the left frontal sinus, presenting a zone with aggressive bone lesions of the osseous lining with perforation of the cranial fossa. Due to the lack of overt contrast enhancement, the finding is equivocal for neoplastic disease (e.g. adenocarcinoma squamous cell carcinoma, melanoma) or mycotic granuloma with osteitis of the frontal bone and parietal bone. Trepanation of the left frontal sinus for biopsy of the left frontal sinus mass can be used as advanced diagnostic tool.

**SPECIES**  
Canine

The finding is a possible source for the presenting clinical signs.

**BREED**

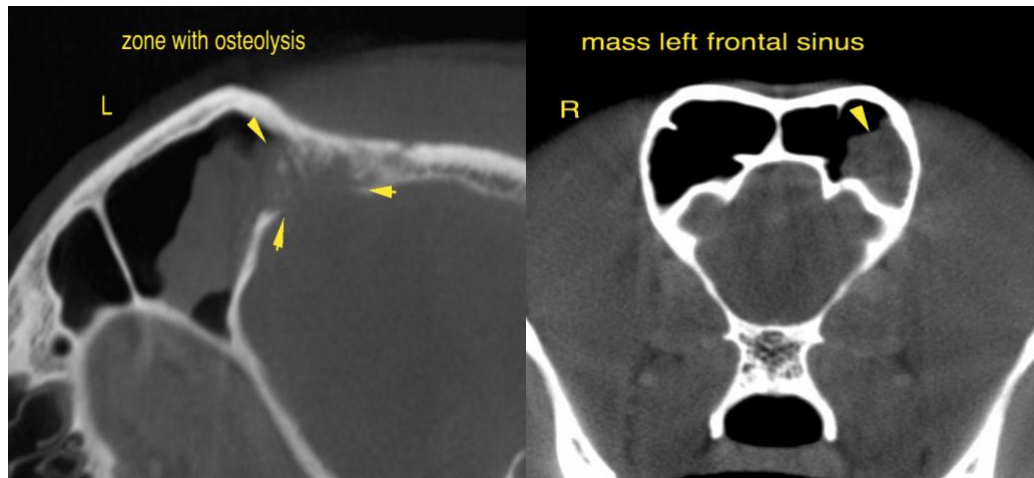
Terrier X

**SEX**

Neutered Male

**AGE**

10.5 Years



**INTERPRETED BY**

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

**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.**

**HOSPITAL NAME**

Bridgwater VH & WC

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.

**REFERRING VET**

Dr. April Crump

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