



PATIENT

Floyd Provenzano

PRESENTING CLINICAL SIGNS

Four month history of left mucohemorrhagic nasal discharge and intermittent episodes of epistaxis; also lethargy, hyporexia and weight loss.
 Abnormal PE/Chem/CBC/UA Results: Marked stertorous respiratory noise on GPE. CBC shows mild normocytic hypochromic regenerative anemia, PT/PTT w/in reference intervals. Chem w/in ref intervals. Left nasal biopsy revealed nasal adenocarcinoma.

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

BREED

A pre- and post-contrast CT study of the skull and thorax in a soft tissue, lung and bone reconstruction are provided for review.

Cocker Spaniel X

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Skull

MN

The tooth elements 110, 204 -206, 207, 306, 310, 311, 410 and 411 are absent.

AGE

9 Years

The nasal cavity, L>R, is occupied by soft tissue attenuating and moderate contrast enhancing mass. Advanced destruction of the nasal conchal & turbinate structures is present. The left maxillary, left palatine bone, the ethmoid, sphenoid and pterygoid bone present aggressive osteolytic lesions; the mass is protruding into the left ventromedial aspect of the left orbit and is perforating the cribriform plate. The nasal mass is bulging into the cranioventral aspect of the rostral cranial fossa, distorting the brain parenchyma at the same level.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

The frontal sinuses bilaterally are filled with non-contrast enhancing soft tissue material.

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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.

The submandibular and medial retropharyngeal lymph nodes are moderately enlarged, mildly rounded, uniform soft tissue attenuating and heterogeneous contrast enhancing.

REFERRING VET

Dr. Westgarth

Thorax

The subchondral bone of the cranial vertebral endplate of T11 presents a small geographic osteolytic lesion.

INVOICE

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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.

DATE

12-20-21

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

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.

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The lung parenchyma presents the expected architecture and attenuation behavior.

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

SPECIES

Canine

The splenic parenchyma presents a heterogeneous contrast enhancement pattern

BREED

Cocker Spaniel X

- Biologically aggressive nasal soft tissue neoplasia
- Secondary polyostotic aggressive osteolytic lesions of the maxillary, palatine, ethmoid, sphenoid and pterygoid bone with perforation of the cranial fossa & left orbit
- Secondary obstructive sinusitis bilaterally
- Lymphadenopathy mandibular and medial retropharyngeal lymph nodes bilaterally
- Heterogeneous contrast enhancement pattern of the spleen
- Suspect osseous cyst like lesion T11 versus fatty bone marrow replacement
- Multiple absent teeth
- No evidence of pulmonary metastatic disease

SEX

MN

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with a biologically aggressive soft tissue neoplasm originating from the nasal cavity with perforation of the cranial fossa and mild mass effect on the brain and perforation of the left orbit. Differentials include adenocarcinoma, lymphosarcoma, transitional cell carcinoma, squamous cell carcinoma, other. Rhinoscopy with biopsy can be performed as an advanced diagnostic test – including the regional lymph nodes as the odds for metastatic spread are high. The chances of palliative radiation therapy can be discussed with oncologist. The Adam tumor stage is T4.

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Cocker Spaniel X

SEX

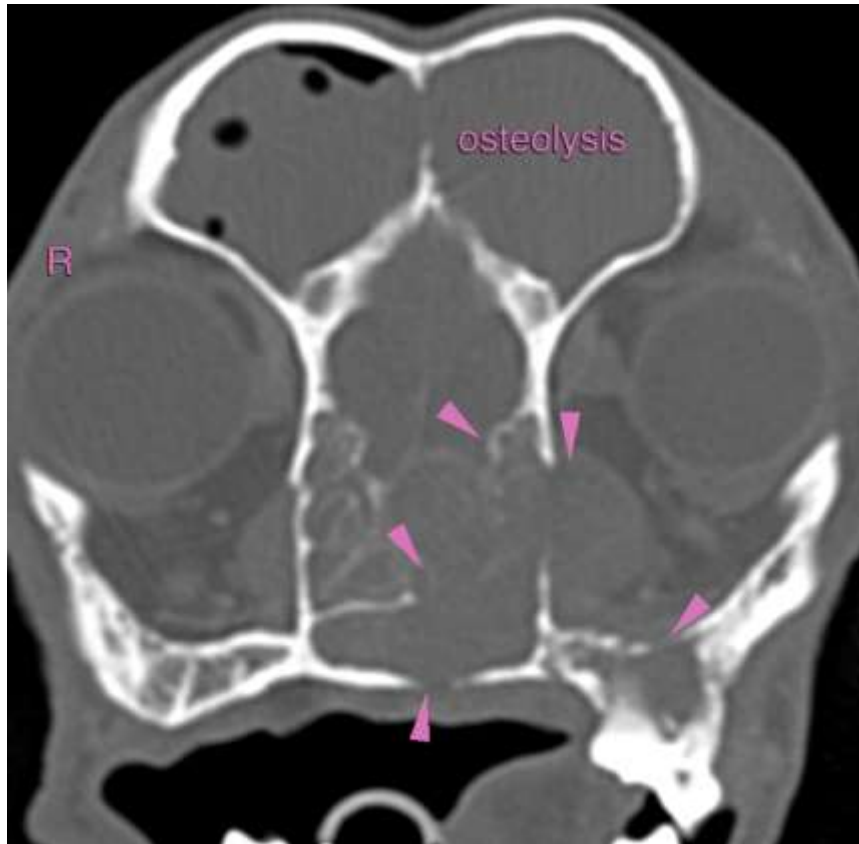
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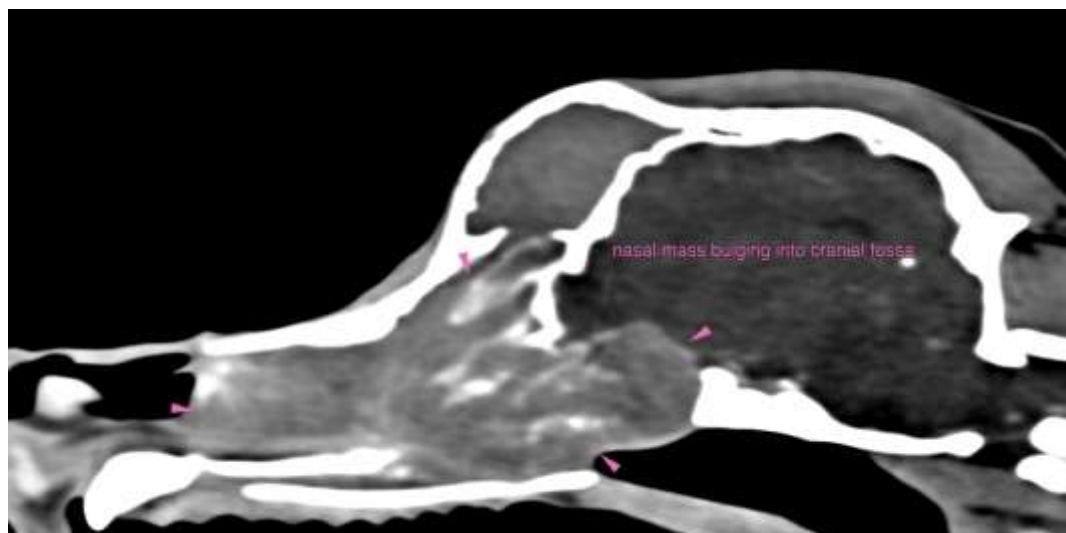
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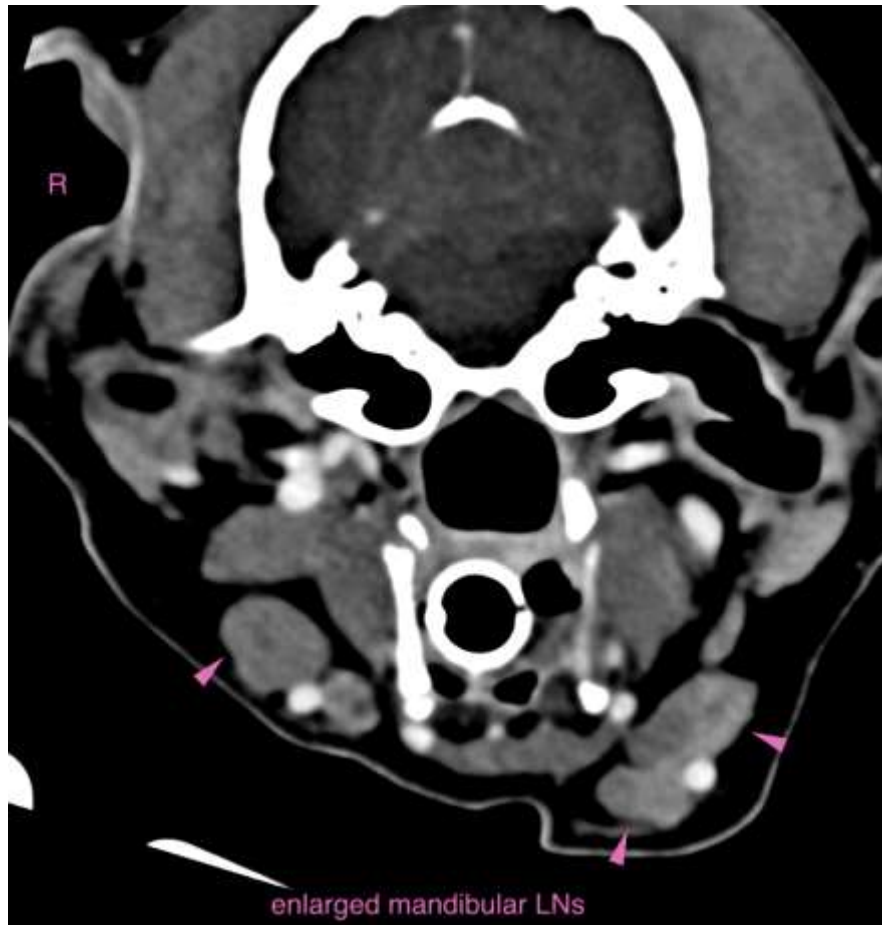
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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