



**PATIENT PRESENTING CLINICAL SIGNS**

**TOFFEE LIU**  
 Toffee, an 11 year old FS Welsh Corgi, presented to the Animal Health Partners Surgery service for evaluation of a swelling/mass above her right eye. The swelling was first noticed on the 12th November, along with bilateral clear ocular discharge. Toffee has also been sneezing for approximately 2 months. It was recommended that the owners monitor Toffee for progress/improvement and seek referral to a specialist for further evaluation. Solid bump above eye with soft swelling under her eye. Doesn't seem to have grown/changed, doesn't seem to be bothered by it. Right eye watery, inflamed Sneezing a lot - sneezing fits two-three times a day, occasionally sneezes every 2 - 3 hours + reverse sneezing. Blood present sometimes but don't notice it when it's happening, just find spots of blood. No coughing. No vomiting - twice in one day but owner thinks was normal. No change to breathing, when sleeping can hear her wheezing a little Previous history of pancreatitis treated with low fat diet. Licks paws so assume she's allergic to something, just not sure what it is. Appetite: Very good Diet: Low fat dry food, not aware of food allergies PUPD: Normal Medications: Was on trobex drops, now getting clavamox tablets. Ocular discharge has improved since starting

**SPECIES**  
 Canine

**BREED**  
 Corgi

**SEX**  
 FS

**ABNORMAL PE/CHEM/CBC/UA RESULTS:** Integument Subcutaneous Masses: Hard soft tissue mass above right eye, swelling/mass below eye along bridge of nose, painful on palpation, ~7x7x5mm

**COMPUTED TOMOGRAPHY OF THE SKULL & THORAX**

**AGE**  
 11 Years

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

**INTERPRETED BY COMPUTED TOMOGRAPHIC FINDINGS**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

Skull

The tooth elements 108, 311 and 411 are absent.

**HOSPITAL NAME**

Animal Health Partners

The right nasal cavity is obliterated by expansile, heterogeneous soft tissue attenuating material. The right maxillary bone, right nasal bone, right palatine and frontal bone bilaterally present advanced permeative osteolytic lesions and the nasal mass is protruding into the subcutaneous tissue at the rostradorsal aspect of the right frontal sinus and along the right aspect of the nose. The right ocular bulb is deviated laterally by the mass effect. The cribriform plate presents extensive osteolytic lesions, and the right nasal mass is protruding into the right rostral cranial fossa, distorting the right olfactory bulb and right frontal lobe. The brain parenchyma adjacent to the mass presents a hypoattenuating zone.

**REFERRING VET**

Dr. Jeffery Biskup

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

**INVOICE**

55718

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 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.

**DATE**

12-20-22

The mandibular lymph nodes are prominent.

Thorax

Multifocal spondylosis formation is seen along the thoracic spine. The periarticular bones of the



**PATIENT** left elbow joint present moderate osteophyte new bone formation.

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

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

Canine 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.

**BREED** The lung parenchyma presents the expected architecture and attenuation behavior with randomly distributed interspersed punctuate mineralization. The cranioventral aspects of the lung parenchyma present regions of dystelectasis.

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

**SEX** **COMPUTED TOMOGRAPHIC DIAGNOSIS**

FS

**AGE**

11 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

- Biologically aggressive right nasal soft tissue neoplasia with polyostotic aggressive osteolytic lesions and perforation of the cranial fossa
- Intraaxial hypoattenuating zone right frontal lobe
- Right sided exophthalmos2
- Degenerative osteoarthritis left elbow joint
- Lymphadenopathy mandibular lymph nodes
- Multiple absent teeth
- Pulmonary osteomas
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

**HOSPITAL NAME** **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Animal Health Partners

The right nasal mass is consistent with primary nasal neoplasia with secondary aggressive osteolysis of the associated osseous structures and perforation of the cranial fossa with mass effect on the brain and edema of the adjacent brain parenchyma. Differentials include adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, lymphosarcoma, other. FNA sampling of the subcutaneous swelling or 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.

**REFERRING VET**

Dr. Jeffery Biskup

The prominent mandibular lymph nodes are equivocal for reactive hyperplasia or metastatic disease.

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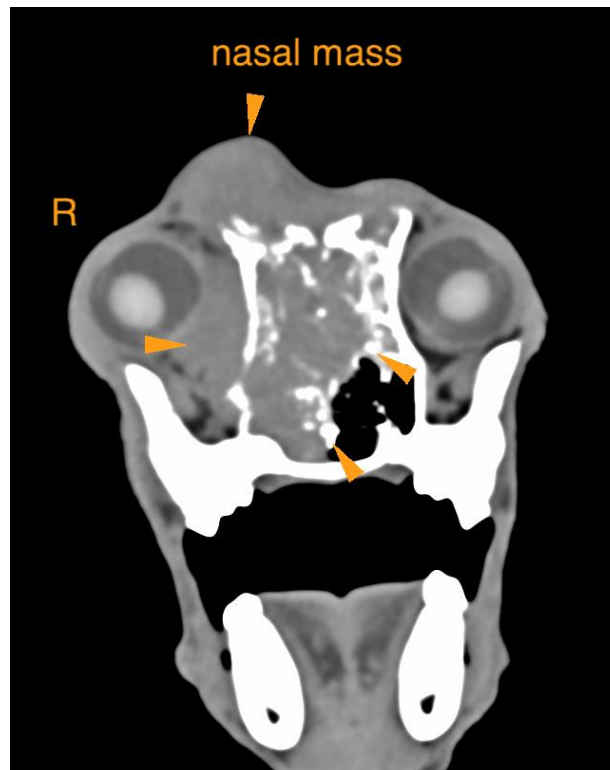
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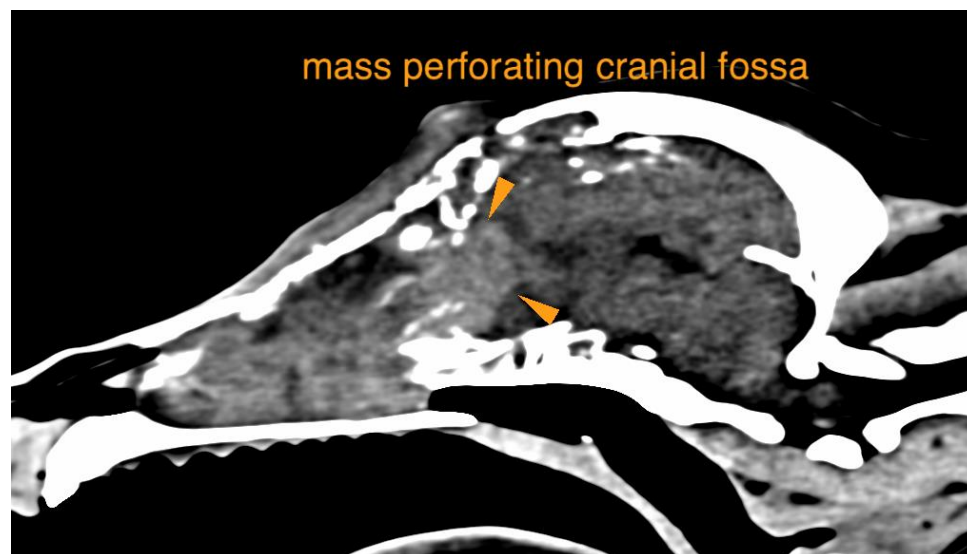
Dr. Jeffery Biskup

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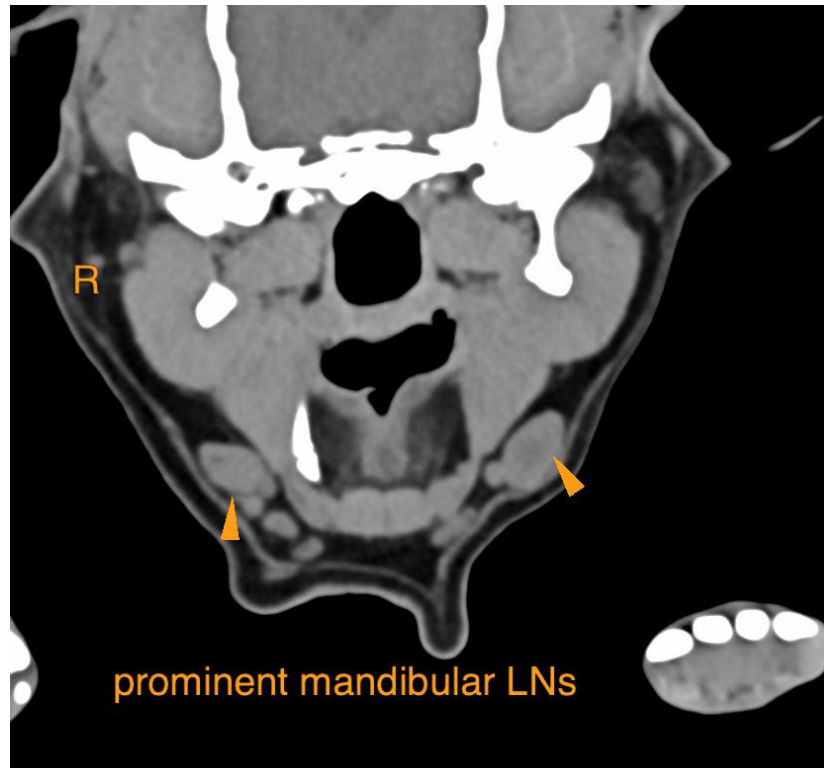
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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