



PATIENT

Ellie Fallin

PRESENTING CLINICAL SIGNS

Last July had a lot of congestion in one nostril left side. December the congestion went away but the breathing. Echo Hollow did a scope but didn't find nothing, did x-ray found a mass. Possible reverse sneezing. Bloody noses (when she lays down not actively bleeding residue). Sneezing comes and goes (no mucus). snoring really loud when she's asleep.

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL

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

BREED

Pitbull

COMPUTED TOMOGRAPHIC FINDINGS

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

SEX

F

The right nasal cavity is obliterated by an expansile, soft tissue attenuating and mild heterogeneous contrast enhancing mass. The nasal septum is deviated to the left by the mass effect and perforated. Advanced destruction of the right nasal conchal & turbinate structures is appreciated. The right maxillary bone, right palatine bone and right nasal bone present multifocal moth eaten osteolysis and the right nasal mass is very mildly bulging into the subcutaneous tissue and submucosa of the hard palate. The cribriform plate presents with osteolytic lesions and the nasal mass is protruding into the right rostral cranial fossa, distorting frontal lobes.

AGE

9

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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 small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Biologically aggressive primary right nasal soft tissue neoplasia with polyostotic aggressive osteolytic lesions and perforation of the cranial fossa.

REFERRING VET

Dr. Rory Applegate

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are consistent with primary right nasal neoplasia, perforating into the cranial fossa. Differentials include adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, lymphosarcoma, other. Rhinoscopy including biopsy can be used for further differentiation. Based on the results of the advanced diagnostic tests, the chances of radiation therapy can be discussed with oncologist. The Adam tumor stage is still considered as T4.

INVOICE

56697

Consider full tumor staging.

DATE

2-12-23



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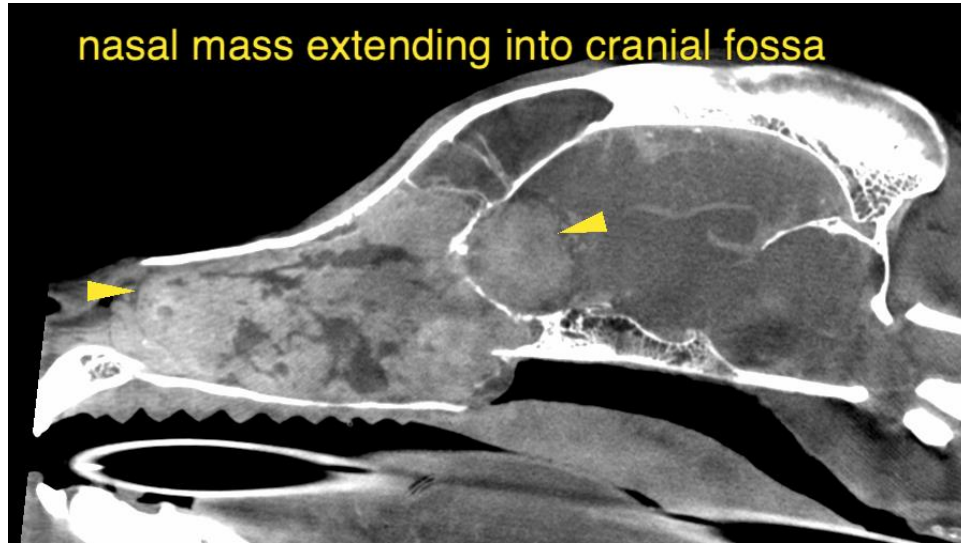
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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