SonoPath Teleradiology

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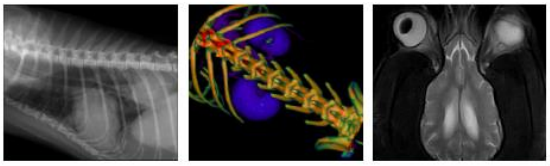

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Juno Reneski

SPECIES

Canine

BREED

Border Collie

SEX

Female Spayed

AGE

12 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Wilson Veterinary Hospital

REFERRING VET

Dr. Burge

INVOICE

50277

DATE

2-14-22

PRESENTING CLINICAL SIGNS

Pet has had intermittent right sided epistaxis since October 2021. Repeated AP skull radiographs from October 2021 to February 2022 showed increasing soft tissue density in the right maxillary sinuses. Nose bleeds are becoming more frequent and severe.

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

The pictured parts of the dentition are complete.

The right nasal cavity is occupied by soft tissue attenuating and heterogeneous contrast enhancing expansile material. Advanced destruction of the nasal conchal & turbinate structures is visible. The nasal septum is deviated to the left by the mass effect and the nasal soft tissue material is protruding through the nasal septum into the left nasal cavity. The right maxillary, right nasal, right front and ethmoid bone – including the cribriform plate – present permeative osteolytic lesions. The nasal soft tissue material is perforating the osseous lining into the subcutaneous tissue and is bulging into the rostral cranial fossa.

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 right mandibular lymph nodes are mildly prominent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right sided biologically aggressive nasal soft tissue neoplasia with polyostotic aggressive osteolytic lesions of the associated osseous structures and perforation of the cranial fossa
- Mild lymphadenopathy right mandibular lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with primary nasal neoplasia, originating from the right nasal cavity with polyostotic aggressive osteolytic lesions of the associated osseous structures and perforation of the cranial fossa. Differentials include adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, lymphosarcoma, other. FNA sampling of the subcutaneous swelling at the dorsal aspect of the nose can be performed as advanced minimally invasive test. The chances of radiation therapy can be discussed with oncologist. The Adam tumor stage is T4.

Recommend FNA sampling of the right mandibular lymph nodes to check for metastatic spread.

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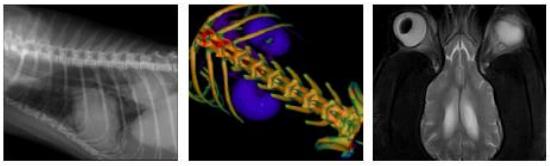

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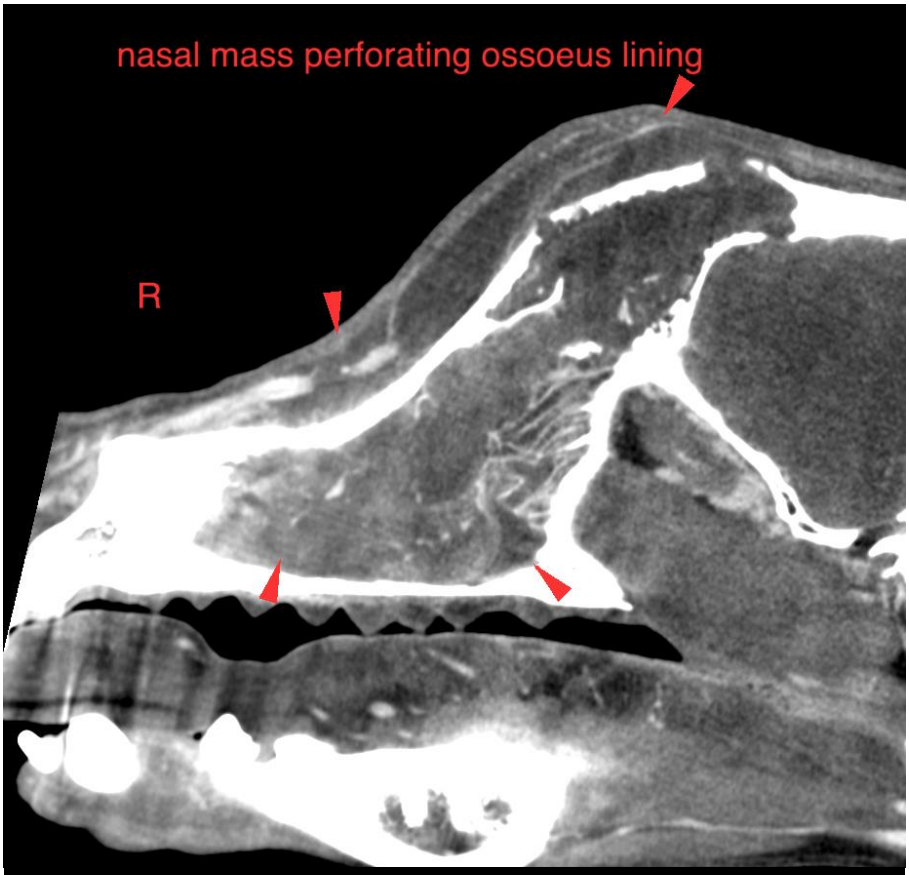

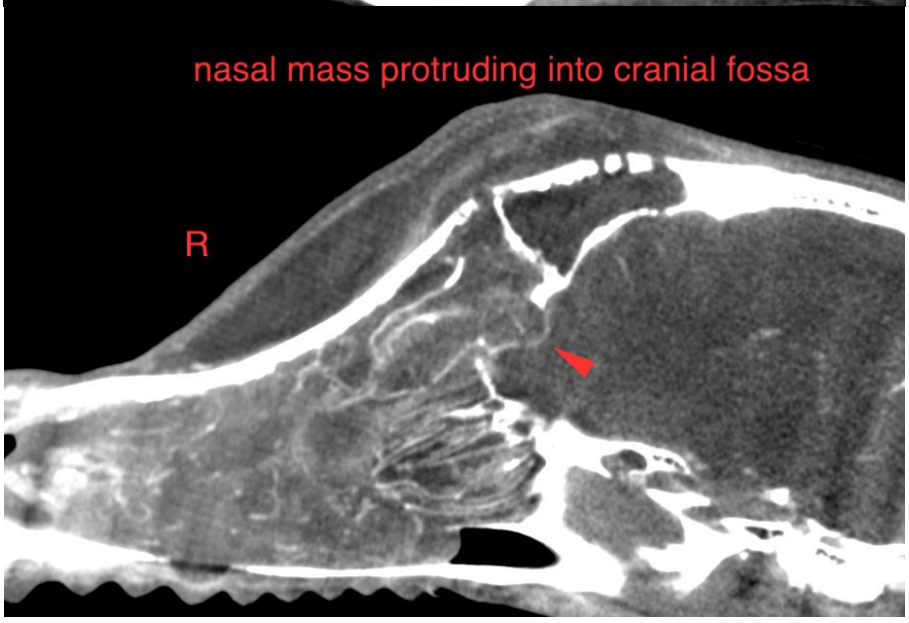

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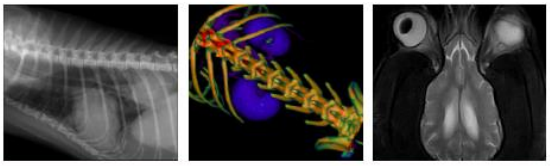

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com