



**PATIENT**

Bailey Donnarumma

**PRESENTING CLINICAL SIGNS**

Seen for possible epistaxis. On exam, there is left-sided nasal irritation. There is possible ulceration in the left nasal passage. I suspect that this is secondary to the pancreatic enzymes. We have sent out blood including coags. Hx of Cushings, exocrine pancreatic insufficiency. Recent internal medicine consult.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

**BREED**

Labrador Retriever

**COMPUTED TOMOGRAPHIC FINDINGS**

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

**SEX**

Male Neutered

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

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

**AGE**

10 Years

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals present a mildly thickened wall.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

Extending from the hypophyseal fossa dorsally into the cranial fossa, a large, cone shaped, heterogeneous contrast enhancing mass is visible, measuring approximately 2.4 x 1.6 x 1.9 cm in size. The diencephalon is distorted by the mass effect.

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**

Mobile Pet Imaging

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Meaux

- Intracranial extraaxial mass originating from the hypophyseal fossa
- Mild otitis externa
- Normal upper airways

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

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The intracranial extraaxial mass is compatible with pituitary macroadenoma, explaining the history of hyperadrenocorticism.

**DATE**

2-17-22

There is no evidence for neoplastic disease of the nasal cavity or foreign body related rhinitis possible causes for epistaxis include immune mediated disease, non-specific rhinitis (e.g. lymphocytic plasmocytic), hyperviscosity syndrome (e.g. Leishmaniosis), other causes for coagulopathy or systemic hypertension.



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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