



PATIENT PRESENTING CLINICAL SIGNS

Vader Reek History of dental prophy with extractions 10/2021 - Client reports difficulty in breathing since dental - Client reports left sided maxillary muzzle swelling and right sided nasal discharge - Growth/Mass at 204 extraction site (see attached photo)

SPECIES COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

Canine A high resolution pre- and post-contrast CT study of the skull and a post-contrast CT study of the thorax are provided for review.

BREED COMPUTED TOMOGRAPHIC FINDINGS

Dachshund Skull

SEX The tooth elements 101, 105, 107, 109, 201, 204-207, 210, 305, 306, 308, 310, 311, 405 and 406 are absent. The remaining teeth present evidence of mild to moderate periodontal disease.

Male Intact The left nasal cavity is occupied by soft tissue attenuating and heterogeneous contrast enhancing material. Extensive permeative osteolytic lesions of the left maxillary bone, left palatine bone and left nasal bone is seen. The nasal mass is protruding into the medial aspect of the left orbit and subcutaneous tissue along the left lateral aspect of the nose. The nasal septum is perforated, and the left nasal soft tissue material is bulging into the right nasal cavity.

11 Years 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.

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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.

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.

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Thorax

Mild mineralization of multiple intervertebral discs along the thoracic spine is noted.

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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.

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

DATE

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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.



PATIENT The lung parenchyma presents the expected architecture and attenuation behavior.

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

SPECIES **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Canine
- Left sided biologically aggressive nasal soft tissue neoplasia
- Secondary polyostotic aggressive osteolytic lesions of the associated osseous structures
- Multiple absent teeth
- Breed
- Chondroid disc degeneration multifocal along the thoracic spine
- No evidence of pulmonary metastatic disease

Dachshund

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX There is a biologically aggressive primary nasal soft tissue neoplasm originating from the left nasal cavity with secondary osteolytic lesions of the surrounding osseous structures. Differentials include adenocarcinoma, squamous cell carcinoma, transitional cell sarcoma, lymphosarcoma, other. FNA sampling/biopsy of the subcutaneous swelling can be performed for further definition – rhinoscopy can be used as an alternative sampling method as well. Based on the results of the advanced diagnostic tests, the chances of radiation therapy can be discussed with oncologist. The Adam tumor stage is T3.

Male Intact

AGE

11 Years

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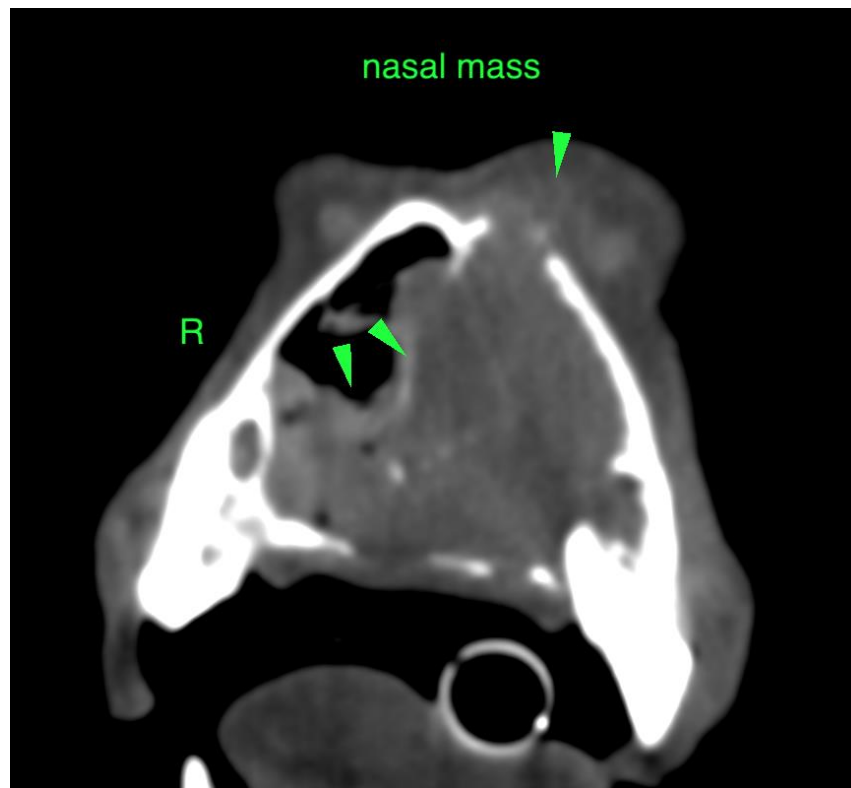
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PATIENT

Vader Reek

SPECIES

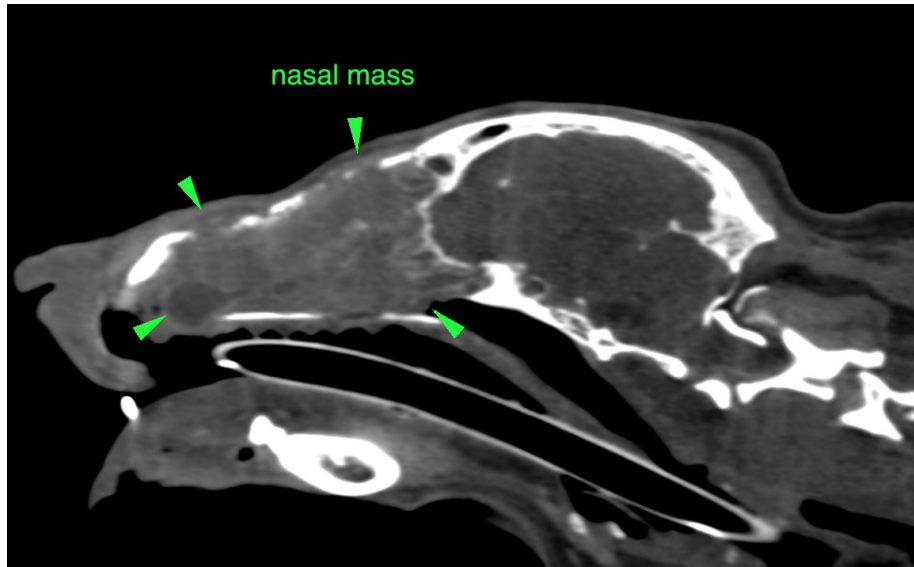
Canine

BREED

Dachshund

SEX

Male Intact



AGE

11 Years

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.

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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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