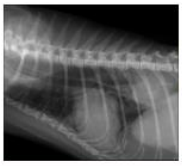
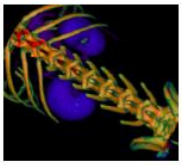
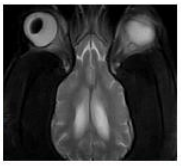

**PATIENT**

Evy Nin

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Spayed Female

**AGE**

7 Years, 9 Months

**INTERPRETED BY**

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Mobile Pet Imaging

**REFERRING VET**

Meaux

**INVOICE**

56581

**DATE**

2-6-23

## PRESENTING CLINICAL SIGNS

Large growth on snout - 1 year duration
Abnormal PE/Chem/CBC/UA Results: Upper airway congestion

## 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 tooth elements 105, 205, 305, 311, 405 and 411 are absent.

The nasal cavity is obliterated by an expansile soft tissue attenuating mass with amorphous central mineralization. The mass appears to be centered on the right nasal cavity. Extensive osteolys is of the palatine bone bilaterally, the nasal bone bilaterally, right maxillary bone, ethmoid bone, pterygoid bone and pre-sphenoid bone is seen. The nasal mass is bulging into the subcutaneous tissue at the dorsal aspect of the nose. Post contrast administration, the nasal mass has a heterogeneous contrast enhancement pattern and is mildly bulging into the rostroventral aspect of the 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 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.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Biologically aggressive primary nasal neoplasia with polyostotic aggressive osteolytic lesions and perforation of the cranial fossa
- Multiple absent teeth

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The expansile nasal mass is consistent with primary nasal neoplasia. Differentials include osteosarcoma, adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, lymphosarcoma, other. FNA sampling/biopsy of the subcutaneous swelling can be performed as minimally advanced diagnostic test. Rhinoscopy including biopsy can be used as alternative 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.

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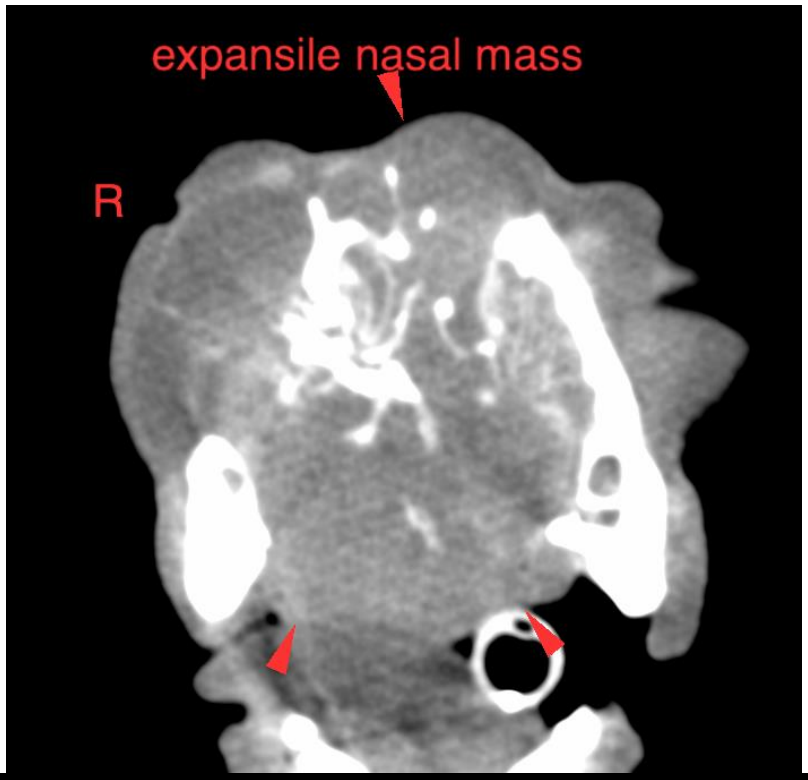


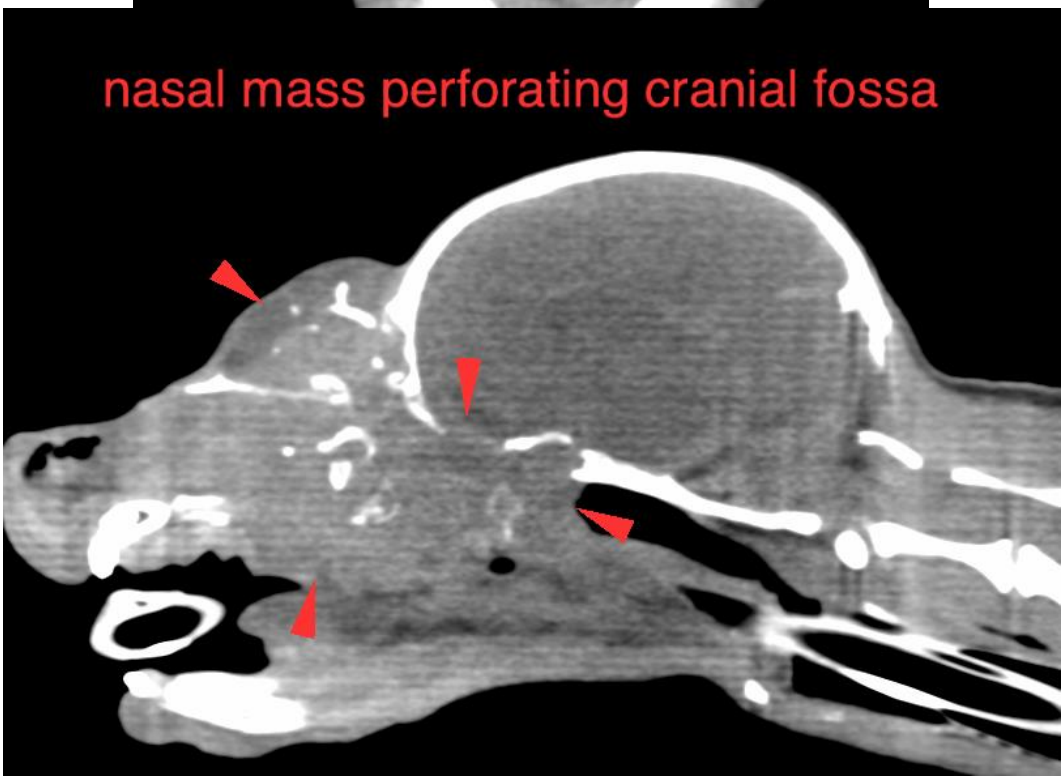

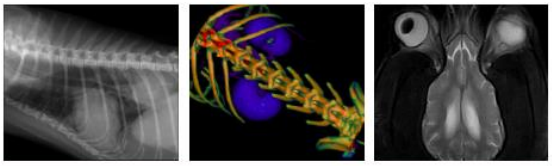

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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