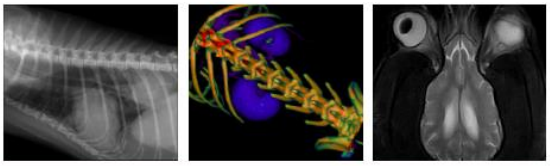

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1-800-838-4268 info@sonopath.com

PATIENT

Rigby Robbins

SPECIES

Canine

BREED

Whippet

SEX

Neutered Male

AGE

10 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Petroglyph Animal Hospital

REFERRING VET

Whitney Jones

INVOICE

50131

DATE

2-7-22

PRESENTING CLINICAL SIGNS

history of pemphigus foliaceous in 2020 that resolved with therapy (history is uncertain), bloody diarrhea for the last 3-4 months, multiple ultrasounds over the last few months with no abnormal findings, additional testing including plague antibody with negative findings, presented on 2/5/21 for anemia after 2-4 weeks of bloody nasal discharge; blood transfusion performed 2/6/21 in anticipation of CT 2/7/21.
Abnormal PE/Chem/CBC/UA Results: PE: Stertorous breathing, bloody vomitus with clear fluid, emaciated CBC: Regenerative anemia HCT 16.5% initially (increased to 29% following transfusion, neutrophilia 19.22k Chemistry: BUN 50 (H), TP 4.4 (L), ALP 137 (H) 4DX Snap: Negative No abnormalities on blood smear Currently on Atopica, prednisone, telmisartan, GI protectants

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

In the plain CT study, electronic imaging markers are flipped: R is indicating the left side of the patient and vice versa.

Skull

The tooth elements 108&208 are absent.

In the caudoventral half of the left nasal cavity, a uniform soft tissue attenuating and heterogeneous contrast enhancing mass is visible. Destruction of the associated turbinate structures is visible. The perpendicular plate of the left palatine bone and the left maxillary bone level with the left nasal mass present mild moth eaten osteolytic lesions. The cribriform plate is intact.

Moderate thickening of the nasal mucosal lining is seen, L>R.

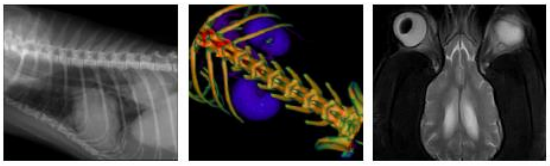
Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

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 lateral ventricles are asymmetric, L>R.

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.

Thorax



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The bony and surrounding soft tissue structures are within normal limits.

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.

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.

The lung parenchyma presents the expected architecture and attenuation behavior.

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

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration multiple well-defined, variable sized (measuring up to 4.6 mm in diameter), roundish parenchymal filling defects are seen throughout the renal cortex bilaterally.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided nasal soft tissue mass with polyostotic semiaggressive osteolytic lesions of the left palatine & maxillary bone
- Secondary mild rhinitis
- Absent triadan 108&208
- Renal cortical cysts
- Normal thorax, no evidence of pulmonary metastatic disease

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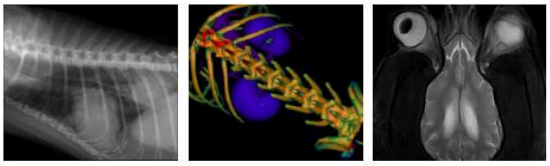

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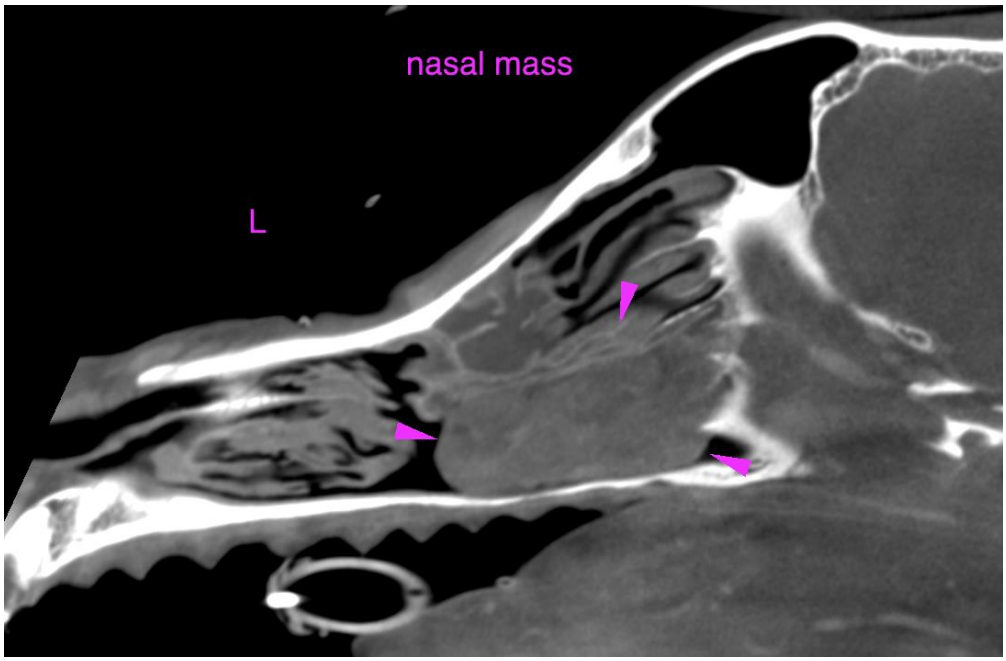
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a soft tissue mass visible in the left nasal cavity, consistent with nasal neoplasia – such as adenocarcinoma, transitional cell carcinoma, osteosarcoma, lymphosarcoma, other. Rhinoscopy including FNA sampling and biopsy can be used as 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 T2.

No abnormalities are appreciated, explaining the chronic weight loss.



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