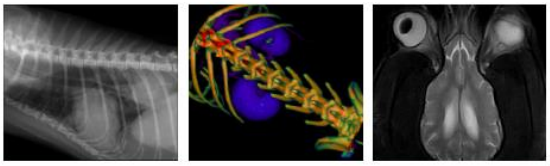
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Jesse Kelly

SPECIES

Canine

BREED

Poodle

SEX

MN

AGE

12 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Wilson Veterinary Hospital

REFERRING VET

Dr. Nicholas Vitale

INVOICE

50934

DATE

3-15-22

PRESENTING CLINICAL SIGNS

2 month history of unilateral L sided nasal discharge and upper airway congestion. Non-responsive to Clavamox. Sig peridontal disease was noted and several teeth were extracted after the CT scan. A biopsy was taken of the L nasal passage post scan as well.
Abnormal PE/Chem/CBC/UA Results: Mild increase eosin's, monocytes, neutrophils and basophils.

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

Triadan 101-103 is absent. Triadan 105, 109, 310 and 411 present a moderate widening of the periodontal space.

The left nasal cavity is obliterated by soft tissue attenuating and heterogeneous contrast enhancing material. Advanced destruction of the left nasal conchal & turbinate structures is present. The horizontal plate of the left palatine bone presents permeative osteolytic lesions. The left aspect of the cribriform plate presents extensive osteolytic lesions, and the nasal mass is mildly bulging into the rostral cranial fossa - distorting the olfactory bulb at the same level.

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 submandibular 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

- Left sided biologically aggressive nasal soft tissue neoplasia
- Secondary polyostotic aggressive osteolytic lesions with perforation of the cranial fossa
- Periodontal disease 105, 109, 310 and 411
- Multiple absent teeth

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differentials for the primary nasal neoplasia include adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, lymphosarcoma, other. The mass causes multifocal osteolysis of the osseous lining of the left nasal cavity, perforating the cranial fossa. Rhinoscopy with biopsy can be used as advanced diagnostic test. Based on biopsy results, the chances of radiation therapy can be discussed with oncologist. The Adam tumor grade is T4.

Consider full tumor staging.

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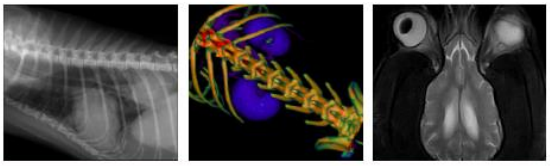

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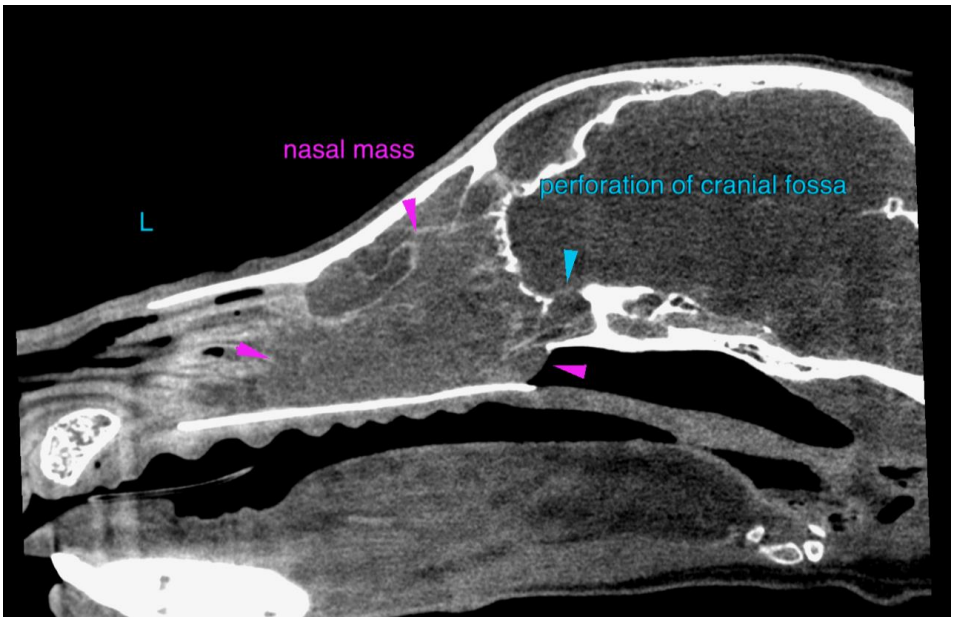

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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