



**PATIENT PRESENTING CLINICAL SIGNS**

**Embers Quinn** possible causes of Embers' signs such as chronic inflammation (idiopathic vs secondary to something such as chronic dental disease, mass (benign or cancerous), foreign material presence, fungal infection, nasal mites, among other less common conditions. The CT shows some mild fluid accumulation in the nose. I did not see any obvious masses. On rhinoscopy, we found evidence of significant nasal cavity inflammation in both nasal cavities. There is some turbinate destruction and concern for fungal plaques in the caudal nose. I did not find any foreign materials or masses in his nose. I took a few biopsies from his right and left nasal cavities and have submitted them pathology review.

**SPECIES**

Canine

**BREED**

Basenji

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

**SEX**

M

In the mid third of the nasal cavity, non-contrast enhancing irregular marginated soft tissue material is centered on the nasal septum and floor of the nasal cavity. Segmental destruction with perforation of the nasal septum level with the soft tissue material is appreciated as well as localized moderate conchal destruction.

**AGE**

6 Years

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

**INTERPRETED BY**

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.

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

**HOSPITAL NAME**

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The mandibular lymph nodes are prominent.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Focal destructive rhinitis with perforation of the nasal septum
- Lymphadenopathy mandibular lymph nodes

**REFERRING VET**

Dr. Winters

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The segmental advanced destruction of the nasal septum in association with the localized accumulation of non-contrast enhancing material are supporting the diagnosis of fungal rhinitis (e.g. Aspergillus sp., Cryptococcus). The findings are atypical for neoplastic disease or foreign body related rhinitis. Nasal biopsy has already been performed to confirm the diagnosis and results are pending.

**INVOICE**

57354

Secondary reactive hyperplasia of the tributary lymph nodes - FNA sampling can be performed to rule out malignant infiltration.

**DATE**

3-21-23



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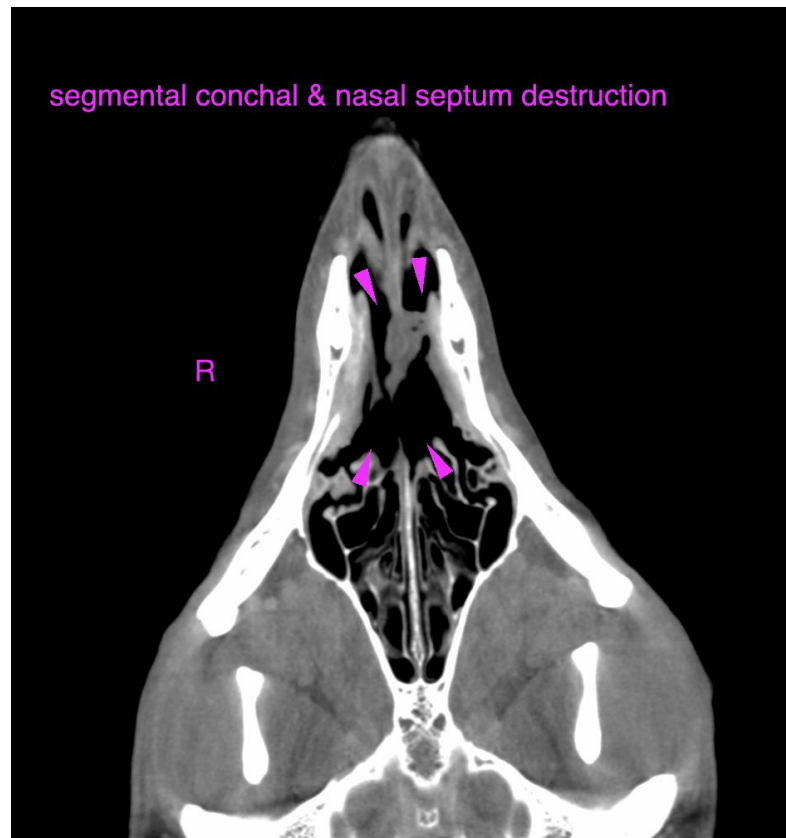
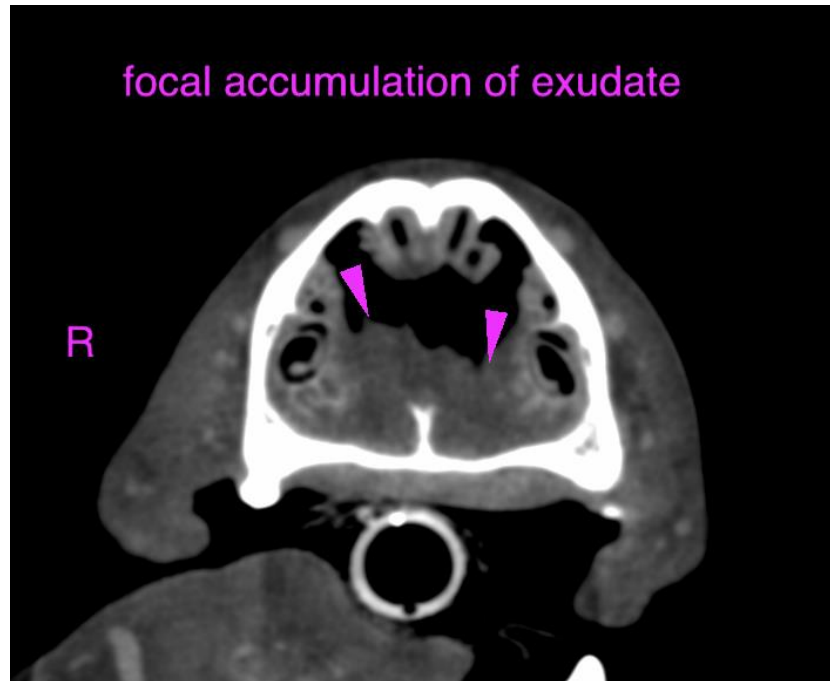
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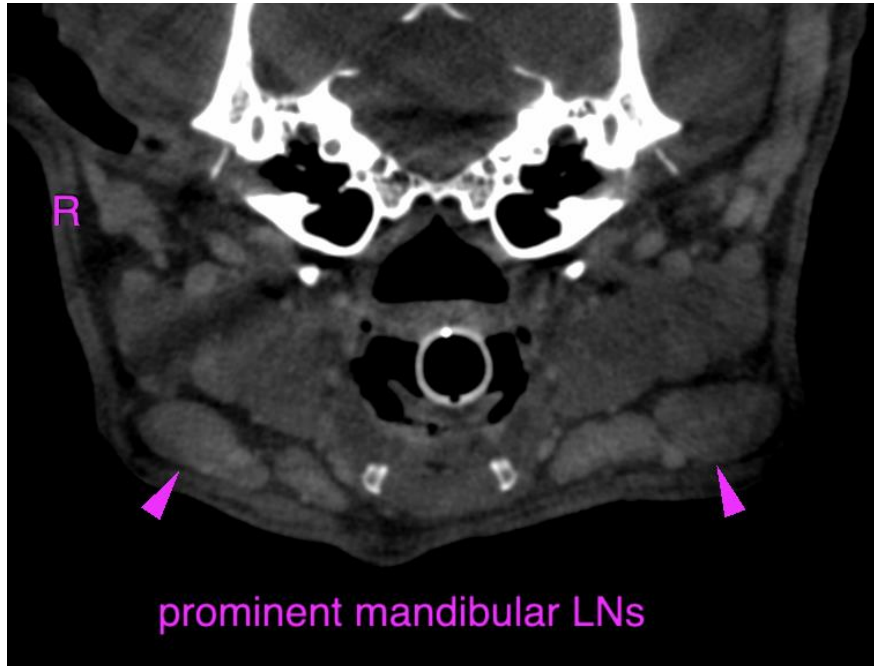
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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