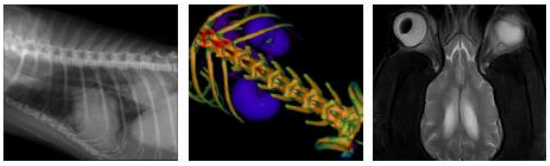

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Tongly Perez

SPECIES

K9

BREED

Golden Retriever

SEX

Female

AGE

11

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Juana Diaz Animal Hospital

REFERRING VET

Jose Rivera Torres

INVOICE

57444

DATE

3-27-23

PRESENTING CLINICAL SIGNS

Patient referred for CT scan for evaluation of a bilateral nasal discharge, there is a growing mass from left nasal plant region.

COMPUTED TOMOGRAPHY OF THE SKULL

A pre- and post-contrast CT study of the skull in a bone and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The nasal cavity is obliterated by an expansile, uniform soft tissue attenuating and heterogeneous contrast enhancing mass. Advanced aggressive osteolysis of the left maxillary bone is seen – including triadan 205-207 that are floating within the mass. The mass causes osteolysis of the right nasal bone and is protruding into the subcutaneous tissue at the dorsal aspect of the nose. Caudally the mass is extending into the choana and perforating the left perpendicular plate of the palatine bone, mildly bulging into the left orbital cavity. The frontal sinuses are filled with non-contrast enhancing material and the left frontal bone presents permeative osteolysis – perforating the lateral osseous margins. The left ocular bulb is deviated dorsally and rostrally by the mass effect.

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 expansile nasal soft tissue neoplasm with polyostotic aggressive osteolytic lesions of the osseous margins
- Left sided mild exophthalmos

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nasal mass is consistent with primary nasal neoplasia, causing multifocal aggressive osteolysis of the osseous margins of the nasal cavity. Differentials include adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, lymphosarcoma, other. FNA sampling/biopsy of the subcutaneous extension of the mass or rhinoscopy including 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 T3.

Consider full tumor staging.

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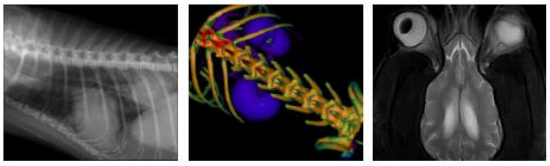

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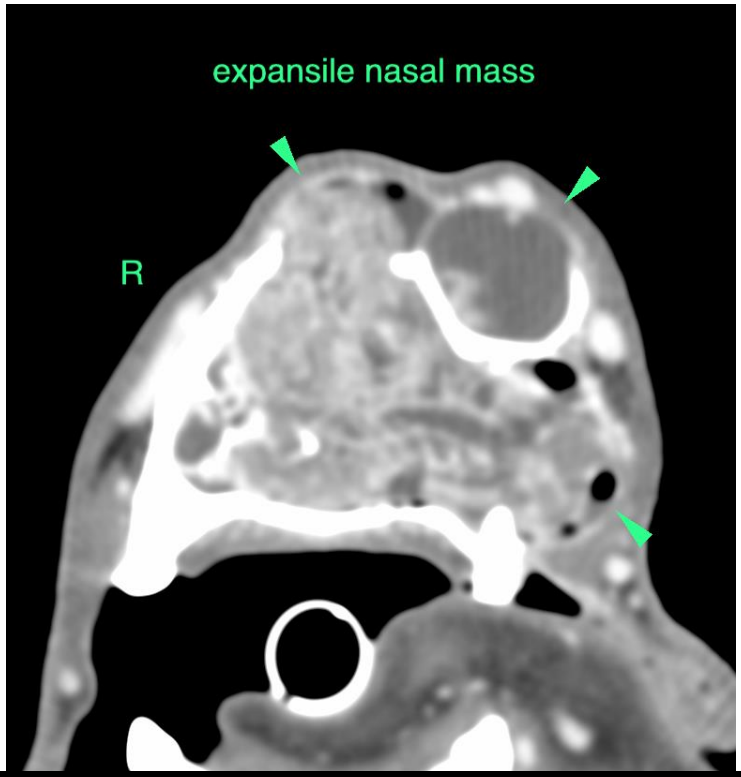

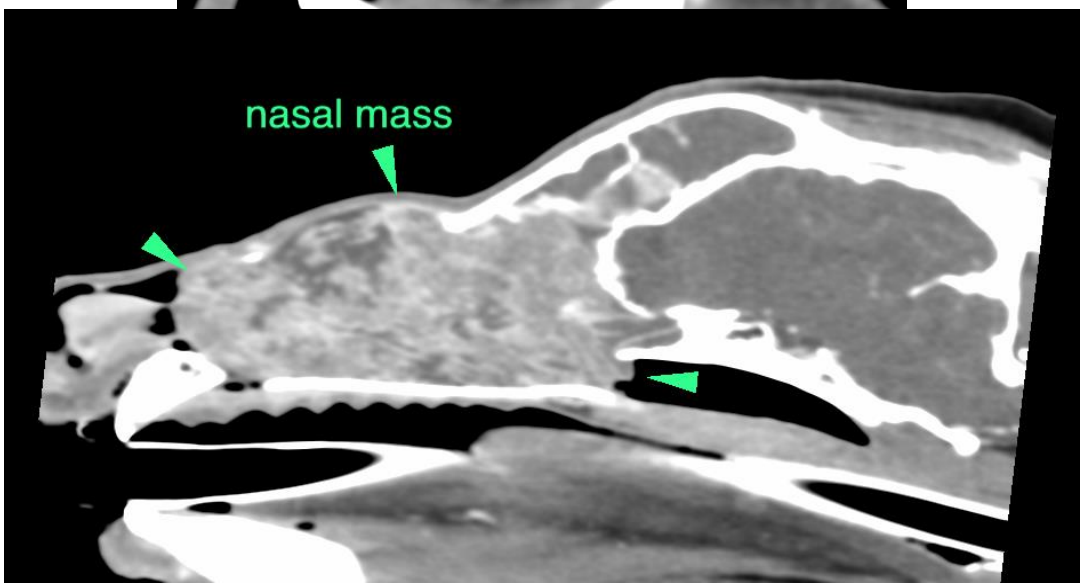

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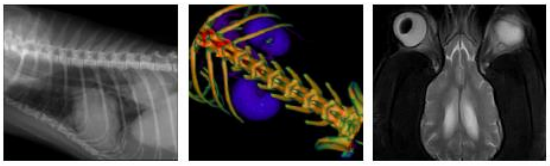

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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