



**PATIENT PRESENTING CLINICAL SIGNS**

Charly Zeglinski History: Suspect head trauma 4+ weeks ago. Jan 30/23 rDVM investigate lump on frontal head (slight to left above eye) under anesthetic. Painful upon palpation while awake. Approximately 1 cm diameter with soft tissue slight prolapsing. March 3/23-seen at rDVM-started abnormal breathing sounds, wheezing about a week ago. CBC/CHEM-WNL. Refer to Bridgwater for skull CT-Today. Abnormal PE/Chem/CBC/UA Results:

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE SKULL**

**BREED**

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

Australian Shepherd  
X

**COMPUTED TOMOGRAPHIC FINDINGS**

Triadan 306 & 406 are absent. Multiple maxillary teeth present signs of resorptive lesions of the tooth roots.

**SEX**

Spayed Female

The entire nasal cavity – most accentuated in the caudodorsal aspect and the frontal sinuses – bilaterally are obliterated by soft tissue attenuating and heterogeneous contrast enhancing material and zones with fluid attenuating material. The frontal bone, maxillary bone and palatine bone bilaterally present permeative osteolytic lesions and the nasal soft tissue material is bulging into the subcutaneous tissue level with the frontal sinuses. Extensive destruction of the cribriform plate is noted and the nasal mass is protruding into the rostral cranial fossa. The nasal soft tissue mass is dissecting caudally up along the left parietal bone, presenting permeative osteolysis with perforation of the cranial fossa.

**AGE**

8 Years

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

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.

**HOSPITAL NAME**

Bridgwater VH & WC

The submandibular and medial retropharyngeal lymph nodes are moderately enlarged.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Dr. Klug

- Biologically aggressive primary nasal soft tissue neoplasia with polyostotic aggressive osteolytic lesions and perforation of the cranial fossa
- Lymphadenopathy mandibular and medial retropharyngeal lymph nodes bilaterally
- Absent triadan 306 &406

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings are consistent with primary nasal soft tissue neoplasia with diffuse growth along the osseous structures and secondary perforation of the cranial fossa. Differentials include adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, lymphosarcoma, other. FNA

**DATE**

3/9/23



**PATIENT** sampling/biopsy of the subcutaneous swelling or rhinoscopy including biopsy can be used as advanced diagnostic tests. The Adam tumor stage is T4.

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The odds for metastatic spread to the tributary lymph nodes are high – recommend FNA sampling. Based on the results of the advanced diagnostic tests, the chances of radiation therapy can be discussed with oncologist.

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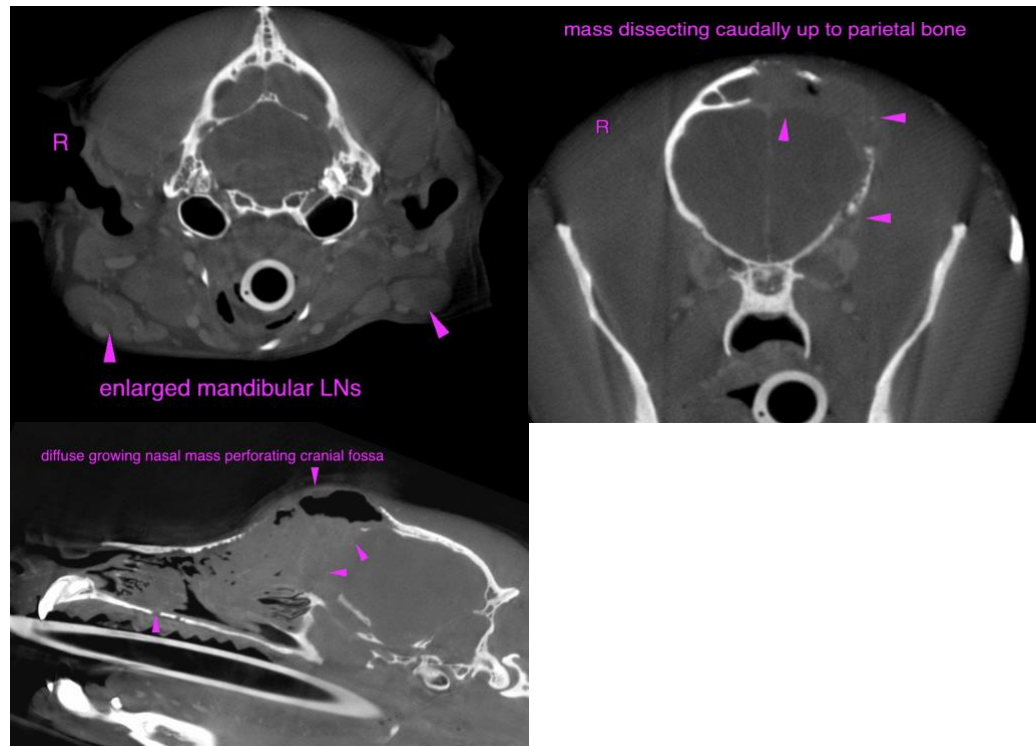
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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

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**PATIENT**

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