



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Grizzly Erichsen  
**SPECIES** Canine  
**BREED** Mastiff  
 4/3/23- snorting more than usual gave doxy and steroid shot 4/10/23- P came in today for difficultly breathing. We did a video that went sent to DKK and did a phone consult. P was very unsure of things today and was being quite vocal. O was not sure if he would bite so we did not push it. We will get a full PE tmw when they come in for a CT with Rhino and multiple tests. P is a vvery large dog that has been having issues with breathing through the nose for approx a week now. P has been eating and drinking well up until the last 2 days when eating is starting to decrease. Water intake and U/D is good. P hs been having a hard time when sleeping and snoring is very loud. O has not noticed any discharge from the nose and there has been no sneezing. P did got to the RDVM last Monday and they gave doxycycline and a steroid shot. That did not seem to help.  
 Abnormal PE/Chem/CBC/UA Results: Elevated- GLOB,

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

**SEX COMPUTED TOMOGRAPHIC FINDINGS**

**SEX** Male  
 A tooth element 211 is appreciated.

**AGE** 1 Year, 1 Month  
 The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. The nasopharynx is obliterated by soft tissue attenuating and mild contrast enhancing material, presenting a multilobulated surface. The caudal rim of the horizontal plate of the palatine bone and the right hamulus of the pterygoid bone present permeative osteolytic lesions. Level with the base of the soft palate, convex shaped soft tissue material is bulging into the oral cavity.

**INTERPRETED BY**

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

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

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**

Neel Veterinary Hospital

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 medial retropharyngeal lymph nodes are prominent.

**REFERRING VET COMPUTED TOMOGRAPHIC DIAGNOSIS**

Deepan Kishore, DVM, MS, DABVP, Dr Domnick

- Nasopharyngeal soft tissue mass with polyostotic aggressive osteolytic lesions of the palatine bone and pterygoid bone
- Lymphadenopathy medial retropharyngeal lymph nodes, L>R

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

57735

The nasopharyngeal soft tissue mass presents signs of local aggressive biological behavior and the mass is highly concerning for soft tissue neoplasia – such as sarcoma or round cell tumor. Theoretically (mycotic) granuloma is a consideration, but the odds are lower. Recommend complementing workup by rhinoscopy/retrograde pharyngoscopy including biopsy for further differentiation.

**DATE**

4-11-23

Consider full tumor staging including FNA sampling of the prominent medial retropharyngeal lymph nodes.



**PATIENT**

Grizzly Erichsen

**SPECIES**

Canine

**BREED**

Mastiff

**SEX**

Male

**AGE**

1 Year, 1 Month

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Neel Veterinary  
Hospital

**REFERRING VET**

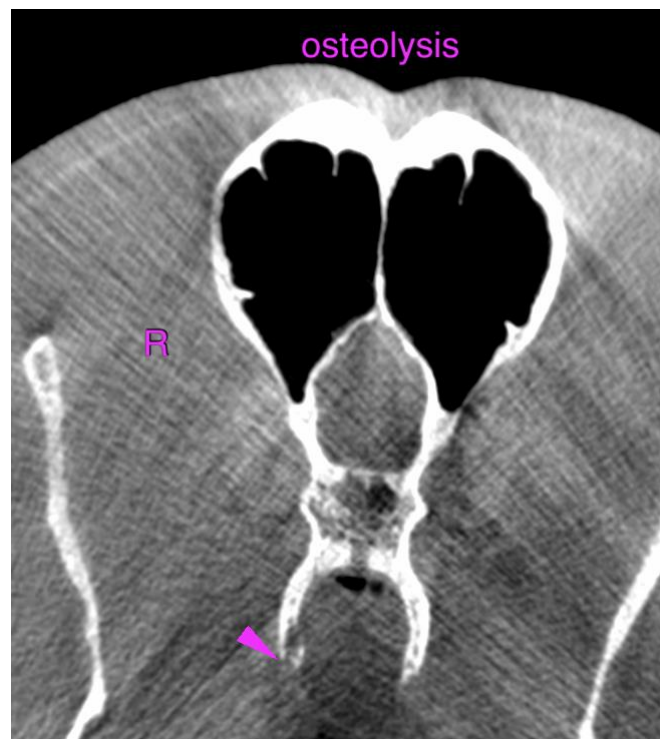
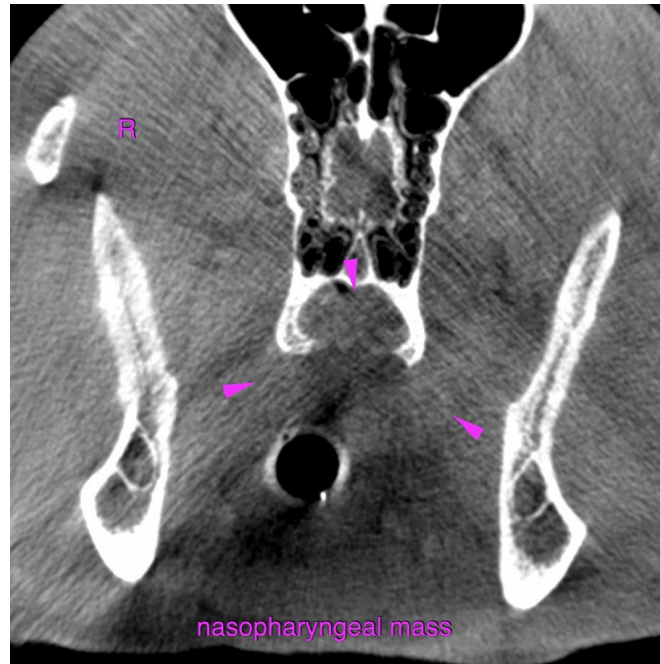
Deepan Kishore,  
DVM,MS, DABVP, Dr  
Domnick

**INVOICE**

57735

**DATE**

4-11-23





**PATIENT**

Grizzly Erichsen

**SPECIES**

Canine

**BREED**

Mastiff

**SEX**

Male

**AGE**

1 Year, 1 Month

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Neel Veterinary  
Hospital

**REFERRING VET**

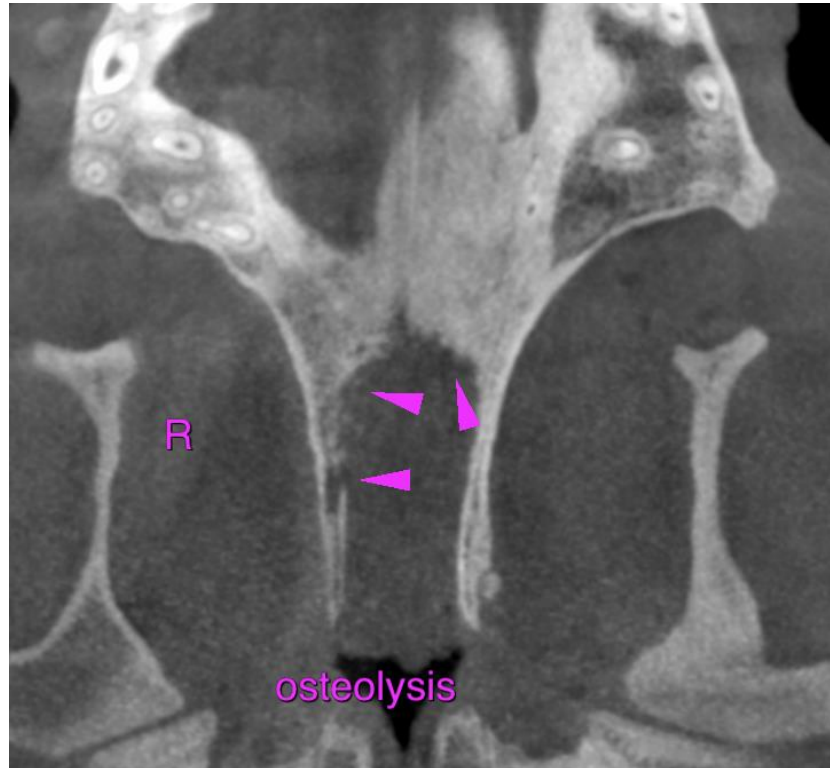
Deepan Kishore,  
DVM,MS, DABVP, Dr  
Domnick

**INVOICE**

57735

**DATE**

4-11-23



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