



**PATIENT PRESENTING CLINICAL SIGNS**

Bubba Osburn Presented 2/28 for 1 month history of epistaxis and swollen 3rd eyelid OD. Elected empirical treatment with Clindamycin and Carprofen  
 Abnormal PE/Chem/CBC/UA Results: Decreased ocular retropulsion, moderate calculus. CBC: WBC=37.48 (6-17) K/uL, neutrophils=34.07 (3-12) /uL, MPV=11.3 (3.9-11.1) fl CHEMISTRY: amylase=1297 (200-1200) u/L, Ca=12.8 (8.6-11.8) mg/dL, cholesterol=273 (125-270) mg/dL T4=1.9 (1.1-4.0) ug/dL

**SPECIES**

Canine

**BREED**

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

Australian Shepherd

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

The tooth element 207 is absent.

**MN**

The right nasal cavity is occupied by soft tissue attenuating and heterogeneous contrast enhancing material. Advanced destruction of the associated right nasal conchal & turbinate structures is appreciated. The right maxillary and frontal bone present permeative osteolytic lesions and immature periosteal new bone formation and the nasal soft tissue material is protruding into the subcutaneous tissue at the dorsolateral aspect of the nose. Lysis of the cribriform plate is noted.

**AGE**

14 Years

**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**

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.

Healing Spirit Animal  
 Wellness

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.

**REFERRING VET**

Desen Ertunc

The right mandibular salivary gland presents a well-defined zone, presenting microlobulated appearance of the parenchyma due to fat interspersed into the parenchyma of the right mandibular salivary gland – the volume of the right mandibular salivary gland is mildly increased.

**INVOICE**

51566

In the subcutaneous tissue at the left dorsolateral aspect of C1, a well-defined, mild heterogeneous contrast enhancing soft tissue nodule, measuring 11 mm in diameter is visible.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**DATE**

4-16-22

- Right sided biologically aggressive nasal soft tissue neoplasia
- Secondary polyostotic aggressive osteolytic lesions of the surrounding osseous structures with perforation of the cranial fossa
- Fatty intraparenchymal replacement right mandibular salivary gland
- Non-specific subcutaneous soft tissue nodule left craniodorsal aspect of the neck



**PATIENT**

Bubba Osburn

- Absent triadan 207

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is primary nasal neoplasia originating from the right nasal cavity with secondary osteolytic lesions of the surrounding osseous structures and evidence of perforation of the cranial fossa. Differentials include adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, lymphosarcoma, other. FNA sampling of the subcutaneous swelling at the dorsolateral aspect of the nose and/or rhinoscopy with 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 T4.

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Potentials for the fatty changes of the right mandibular salivary gland include liposarcoma, angioliipoma, sialoliipoma, oncocytic lipadenoma, myoeipithelioma, lipomatosis, other.

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**HOSPITAL NAME**

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Wellness

**REFERRING VET**

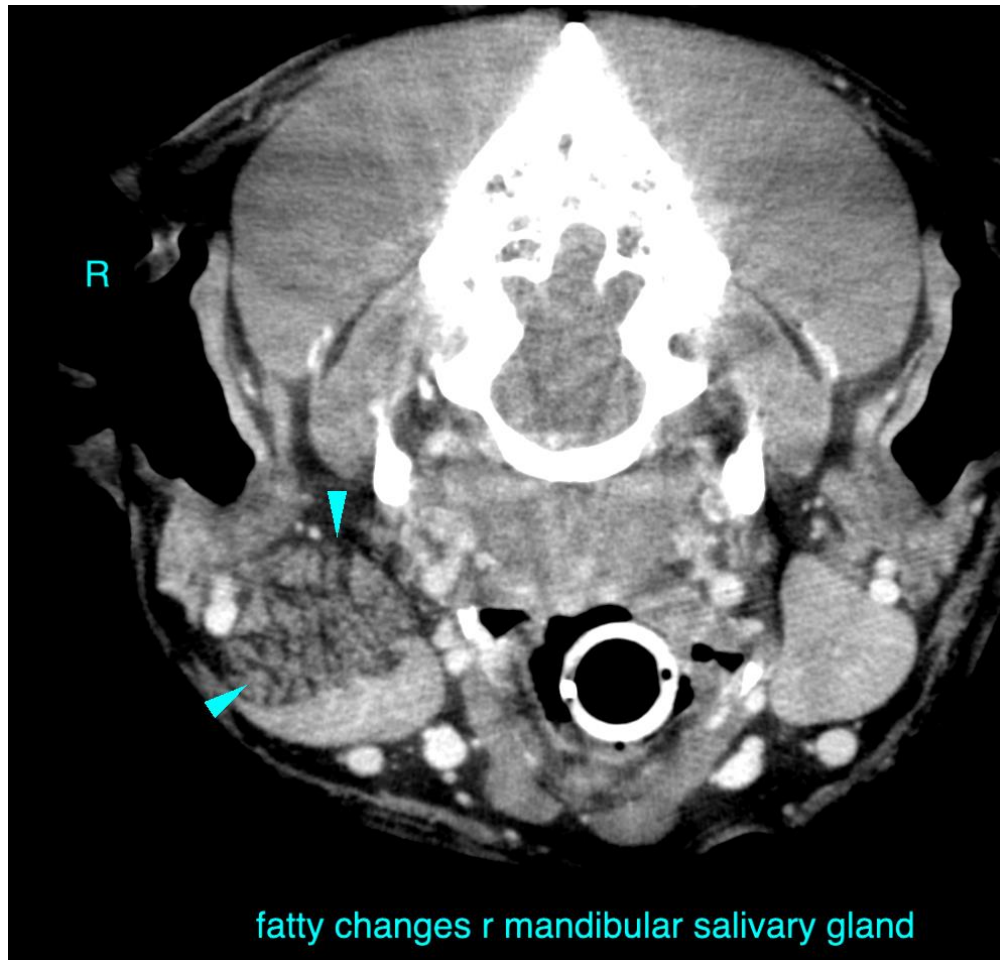
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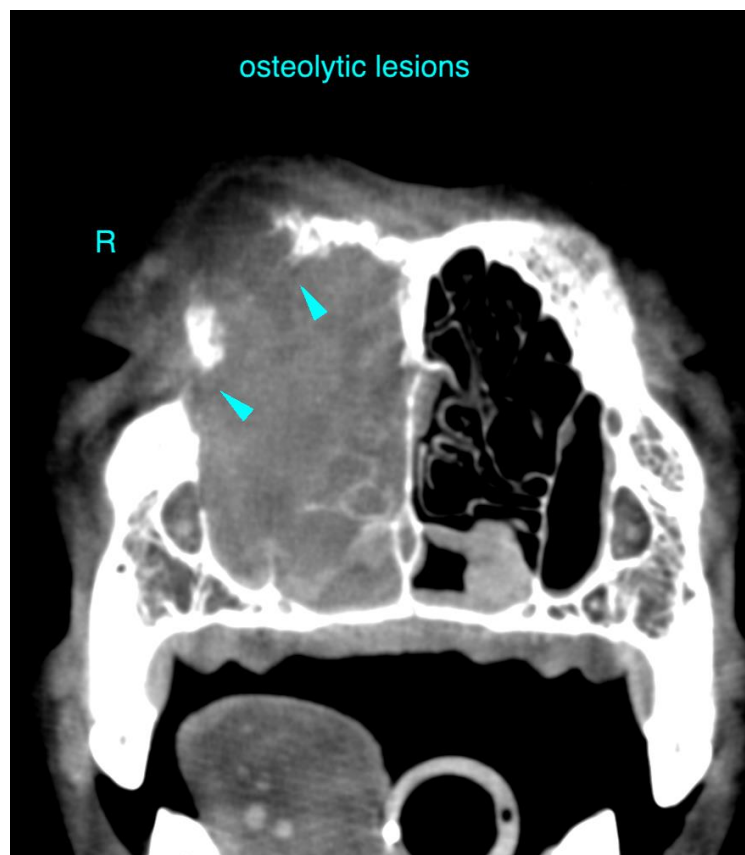
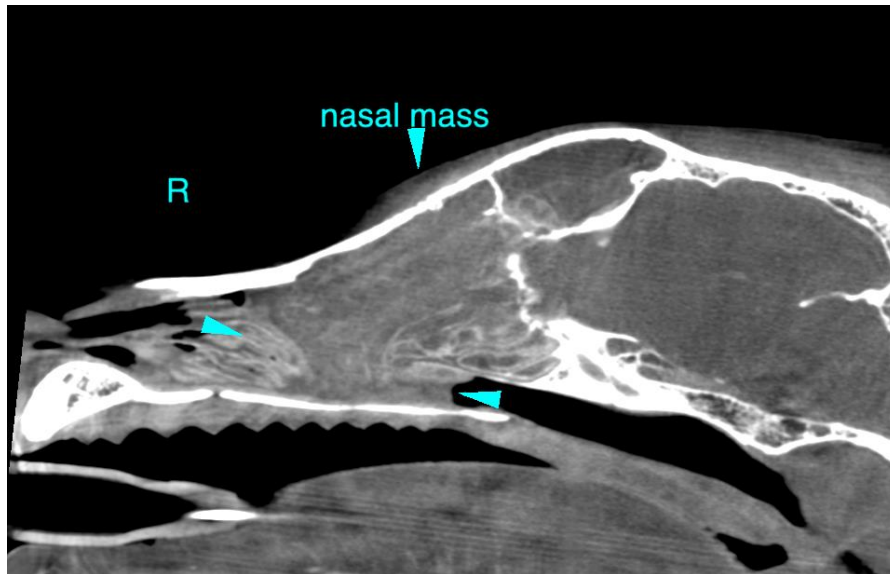
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**PATIENT**

Bubba Osburn

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.

**SPECIES**

Canine

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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