



**PATIENT PRESENTING CLINICAL SIGNS**

**Beau Rebar** History: Pet presented for a evaluation of possible chronic URI and weight loss. Pet had been treated at rDVM with Convenia, Baytril, Temeril P, theophylline, prednisolone and Dexamethasone- no response to any of the medications. Upon exam at our clinic, unilateral L sided nasal discharge was noted. Pet had hyporexia that had progressed to anorexia.

**SPECIES**

**Canine** Abnormal PE/Chem/CBC/UA Results: Mild mature neutrophilia, mildly increased SDMA. Otherwise WNL

**BREED**

**COMPUTED TOMOGRAPHIC STUDY OF THE SKULL**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

The tooth elements 102, 106, 108, 109, 202, 203 and 301 are absent.

**Neutered Male**

The left nasal cavity is occupied by an expansile, soft tissue attenuating and heterogeneous contrast enhancing mass. Advanced destruction of the associated nasal conchal & turbinate structures is visible. The left palatine bone and maxillary bone present multifocal aggressive osteolytic lesions and the nasal mass is protruding into the left orbit and perforating the nasal septum, protruding into the right nasal cavity. Caudally the nasal mass is occupying the choana. The cribriform plate is perforated, and the nasal mass is bulging into the left aspect of the rostral cranial fossa.

**AGE**

**12 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**

**Wilson VH**

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**

**REFERRING VET**

**Dr. Matt Dincau**

- Biologically aggressive left sided nasal soft tissue neoplasia with secondary polyostotic aggressive osteolytic lesions and perforation of the cranial fossa
- Secondary upper airway obstruction
- Multiple absent teeth

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

**14824**

The CT study is consistent with primary nasal neoplasia, originating from the left nasal cavity – the nasal mass is perforating the cranial fossa. Differentials include adenocarcinoma, lymphosarcoma, squamous cell carcinoma, transitional cell carcinoma, other. 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.

**DATE**

**4/20/22**



**PATIENT**

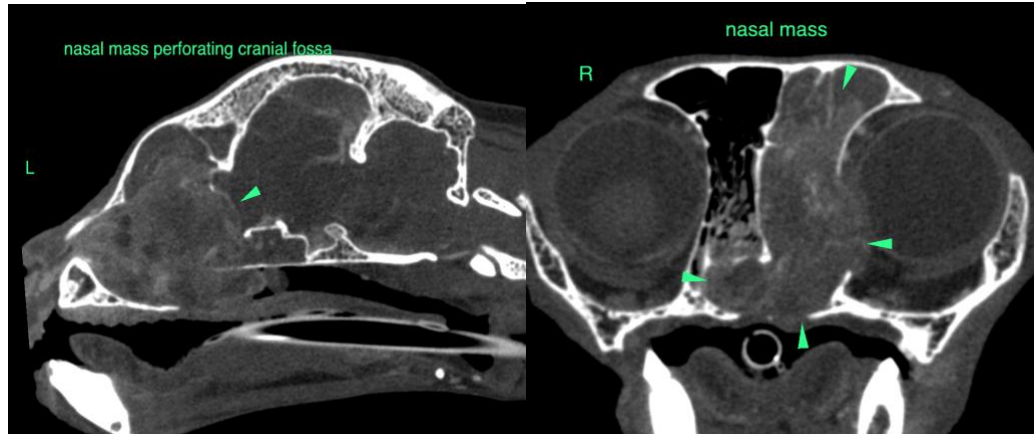
Beau Rebar

**SPECIES**

Canine

**BREED**

Persian



**SEX**

Neutered Male

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.

**AGE**

12 Years

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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**INTERPRETED BY**

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