



PATIENT PRESENTING CLINICAL SIGNS

Jack Stokes
 Jack presents for consultation and discussion of further diagnostics due to recurrent nasal signs. His symptoms started end of February 2022 with sneezing followed by left sided facial/muzzle swelling and left sided bloody nasal discharge. His signs improved on Carprofen and Doxycycline but then recurred the beginning of this month again with facial swelling and epistaxis but this time bilateral. The medications were restarted and his signs again improved. Off of the therapies for about a week, he is starting to sneeze again and he has a small swelling/lump under his left eye. He seems to be itchy so that he is rubbing his face a bit. His left eye will sometimes change appearance - 3rd eyelid up, swelling around the lids. The courses of therapy have been about 10 days. The signs all resolve when on therapy but the sneezing starts coming back within a couple of days after stopping the therapy. When he has a flare up, he cannot breathe through his nose. Otherwise healthy. Recently moved to a new home and the new home has a wood stove. No travel history. Other dogs not showing signs. He is both eating and drinking well.

SPECIES

Canine

BREED

Border Collie Mix

SEX

MN

AGE

11 Years

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME

Southern Oregon
 Veterinary Specialty
 Center

REFERRING VET

Kim Winters

INVOICE

51770

DATE

4-26-22

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

The pictured parts of the dentition are complete.

The left nasal cavity is occupied by a soft tissue attenuating and heterogeneous contrast enhancing mass, advanced destruction of the associated conchal & turbinate structures is seen. The left maxillary bone, left palatine bone and left nasal bone present aggressive osteolytic lesions and the nasal mass is perforating the perpendicular plate of the left palatine bone, mildly bulging into the medial aspect of the left orbit. The cribriform plate is perforated by the mass.

In the right nasal cavity, moderate atrophy of the nasal conchal structures is appreciated.

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 present mild mineralization.

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 left sided nasal soft tissue neoplasm
- Secondary polyostotic aggressive osteolytic lesions of the surrounding osseous structures with perforation of the cranial fossa
- Right sided destructive rhinitis - can be a sequela to non-specific rhinitis
- Bilateral dystrophic mineralization of the external ear canals



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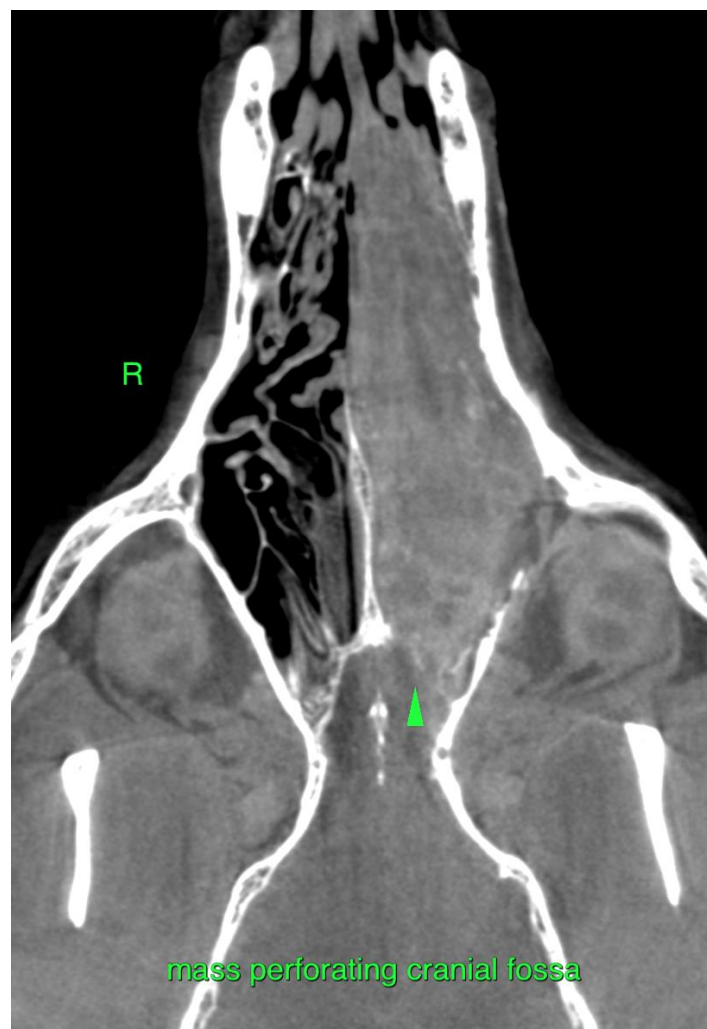
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with left sided primary nasal neoplasia with secondary polyostotic aggressive osteolytic lesions and perforation of the cranial fossa. Differentials include adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, lymphosarcoma, 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. The Adam tumor stage is T4.

Recommend full tumor staging.





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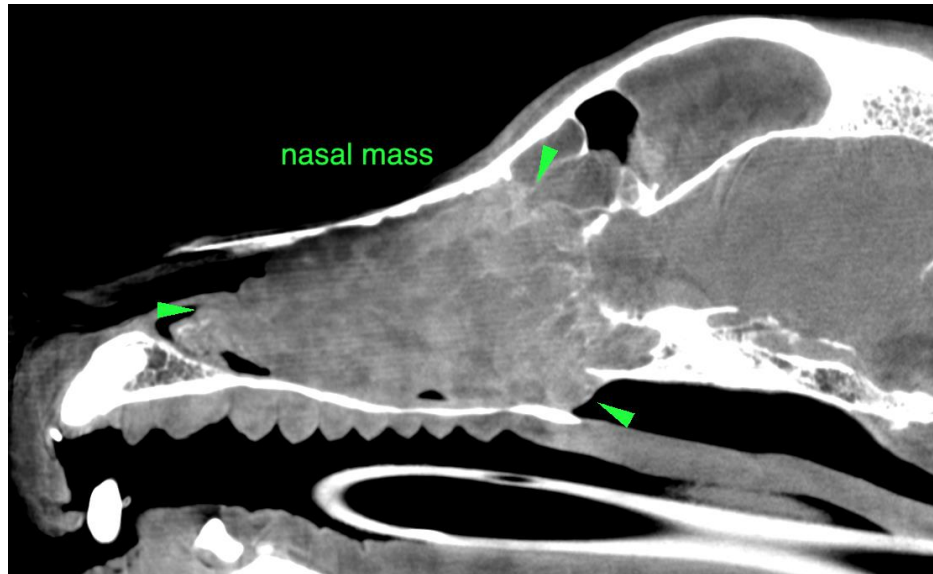
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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