

**PATIENT PRESENTING CLINICAL SIGNS**

**Bearlee Keel** 4/26/23- Bearlee presents today for swelling on the right side of the snout, that has been going on for about two months. Seen by a traveling vet and was told it was beyond her pay grade, Was seen in guthrie about a month ago, was sent home with antibiotics as it was above his pay grade. O has not seen any improvement.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Low= ALKP. Phos High

Canine

**COMPUTED TOMOGRAPHY OF THE SKULL & THORAX**

A high resolution pre- and post-contrast CT study of the skull, neck and a post-contrast CT study of the thorax are provided for review.

**BREED**

Mix **COMPUTED TOMOGRAPHIC FINDINGS**

Skull

**SEX** The pictured parts of the dentition are complete. The maxillary molar teeth bilaterally present a moderate widened periodontal space.

MN

The nasal cavity bilaterally is obliterated by an expansile, soft tissue attenuating and amorphous mineralizing mass. The right maxillary bone, right nasal bone, right frontal bone and the horizontal plate of the palatine bone bilaterally present extensive aggressive osteolytic lesions and the nasal mass is protruding into the subcutaneous tissue along the right lateral and dorsal aspect of the nose and into the submucosal tissue of the hard palate. Post contrast administration, the nasal mass has a heterogeneous contrast enhancement pattern.

**AGE**

5 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**

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 right medial retropharyngeal lymph node is prominent.

**REFERRING VET**

Deepan Kishore,  
DVM,MS, DABVP

Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

**INVOICE**

The cardiovascular structures including the pulmonary vasculature are within normal limits.

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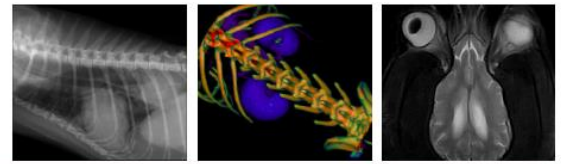
The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

**DATE**

The lung parenchyma presents the expected architecture and attenuation behavior.

4-26-23

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.



**PATIENT COMPUTED TOMOGRAPHIC DIAGNOSIS**

Bearlee Keel

- Biologically aggressive mineralizing nasal soft tissue neoplasia with polyostotic aggressive osteolytic lesions of the surrounding osseous structures
- Lymphadenopathy right medial retropharyngeal lymph node – reactive hyperplasia versus metastatic disease

**SPECIES**

Canine

- Periodontal disease 109, 110, 209 and 210
- Normal thorax, no evidence of pulmonary metastatic disease

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

Mix

The CT findings are consistent with an expansile primary nasal neoplasm, perforating the osseous margins of the nasal cavity. Differentials include squamous cell carcinoma, osteosarcoma, adenocarcinoma, transitional cell carcinoma, lymphosarcoma, other. Rhinoscopy including FNA sampling 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 T3.

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MN

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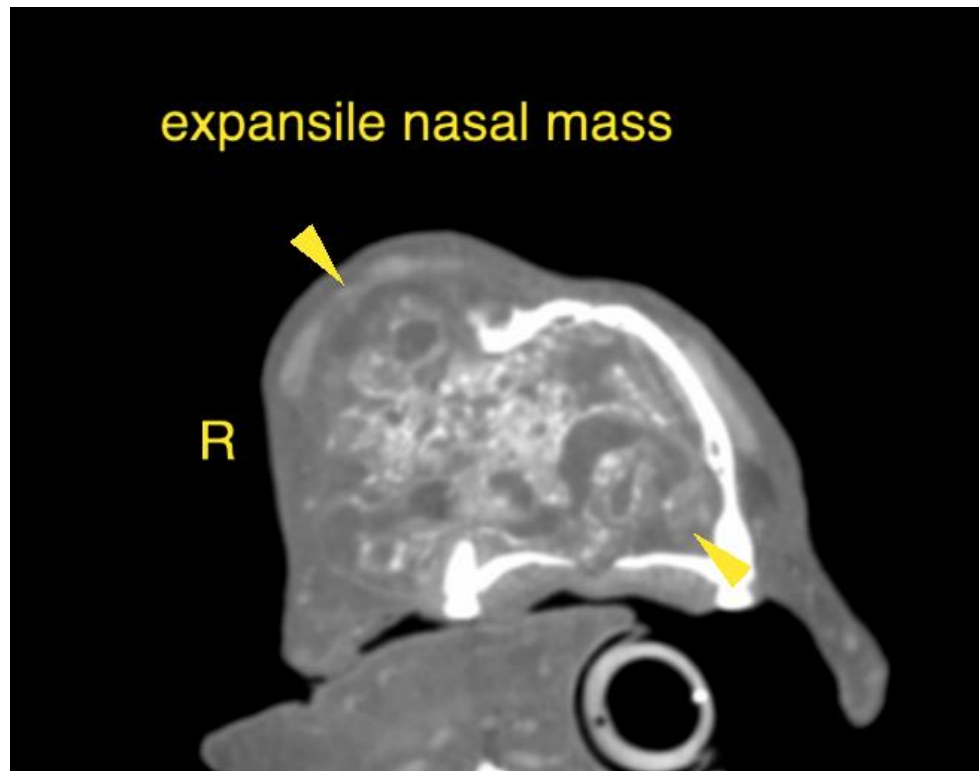
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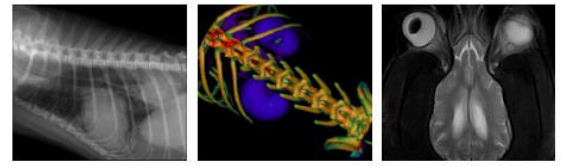
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**DATE**

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**PATIENT**

Bearlee Keel

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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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