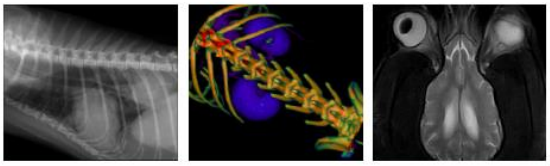

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1-800-838-4268 info@sonopath.com

PATIENT

Beau Middleton

SPECIES

Canine

BREED

Heeler Mix

SEX

Neutered Male

AGE

5 Years

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Southern Oregon VSC

REFERRING VET

Kim Winters

INVOICE

14909

DATE

4/28/22

PRESENTING CLINICAL SIGNS

History: Presenting for consultation and further imaging of his nose. Starting in December 2022, Beau has been having sneezing and epistaxis episodes. Blood was first noted as a spray when sneezing but the bleeding has progressed to a left sided bloody nose that drips blood intermittently. He continues to sneeze and he has become sensitive to the touch between his eyes and in the region of his left eye particularly at the medial aspect. No medications at this time. No other nasal or ocular discharge has been noted, Bleeding has not been noted elsewhere in his body, Labwork run in December was unremarkable. Antibiotic therapy and dental procedure did not improve the signs. He tends to breathe through his mouth over the past 6 months, He is also a bit more tired over the past month. He is able to sleep with his mouth closed but Brinnan notices less air flow through the left nasal cavity. Other health history - shot with pellets prior to adoption seen on xrays. right forelimb angular limb deformity.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

The tooth elements 108, 208 and 308 are absent. Moderate abrasion of the crowns of the incisor teeth is noted.

The left nasal cavity is occupied by soft tissue attenuating and heterogeneous contrast enhancing expansile soft tissue material. Advanced destruction of the associated conchal & turbinate structures is seen. The left maxillary and nasal bone present aggressive osteolytic lesions and the nasal mass is protruding mildly into the subcutaneous tissue at the dorsal aspect of the nose. Osteolysis of the cribriform plate is seen and level with the cribriform plate, the nasal mass is extending into the right nasal cavity.

In the subcutaneous tissue at the right caudodorsal aspect of the nose, a small metal attenuating body is seen.

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 are within normal limits.

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.

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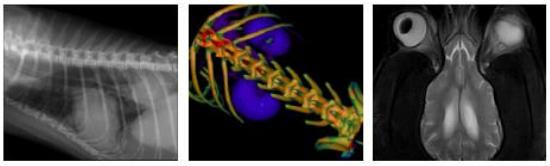

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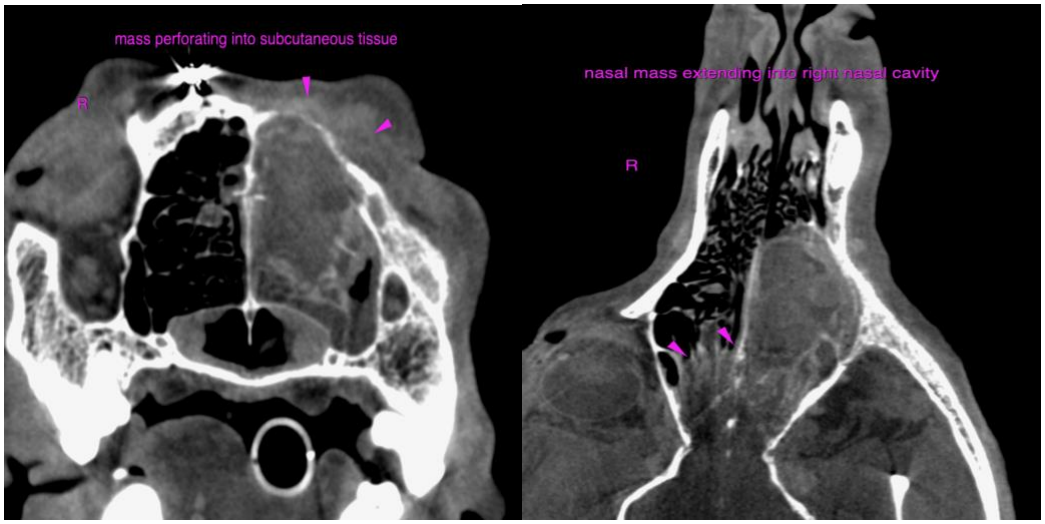
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided biologically aggressive nasal soft tissue neoplasia
- Secondary polyostotic aggressive osteolytic lesions of the left maxillary&nasal bone and the cribriform plate with perforation of the cranial fossa
- Absent triadan 108, 208 and 308
- Abrasion of the crowns of the incisor teeth
- Pellet in subcutaneous tissue dorsal aspect of the nose

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with biologically aggressive soft tissue neoplasm, originating from the left nasal cavity with secondary osteolytic lesions of the surrounding osseous structures and perforation of the cranial fossa. Differentials include adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, lymphosarcoma, other. Rhinoscopy including biopsy or FNA sampling of the mild subcutaneous swelling at the dorsal aspect of the nose 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.

Consider full tumor staging.



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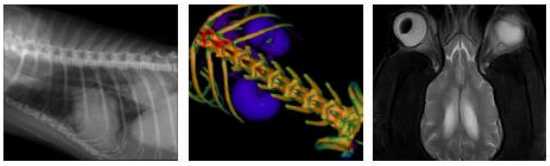

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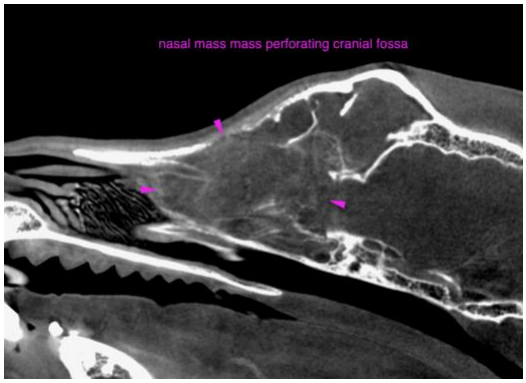

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com