



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Kobee Lin

**SPECIES**  
Canine

**BREED**  
West Highland White

**SEX**  
Intact Male

**AGE**  
12 Years

**INTERPRETED BY**  
Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

Was seen on 4/3/22 for sneezing blood after a walk. Was sedated and pulled out 2 small pieces of plant material but flushed out lots of mucous and large blood clots. Since then has continued to have sneezing fits with blood in the mucous. In May 2021 was seen at a different ER vet for having an oral epulis surrounding the caudal right maxillary region around 108/109. Abnormal PE/Chem/CBC/UA Results: CT results from referring ER vet May 2021 CT for surgical evaluation Vs RT planning. Chest scanned for complete staging. Report Radiographic Findings Pre-and post contrast computed tomography studies of the head and neck dated May 21, 2021 were reviewed. Data is presented as 1.25 mm contiguous images. Pre-and post contrast computed tomography studies of the thorax were also reviewed. Data is presented as 2.5 mm contiguous images. There is mild asymmetry of the ventricular system with the right lateral ventricle being larger than the left. There is focal lysis of bone at the palatine shelf of the right maxilla as far rostrally as image 173 (medial to the 4th upper premolar). There is contrast enhancing tissue seen at the medial aspect of the tooth as far rostrally as image 175. This, mixed contrast enhancing tissue present within the maxilla and maxillary foramen at the level of image 172. This nonuniformly contrast enhancing tissue enlarges extending caudally filling the ventral portion of the orbit. There is extensive destruction of the maxillary shelf with loss of the right molars. At the level of image 154, the mass extends towards the left, just medial to the right sphenoid bone. The caudal extent of the mass is seen at image 145. There is an enlarged, nonunion only enhancing right submandibular lymph node visible on the image 115 through image 132. There is mild enlargement of the rostral medial retropharyngeal lymph nodes from image 101 through 111. No thoracic abnormalities are identified. Conclusion Malignancy involving the right caudal maxilla as described. Submandibular and probable right medial retropharyngeal lymphadenopathy. Unremarkable thorax.

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

**HOSPITAL NAME COMPUTED TOMOGRAPHIC FINDINGS**

**HOSPITAL NAME**  
South Bay Animal Hospital & Pet Resort

**REFERRING VET**  
Dr. Ravinder Atwal

The tooth elements 106, 110, 206, 306, 311, 405, 406 and 411 are absent. The caudal aspect of the alveolar process of the right maxillary bone presents permeative osteolytic lesions with an associated heterogeneous contrast enhancing soft tissue swelling presenting mild granular mineralization. The soft tissue swelling is measuring 2.3 x 1.6 x 2.6 cm in size and extending from the distal aspect of triadan 108 caudally up to the level of the lateral aspect of the right hamulus of the pterygoid bone. In the caudal aspect the heterogeneous contrast enhancing mass is perforating into the right sphenoid recess.

Moderate destruction of the right nasal conchal & turbinate structures is noted.

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Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

**DATE**  
4-7-22

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.



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The right mandibular lymph nodes are prominent with a heterogeneous contrast enhancement pattern.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Polyostotic aggressive osteolytic mass centered on the caudal aspect of the alveolar process of the right maxillary bone and lytic lesions of the sphenoid bone
- Lymphadenopathy right mandibular lymph nodes
- Right sided destructive rhinitis
- Multiple absent teeth, see above

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a right sided retromolar mass presenting biologically aggressive behavior with polyostotic aggressive lytic lesion including the alveolar process of the right maxillary bone (level with triadan 108/109), invasion of the right sphenoid recess and a lytic lesion within the sphenoid bone. Differentials include squamous cell carcinoma, melanoma, fibrosarcoma, other. Due to the local invasive growth, complete surgical excision of the mass is not feasible, the chances of radiation therapy might be discussed with oncologist.

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Recommend FNA sampling of the enlarged right mandibular lymph nodes to rule in/out metastatic spread.

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Recommend complementing full tumor staging by 3-view thoracic radiographs.

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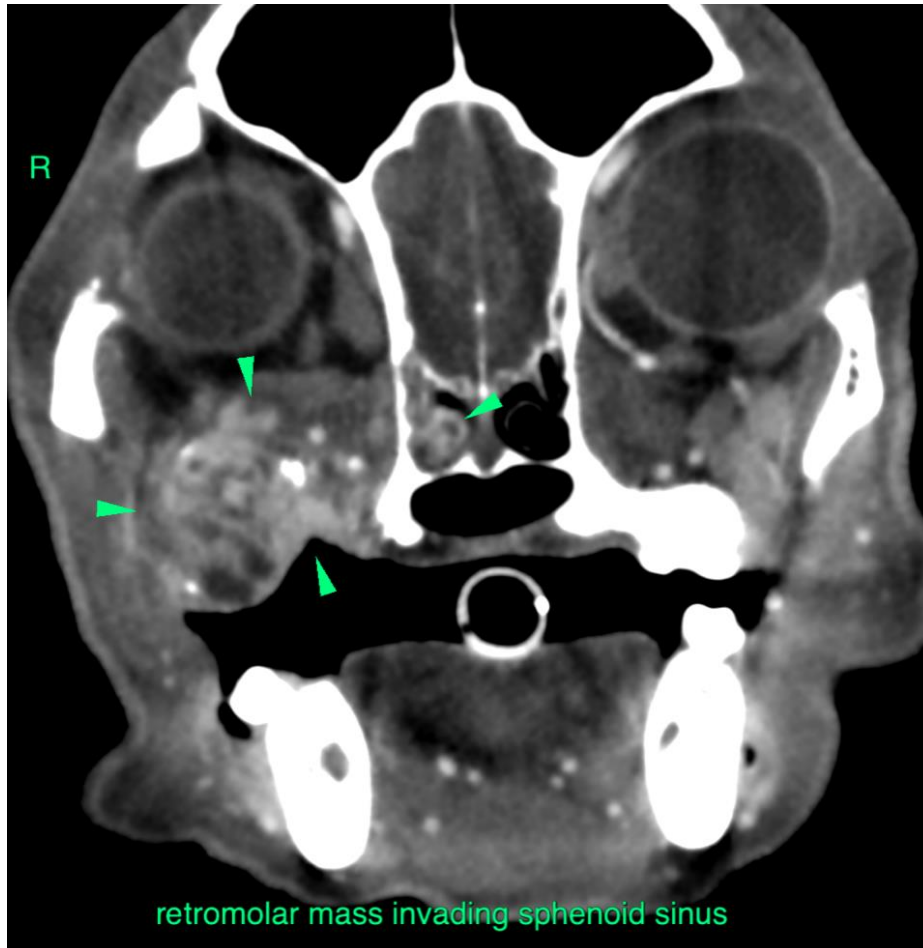
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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