



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Pebbles Morton  
**SPECIES** Canine  
**BREED** French Bulldog

Tracheal mass found during intubation for COHAT, no prior clinical signs. Difficulty intubating due to size of mass. Radiographs revealed no obvious metastatic disease.  
 Abnormal PE/Chem/CBC/UA Results: Biopsy: **MICROSCOPIC INTERPRETATION:** Moderate chronic lymphoplasmacytic hyperplastic pharyngitis with fibrosis and hemosiderin **COMMENTS:** The microscopic findings are inflammatory, hyperplastic and reactive. The samples composed of maturing and dense connective tissue mixed with inflammatory cells including macrophages with hemosiderin indicating previous hemorrhage at the site. The lesion may be the result of prior trauma. There is no benign or malignant neoplasm. The patient may or may not have more generalized inflammation of the pharyngeal/laryngeal area. Based on the histologic findings we would expect debulking of the area to be curative.

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

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**COMPUTED TOMOGRAPHIC FINDINGS**

Triadan 205, 305, 311, 405 and 411 are absent. The distal root of triadan 107 presents marked periapical widening of the periodontal space with perforation of the right ventral nasal meatus; the palatine mesial root of triadan 108 is in contact with the widened periodontal space surrounding the root of triadan 107 as well. Triadan 106, 109 and 209 present a marked widening of the periodontal space.

**AGE**

6 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

In both nasal cavities, a moderate amount of fluid attenuating material is attached to the nasal mucosal lining. Post contrast administration, moderate thickening of the nasal mucosal lining is appreciated.

**HOSPITAL NAME**

Attached to the right vocal fold, a heterogeneous contrast enhancing, plaque like mass, measuring approximately 11 x 5 x 6 mm in size – the mass is compressed by the endotracheal tube.

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 Wellness

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

**REFERRING VET**

Desen Ertunc

The left tympanic bulla is filled with non-contrast enhancing soft tissue attenuating material and the osseous lining is mildly thickened and irregular. The left tympanic bulla is aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals present mild mineralization of the wall.

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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.

**DATE**

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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.

The intervertebral disc C2/C3 is mild to moderately protruding into the vertebral canal, distorting the ventral epidural space at the same level.

The vertebral endplates C6/C7 present mild ventral spondylosis formation.



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As an anatomical variant, the right and left thyroid lobe are connected by an isthmus.

Pebbles Morton

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Laryngeal plaque like mural mass right region of right vocal fold
- Periodontal abscess formation 107&108 with oronasal fistula formation
- Secondary odontogenic rhinitis
- Advanced periodontal disease 106, 109 and 209
- Left sided chronic otitis media
- Mild intervertebral disc protrusion C2/C3 with possible dynamic compressive myelopathy
- Bilateral mild dystrophic mineralization of the external ear canals
- Spondylosis deformans C6/C7

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The top differential for the laryngeal mass in brachycephalic dogs is granuloma, due to chronic inflammatory stimulus – e.g. brachycephalic upper airway syndrome or preceding traumatic insult. Neoplastic disease (e.g. squamous cell carcinoma) is a consideration as well, but the odds are low. Surgical excision of the laryngeal mass has already been performed, regarding the history and histopathology is supporting the results of inflammatory origin of the laryngeal mass.

There is evidence of advanced periodontal disease of multiple teeth, a complete dental workup has already been performed.

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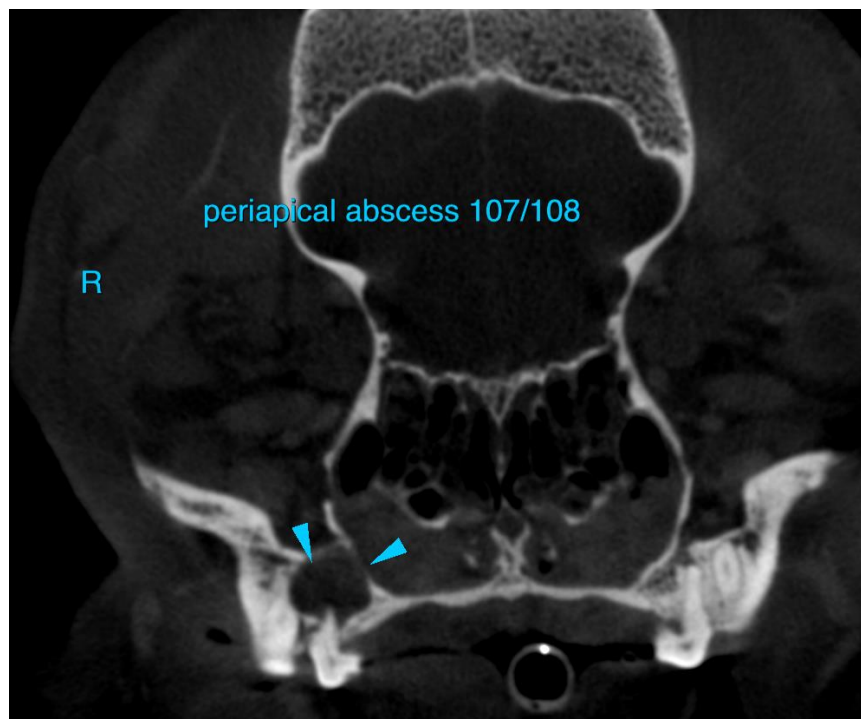
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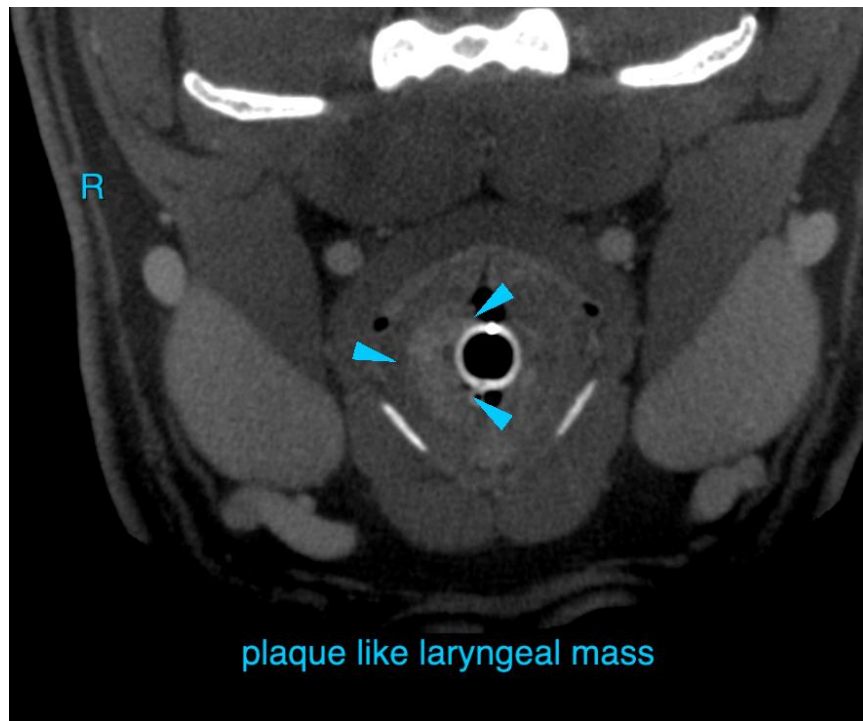
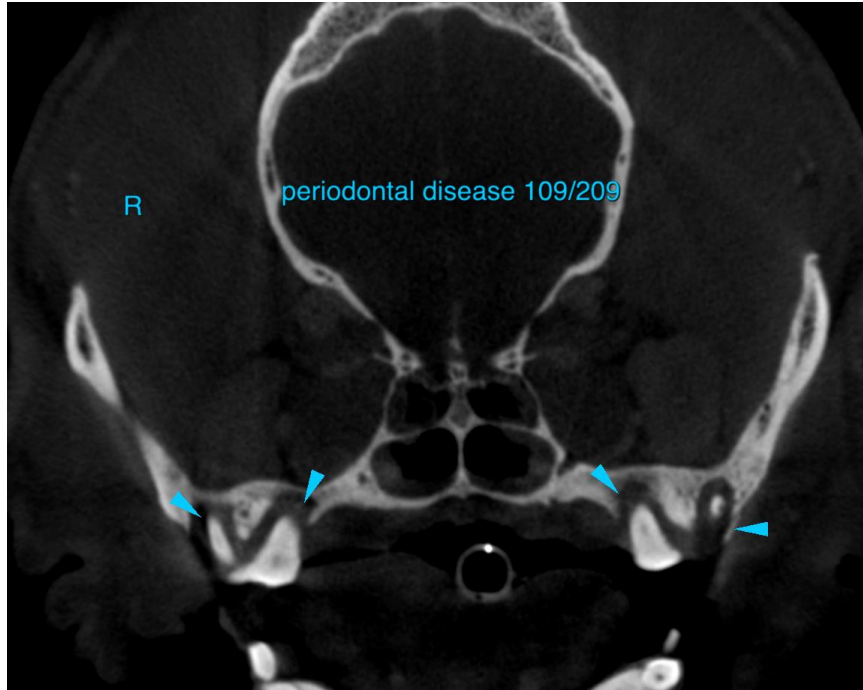
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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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