



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Irwin Holly

SPECIES
Canine

BREED
Cattahoula

SEX
MN

AGE
5 Years, 3 Months

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

Initial presented complaint was buphthalmous OD. IOP was WNL. Symptoms progressed over 2 months to sneezing. Skull films showed increased density in the R sinus. Biopsy were taken via the R nasal passage that came back as a benign polyp (see below), but pet's clinical signs have continued to progress- no not eating well, increased sneezing, lethargic. The concern is that the biopsy did not accurately sample the pathology, only the surrounding inflammation, and that there is a more aggressive process present.
Abnormal PE/Chem/CBC/UA Results: WNL

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

Triadan 208 is absent.

In the caudal aspect of the right nasal cavity, an irregular mineralizing, multicameral, mild expansile, mass is seen. The right nasal mass is perforating the perpendicular plate of the right palatine bone and is mildly bulging into the right orbit. The right aspect of the cribriform plate presents with osteolytic lesions and is mildly deviated caudally. Left sided deviation of the nasal septum level with the right nasal mass is appreciated. The right ocular bulb is mildly deviated laterally by the mass effect.

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right sided biologically semiaggressive irregular mineralizing mass and early stage of perforation of the cranial fossa
- Absent triadan 208

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The imaging features of the nasal mass indicate aggressive biological behavior, increasing the odds for underlying neoplastic disease - such as chondrosarcoma, osteosarcoma, hamartoma, adenocarcinoma, squamous cell carcinoma. Theoretically slow growing granulomatous disease (e.g. Leishmaniasis, mycotic infection) is a consideration but appears less likely. Recommend repeating biopsy (surgical approach?).

Consider full tumor staging.

INVOICE

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DATE

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HOSPITAL NAME

Wilson Veterinary Hospital

REFERRING VET

Dr. Adrian Holly



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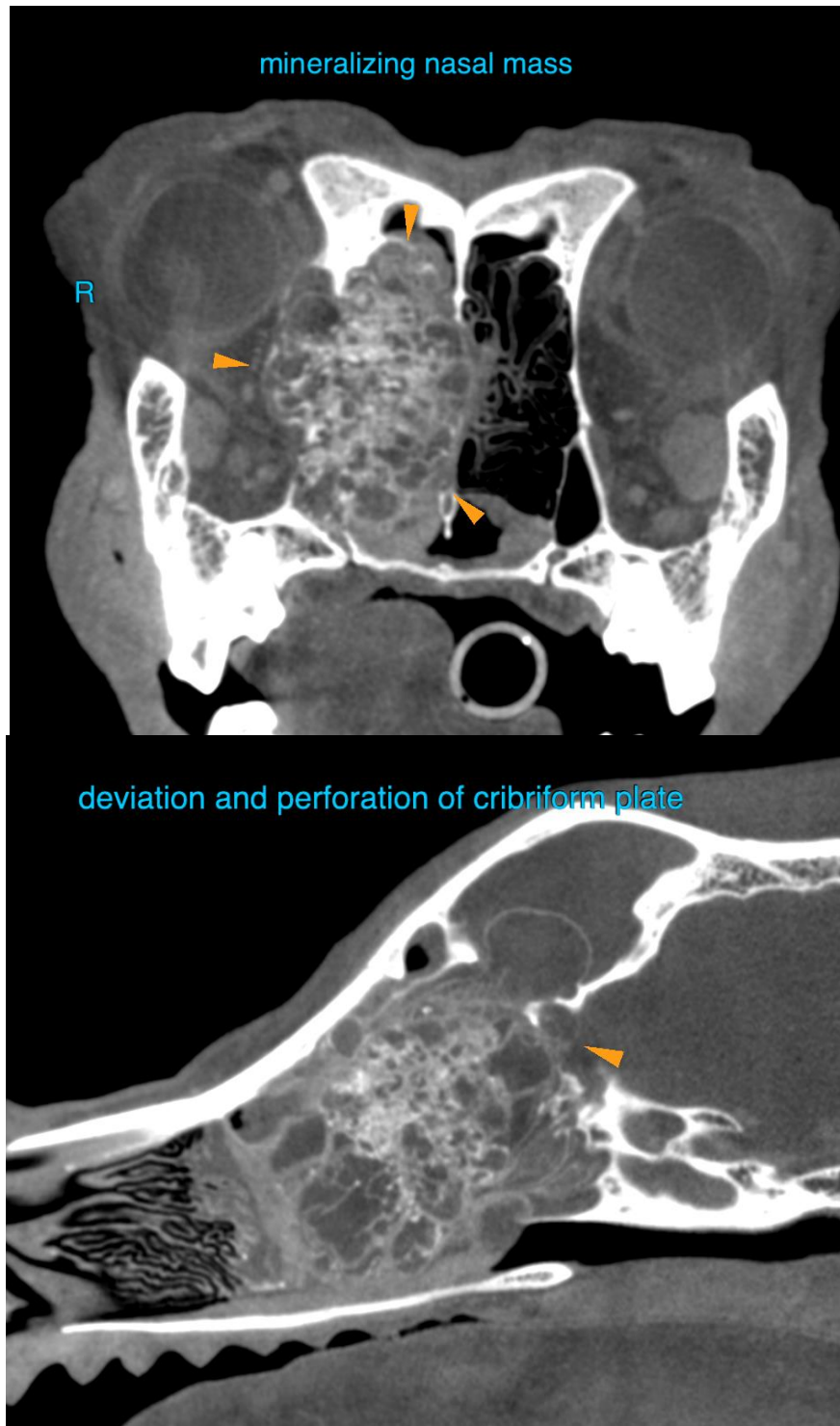
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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