



PATIENT PRESENTING CLINICAL SIGNS

Gus Galloway

#5/4/22 - 1 year post RT: There is persistent mucopurulent and mucohemorrhagic nasal discharge. He does not seem to be doing as well as he was 6 months ago but still seems to be doing well. He had several seizures last December. Another seizure was reported this spring. He is not on antiseizure therapy. Current Signs: Sneezing and snorting. He will turn his head and grimace more frequently. Current Medication: Neo-poly-bac ophthalmic drops, Enrofloxacin 136 mg SID, Chloramphenicol 450 mg #3 BID and carprofen 100 mg BID with food. Appetite and Activity: Appetite and energy level are normal other than tiring earlier. Current blood work is pending. #12/8/21 - 8 month Post RT: Gus has been doing well for the past month. He sneezes a lot, has right sided mucopurulent discharge with occasional blood tinge, grimaces the right side of his face and rubs the right side of his face. Yesterday he had a seizure at 9:00 am during his trip to Utah. He had another seizure at 1:30 am and a third at 6:00 this morning. An episode of epistaxis occurred during the first seizure. After the first seizure, a post ictal phase is reported, running away, growling and barking with raised hair on his back and neck. Then suddenly he was over affectionate. He is drinking a lot. The second and third seizures were less severe than the first. Since then, he hasn't been acting like himself, less responsive, confused. He had trazodone 150 mg yesterday at 9 am and last night and again this morning. He is still on carprofen, finished clindamycin. The owner reports the clindamycin did not help with the mucopurulent nasal discharge. The CT and rhinoscopy findings show the right nasal cavity is empty. There is no visible tumor tissue. There is a large area of bone necrosis overlying the lateral wall of the maxilla caudodorsal to the right maxillary recess. The necrotic bone will harbor bacteria. Olfactory bulbs are asymmetric, right > left. There appears to be a hypodense lesion measuring 18 mm in in diameter within the right olfactory bulb. The entire right side of the cribriform plate is demineralized. Changes within the right olfactory bulb may be the source of the seizure activity. Retropharyngeal lymph nodes are enlarged, concerning for metastatic disease. Material was also collected for culture. The nasal culture grew staphylococcus pseudintermedius. The strain of Staphylococcus growing in Gus' nose is highly resistant to numerous antibiotics. Of all the antibiotics tested in the sensitivity panel, chloramphenicol is the only one that has efficacy against the Staphylococcus.

SPECIES

Canine

BREED

Labrador Retriever

SEX

CM

AGE

6 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

VetMed Consultants

REFERRING VET

Jonathan Bradshaw

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Abnormal PE/Chem/CBC/UA Results: PE: ****Nasal Cavity:**** Abnormal: Right sided dried mucopurulent discharge around nostril; able to breathe through nose; no facial swelling Lab: Pending Rhinoscopy: Rhinoscopy Findings: The nasopharynx is imaged using a 120-degree reverse rigid scope and uvula retractor. The nasopharynx is open and clean. There is no evidence of nasopharyngeal masses, foreign bodies or discharge. Choanae appear normal bilaterally. Nasal passageways are imaged bilaterally using a 2.7 mm 0-degree scope without flushing. Left sided dorsal, middle, ventral and common nasal passageways are imaged. The ventral passageway is imaged to the level of the nasopharynx. Left sided turbinates are severely atrophied. Nasal mucosa is smooth and pink. Nasal discharge is not present. The right nasal cavity is empty. Mucosa lining the right nasal cavity is smooth and pink. There are several areas of exposed necrotic bone over the right lateral maxilla. Several areas of necrotic bone over the right orbit are separating from the underlying soft tissues. The necrotic bone is covered with fungal plaques that are sporulating (aspergillus). The necrotic bone and fungal plaques are removed. Frontal sinuses are examined using a flexible video ureteroscope. There are no fungal plaques within the right frontal sinus. There is no visible tumor regrowth. Mucopurulent and hemorrhagic discharge is present in the right nasal cavity. A 12 Fr Foley catheter is placed into the nasopharynx through the left ventral nasal passageway. The balloon is filled. Gauze is packed into the laryngopharynx. While in dorsal recumbency, nasal cavities are filled with 1% clotrimazole in PEG solution. The clotrimazole is allowed to soak for 1 hour. The gauze and Foley catheter are removed and the clotrimazole is drained. Both nasal cavities are lavages with copious amounts of sterile saline.



PATIENT **COMPUTED TOMOGRAPHY OF THE SKULL&THORAX**

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

COMPUTED TOMOGRAPHIC FINDINGS

SPECIES Skull

Canine The tooth elements 105205, 207, 305 and 405 are absent.

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Complete loss of the conchal and turbinate structures of the right nasal cavity is seen – resulting in an empty nose. In the left nasal cavity, advanced destruction of the conchal & turbinate structures is appreciated. The osseous lining of the right nasal cavity – including the right maxillary bone, left nasal bone, right frontal bone, medial wall of the right orbit and the cribriform plate – present with multifocal aggressive osteolytic lesions with perforation of the cranial fossa. Heterogeneous contrast enhancing material is seen along the osteolytic lesions and mildly bulging into the rostral cranial fossa.

SEX

CM

The mandibular lymph nodes bilaterally, the right medial retropharyngeal & parotid and cervical superficial lymph node are moderately enlarged and present mild irregular margins and heterogeneous contrast enhancement pattern.

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

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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 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.

Thorax

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Multifocal moderate spondylosis formation is seen along the thoracic spine.

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.

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

In the right & left caudal lung lobe, mild ill-defined small nodular lesions are appreciated, measuring up to 12 mm in size. The lung parenchyma presents multifocal punctuate mineralization.

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



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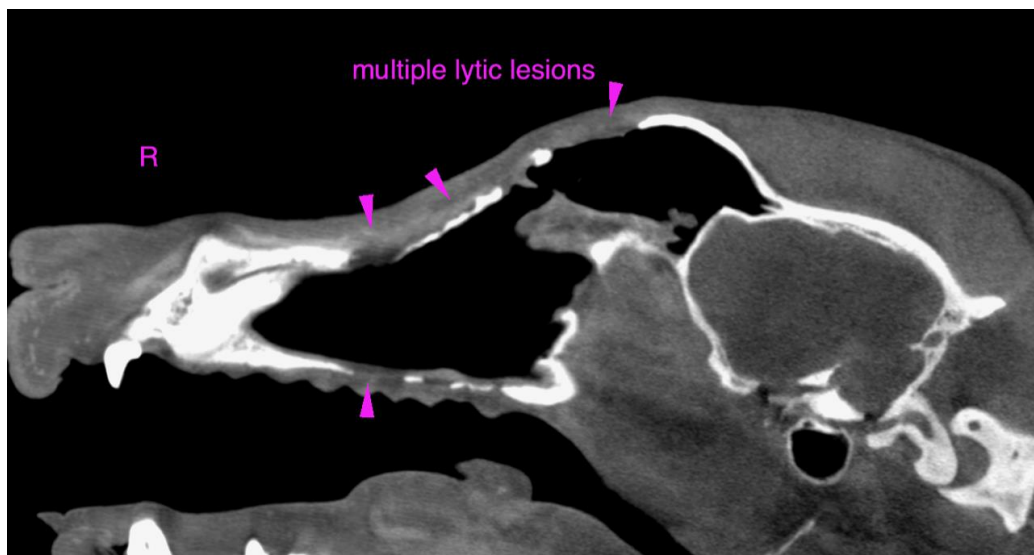
COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of radiation therapy of nasal adenocarcinoma with osteonecrosis of the surrounding osseous structures including the cribriform plate – lytic lesions appear to be stationary
- Advanced atrophy of the left nasal conchal & turbinate structures
- Progressive lymphadenopathy of the lymph nodes of the skull and cervical superficial lymph nodes
- Structured nodular interstitial lung pattern
- Spondylosis deformans
- Pulmonary osteomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No recurrence of a nasal mass is appreciated but thickened (mucosal) tissue is seen multifocal along the defects of the nasal cavity. There is evidence of increased contrast enhancement level with the defect of the cribriform plate, distorting the right olfactory bulb –concerning for meningitis. In combination with the findings from the rhinoscopy, mycotic rhinitis due to impaired mucosal function is the diagnosis – no evidence of local tumor recurrence

The lymphadenopathy of nearly all lymph nodes of the skull and the structured nodular interstitial lung pattern are highly concerning for metastatic spread, granulomatous lymphadenitis & pulmonary granulomas would be a potential – recommend FNA sampling for further definition.





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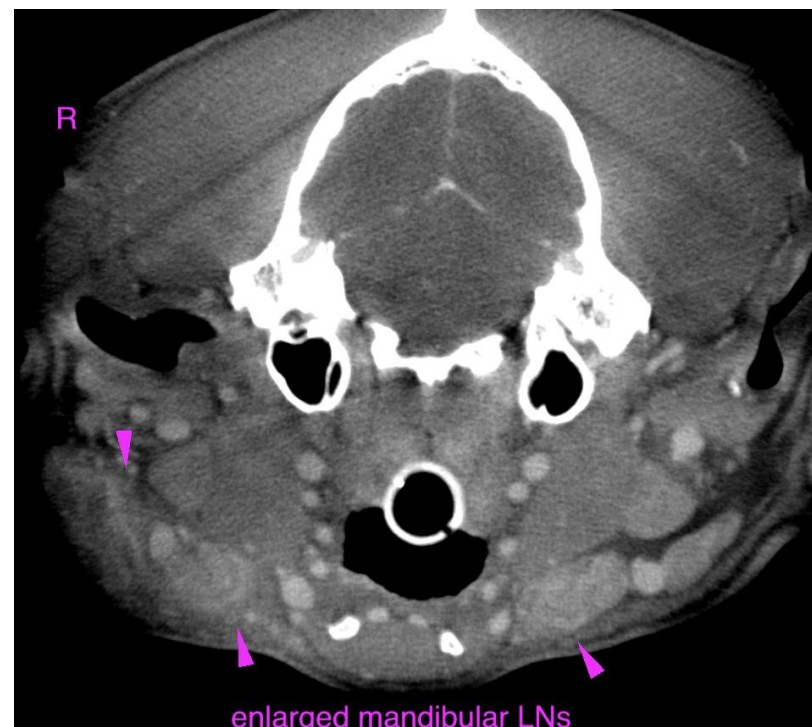
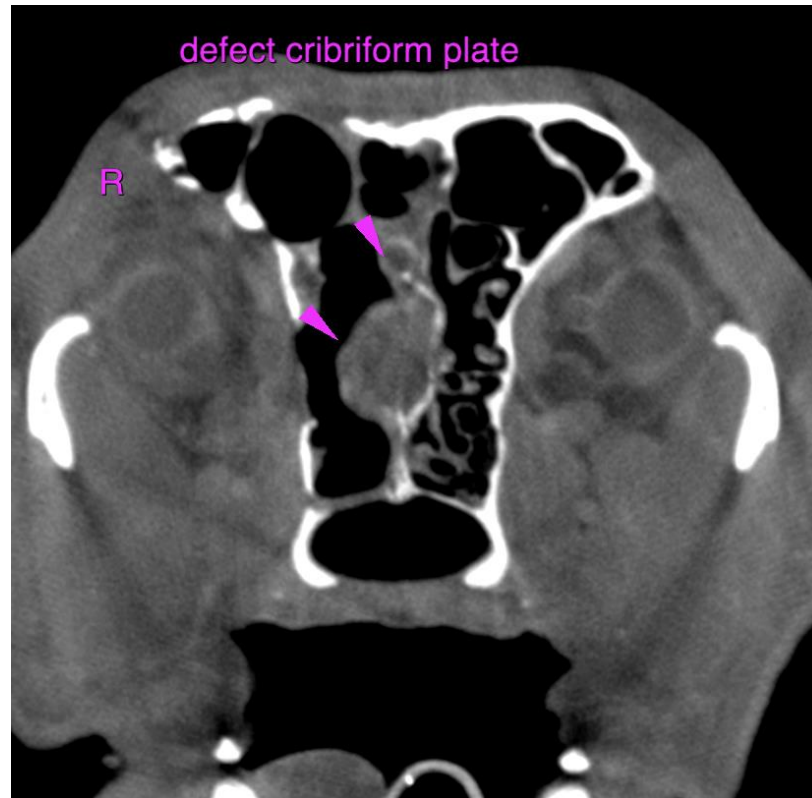
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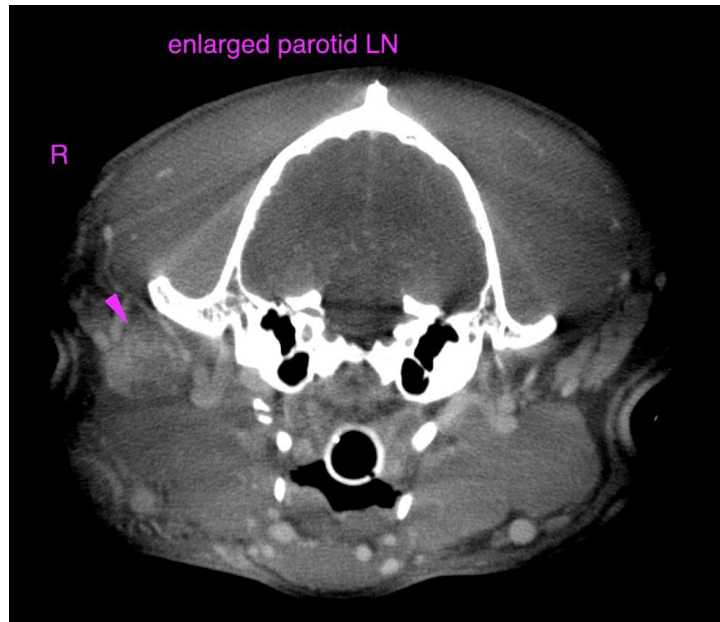
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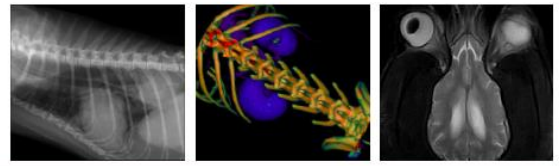
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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sebast.schaub@gmail.com

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