



PATIENT PRESENTING CLINICAL SIGNS

Buddy Suchma
 Normal OD, possible retro orbital. Mass in pharyngeal area. Patient is diabetic. Large mass right flank. Vomited blood during CT.
 Abnormal PE/Chem/CBC/UA Results: Vetscreen, CBC, T4= WNL Lymphocytes Low (630) range 1200-8000

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL

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

BREED

DSH

COMPUTED TOMOGRAPHIC FINDINGS

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

SEX

Male Neutered

The nasal cavity, L>R, is occupied by soft tissue attenuating and mild contrast enhancing material, causing local destruction of the nasal conchal structures. The horizontal and perpendicular plate of the left palatine bone present moth eaten osteolytic lesions and the nasal soft tissue material is dissecting into the ventral aspect of the left orbit. The left ocular bulb is displaced dorsally and rostrally by the mass effect.

AGE

18 Years

At the rostralateral aspect of the left external ear canal, a uniform soft tissue attenuating and post contrast mild hypoattenuating mass is appreciated, measuring 2.1 x 2.7 x 1.7 cm in size.

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

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

Animal Clinic of
 Queens

The mandibular lymph nodes are mildly prominent, L>R.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Nasal soft tissue neoplasm with monostotic aggressive osteolytic lesions and extension into left orbit
- Secondary left sided exophthalmos
- Soft tissue rostralateral aspect left external ear canal
- Mild lymphadenopathy mandibular lymph nodes
- Bilateral obstructive sinusitis

REFERRING VET

Dr Robert W. Thomas

INVOICE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is consistent with nasal neoplastic disease with extension into the left orbit and mass at the lateral aspect of the left external ear canal – possibly originating from the left parotid lymph nodes. Differentials include lymphosarcoma, melanoma, adenocarcinoma, squamous cell carcinoma, other. FNA sampling ± biopsy of the nasal mass and the mass at the left external ear canal can be used for further definition. Potential palliative treatment options can be discussed with oncologist.

DATE

5-5-22



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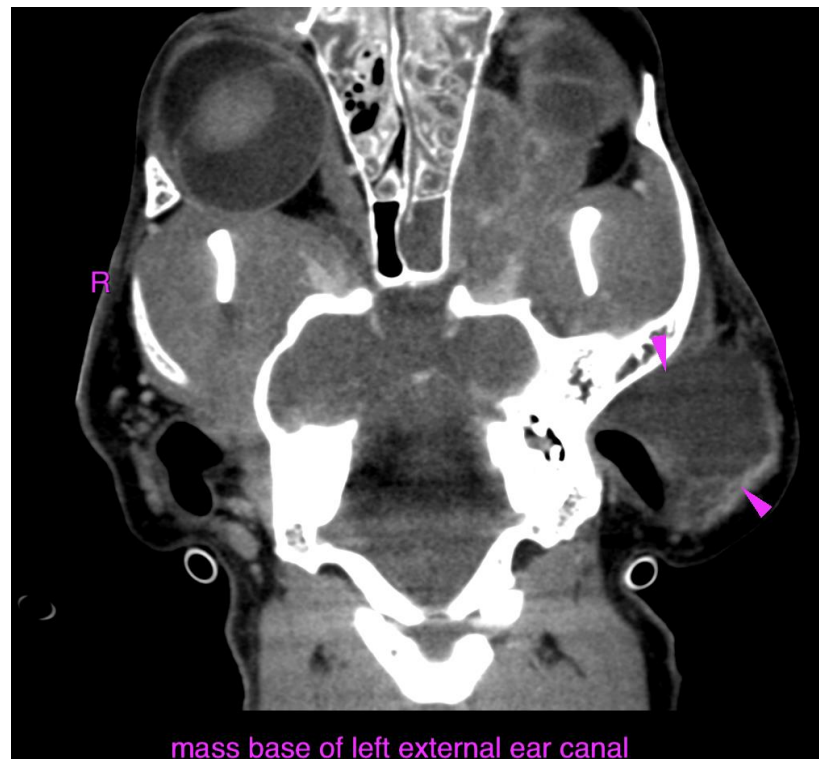
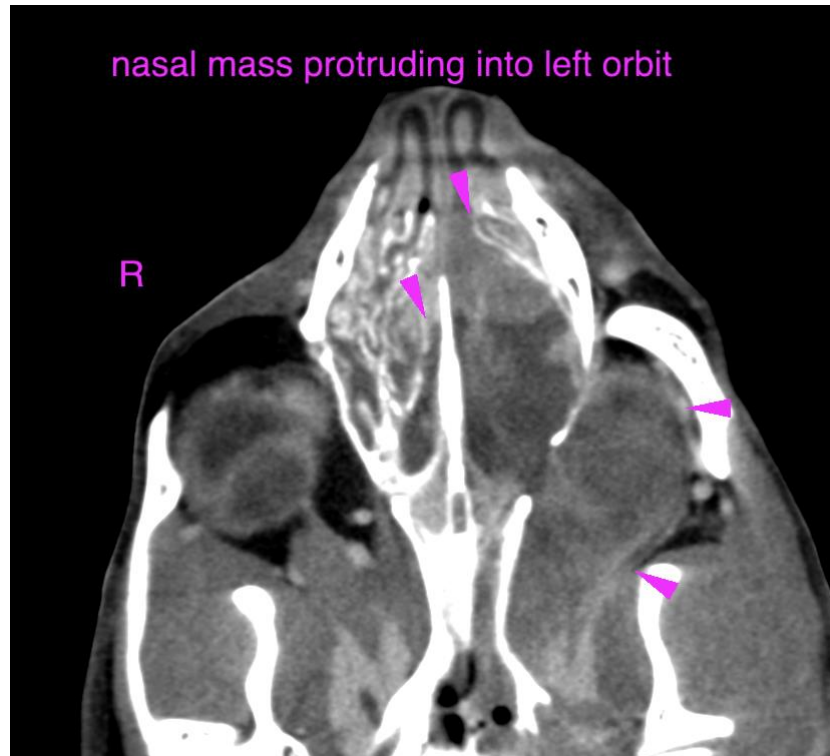
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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