



**PATIENT PRESENTING CLINICAL SIGNS**

Bogie Klein Approx 1 x 4 cm firm non tender swelling/growth on the caudal bridge of the nose, very congested (nasally) during breathing (breathing thru the mouth mostly)

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

Canine A high resolution pre- and post-contrast CT study of the skull and a post-contrast CT study of the thorax are provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**BREED** Skull

Dachshund The tooth elements 109, 110, 206, 301-303, 401-403, 409 and 411 are absent.

**SEX**

MN

The nasal cavity is occupied by a soft tissue attenuating and mild heterogeneous contrast enhancing mass, perforating the dorsal osseous lining of the nasal cavity. Advanced destruction of the nasal conchal & turbinate structures is appreciated. The nasal and maxillary bone bilaterally present permeative osteolytic lesions. The cribriform plate is intact.

**AGE**

11 Years, 5 Months

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

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.

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Thorax

Multiple intervertebral discs along the thoracic spine present mild central mineralization.

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.

**REFERRING VET**

Borecky

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

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

**INVOICE**

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The lung parenchyma presents the expected architecture and attenuation behavior, but sporadic interspersed punctuate mineralization.

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

**DATE**

6-1-22



**PATIENT**      **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Bogie Klein
- Biologically aggressive nasal soft tissue neoplasia
  - Secondary polyostotic aggressive osteolytic lesions of the maxillary and nasal bone bilaterally
  - Absent triadan 109, 110, 206, 301-303, 401-403, 409 and 411
- SPECIES**
- Multifocal chondroid disc degeneration along the thoracic spine
  - No evidence of pulmonary metastatic disease

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

Dachshund

The nasal mass is consistent with primary nasal neoplasia, perforating the osseous lining of the dorsal aspect of the nose – explaining the clinically appreciated swelling. Differentials include adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, lymphosarcoma, other. Rhinoscopy including FNA sampling can be used as advanced diagnostic tests. Based on the results of the advanced diagnostic tests, the chances of radiation therapy can be discussed with oncologist. The Adam tumor stage is T3.

**SEX**

MN

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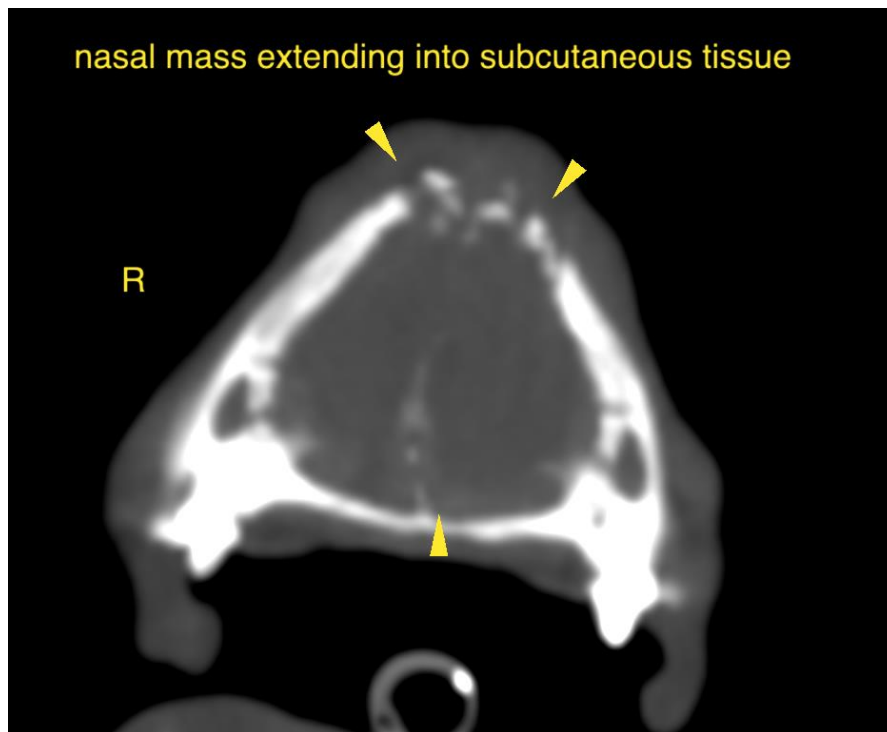
Borecky

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**PATIENT**

Bogie Klein

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

MN

**AGE**

11 Years, 5 Months

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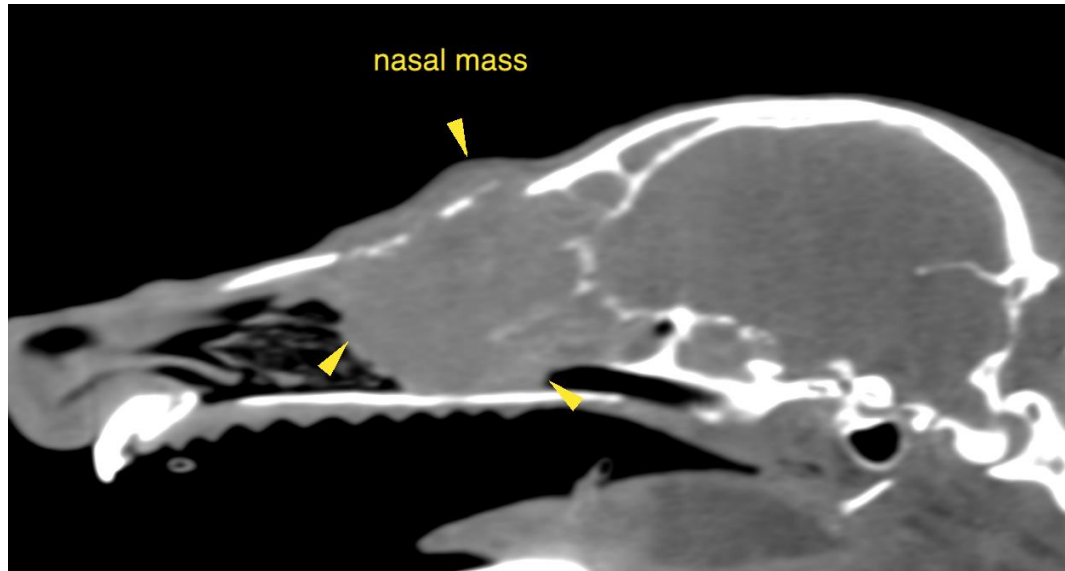
Borecky

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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.

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