



PATIENT PRESENTING CLINICAL SIGNS

Shilah Bart

Shilah, a 10 year old spayed Australian shepherd mix, was seen at Kawartha Veterinary Emergency Clinic on May 5th. Chest and skull radiographs were taken and sent to IDEXX radiology consult. The chest was clear except for a bronchointerstitial pattern likely due to age-related changes. The skull rads showed a soft tissue swelling along the dorsal nasal planum. Differentials include neoplasia, fungal granuloma, osteomyelitis. Next recommended step is FNA of the swelling +/- CT scan. Bloodwork was normal except mild elevated ALP (153), mild lymphopenia (0.97), mild elevated MCV (60.1). There was a reported heart murmur on the radiology report (unsure of grade, not noted on exam 2021). Medications: Metacam (anti inflammatory): START with food when you get home - continuing with this medication Clindamycin (antibiotic): START when you get home today. - Finished at this time The antibiotics have helped reduce the greenness of the discharge Nasal discharge also noted in March 2020, at which time this was treated with Clavamox. It was black nasal discharge noted at that time. She seems to have had some muscle mass loss. She is not interested in jumping up on beds or going up or down stairs. Today it seemed to get really bad. She seems to be more lethargic today. She potentially seemed to stop breathing in the early morning hours? The swelling of the nose was noted approximately 3 weeks. She started to have sneezing/reverse sneezing as her first clinical signs. The bump was noted to come on overnight and has progressively gotten larger over the last week. She still likes to play outside, but today there appears to be a huge change in her energy level. No other previous medical history. Purina one chicken and rice She had an episode of black diarrhea in the house one day. She has had green/yellow mucous from her nose and has had blood in it as well. She is drinking normally and urinating normally. She is eating normal amounts. She has been fed a lot of food. This has slowly been starting to slow down.

SPECIES

Canine

BREED

Australian Shephard Mix

SEX

FS

AGE

10 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

A pre- and post-contrast CT study of the skull and thorax in a bone, lung and soft tissue reconstruction are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

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

The nasal cavity is occupied by a large, expansile soft tissue attenuating and heterogeneous contrast enhancing mass. Advanced destruction of the nasal conchal & turbinate structures bilaterally is appreciated. The nasal bone and the dorsal part of the maxillary bone bilaterally present aggressive osteolytic lesions and the nasal mass is bulging into the subcutaneous tissue at the dorsal aspect of the nose. Advanced lysi of the cribriform plate is visible and the nasal mass is mildly distorting the olfactory bulb bilaterally.

The occipital bone presents with an extensive area of permeative osteolysis with an associated mild contrast enhancing soft tissue component – depressing the caudal contour of the cerebellum.

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.

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Westgarth

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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.

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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.

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The caudal aspect of the right lamina of C2 presents a zone with aggressive osteolysis and post contrast administration, an associated soft tissue proliferation is bulging mildly into the vertebral canal, mildly distorting the dural tube at the same level.

Thorax

The right proximal humerus and multiple vertebra along the cervical and thoracic spine present permeative osteolytic lesions.

SEX

FS

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.

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

AGE

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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.

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The lung parenchyma presents the expected architecture and attenuation behavior.

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

The pictured parts of the liver present with multiple variable sized, roundish mild hypoattenuating and contrast enhancing lesions, measuring up to 11 mm in size.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Biologically aggressive nasal soft tissue mass with perforation of the cranial fossa
- Polyostotic aggressive osteolytic lesions, including the occipital bone, multiple vertebra along the cervical and thoracic spine and right humerus
- Multinodular hepatic lesions
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The CT study is consistent with disseminated neoplastic disease with advanced metastatic disease to the axial and appendicular skeletal structures and the liver. The top differentials are carcinomatosis or less likely round cell tumor. FNA sampling of the mass might be used as advanced diagnostic tool. Due to the extent of metastatic disease, the prognosis is considered infaust.

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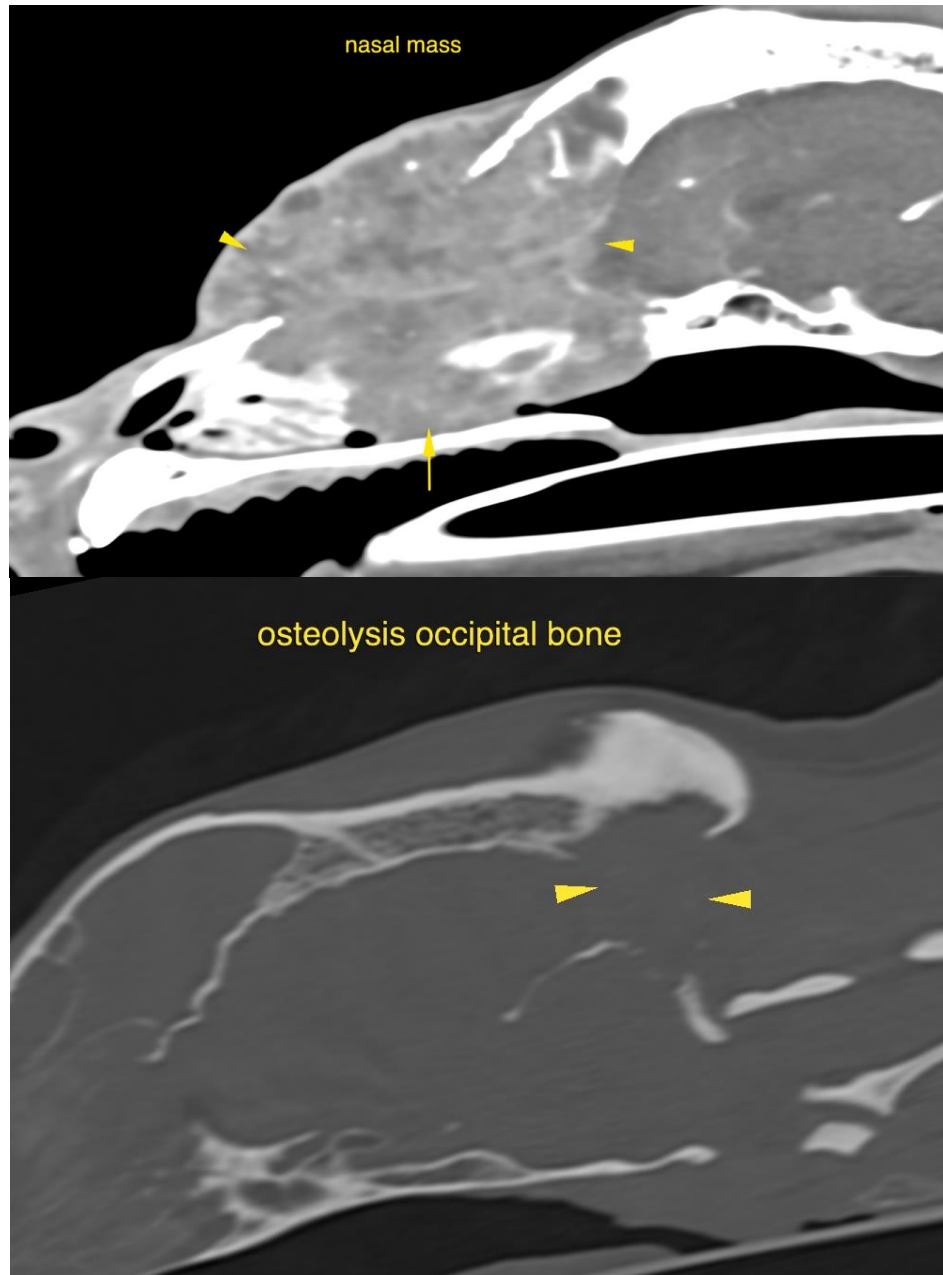
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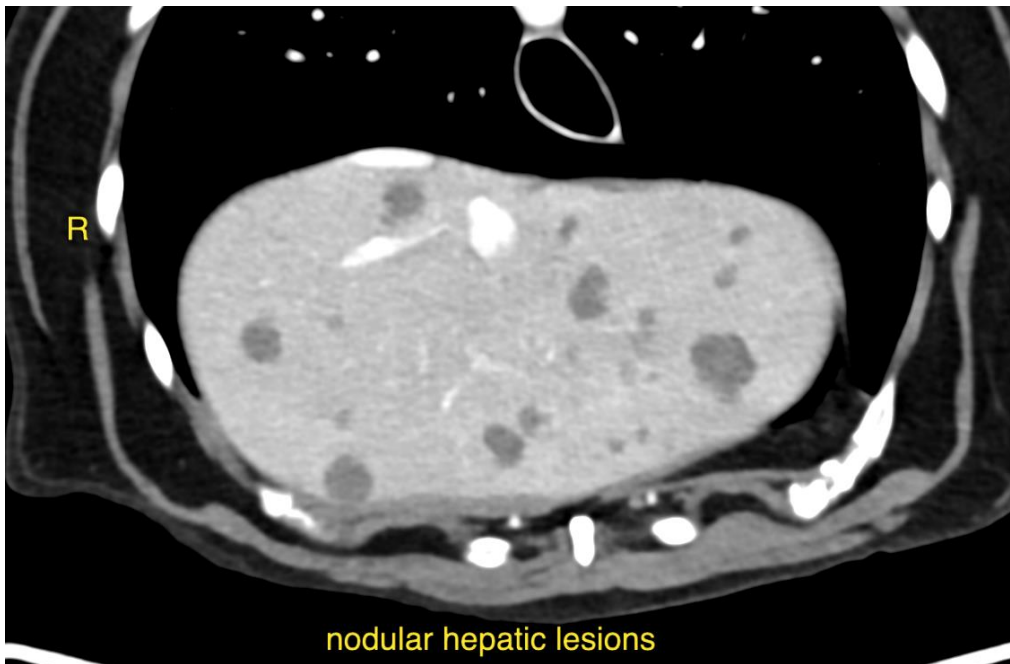
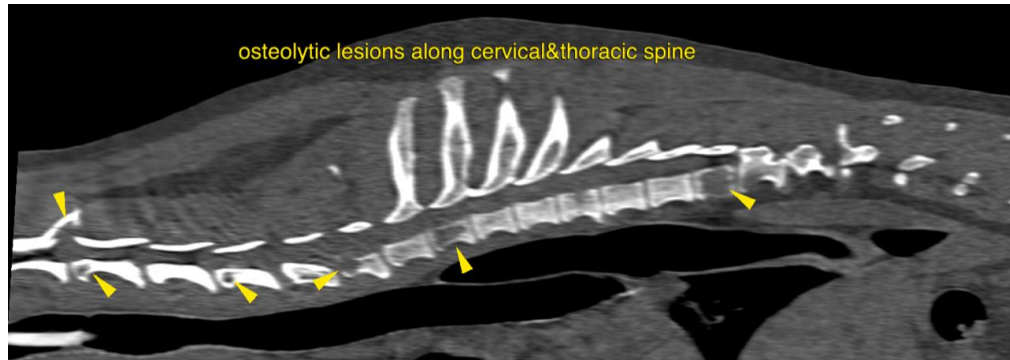
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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