



**PATIENT**

Kahula Vipari

**PRESENTING CLINICAL SIGNS**

Dog is laying down and owner goes to walk and sometimes hits the side of her face with her foot when she goes to yawn she turns her face as in pain LEFT EAR : SEVERE EAR CANALS CONGESTION Eyes: IOP: sever pain response when palpated . dog des not allow for thorough exam , SEVER CONGESTION Abnormal PE/Chem/CBC/UA Results: Unremarkable

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE SKULL AND THORAX**

A complete set of radiographs of the skull and thorax is provided for review.

**BREED**

Rottweiler Mix

**RADIOGRAPHIC FINDINGS**

Skull

A muzzle is superimposed on parts of the viscerocranium.

**SEX**

Female

In the lateral projection, the dorsal osseous lamella of the frontal bone presents permeative osteolytic lesions. In the DV view of the skull, the osseous lining of the right frontal sinus presents with aggressive osteolytic lesions and the osseous margins to the cranial fossa in the region of the right frontal sinus are indistinct.

**AGE**

9 Years

Both external ear canals present moderate shell-like peripheral mineralization.

Mild mineralization of the laryngeal cartilages is appreciated – considered as a physiological finding.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

Thorax

The vertebral endplates T4/T5 present moderate spondylosis formation. The periarticular bones of both shoulder joints present moderate osteophyte new bone formation. The costal cartilages present advanced degenerative changes.

**HOSPITAL NAME**

St. Catherine's Animal Hospital

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

**REFERRING VET**

Dr. Boctor

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

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In the dorsal aspect of the right caudal lung lobe, a heterogeneous soft tissue opaque, ill-defined, roundish mass lesion is appreciated, extending approximately over 3 intercostal spaces. The vascular and bronchial structures are deviated ventrally.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

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6-15-22



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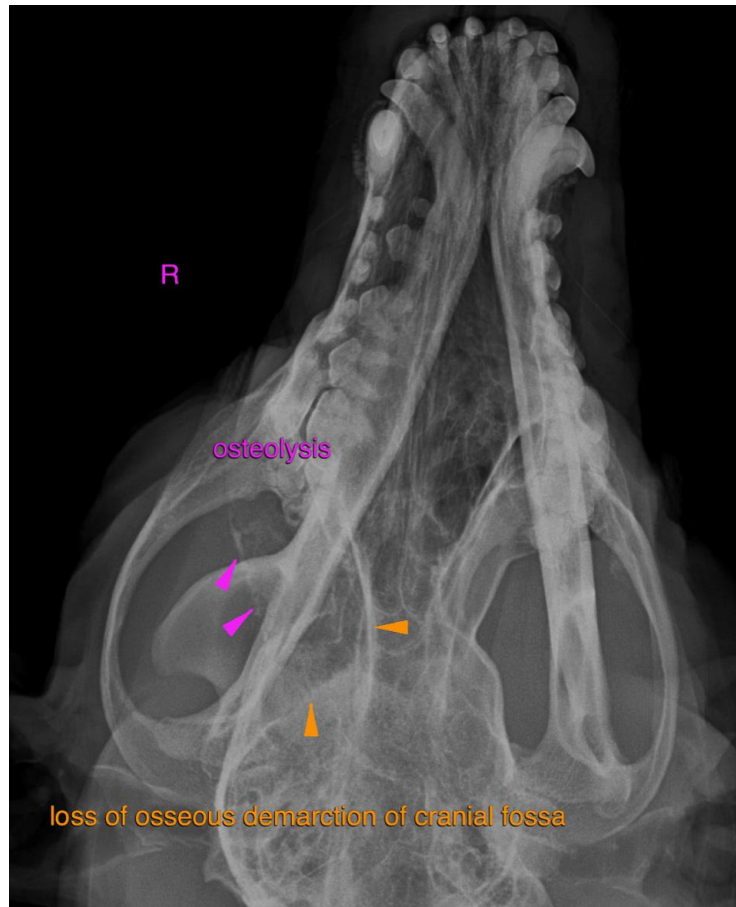
**RADIOGRAPHIC DIAGNOSIS**

- Polyostotic aggressive osteolytic lesions right frontal bone & likely right parietal bone with potential perforation of the cranial fossa
- Solitary pulmonary mass right caudal lung lobe
- Dystrophic mineralization external ear canals
- Degenerative changes costal cartilages
- Degenerative osteoarthritis shoulder joints bilaterally
- Spondylosis deformans

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes of the right frontal bone are highly suggestive for biologically aggressive neoplastic disease with signs for perforation of the cranial fossa. Primary soft tissue neoplasm originating from the frontal sinus is considered most likely – such as adenocarcinoma, squamous cell carcinoma, melanoma, other. Ultrasound aided FNA sampling from the osseous changes of the right frontal sinus or CT might be used as advanced imaging modality to confirm the diagnosis.

The pulmonary mass is highly suggestive for pulmonary neoplastic disease – either primary or metastatic.





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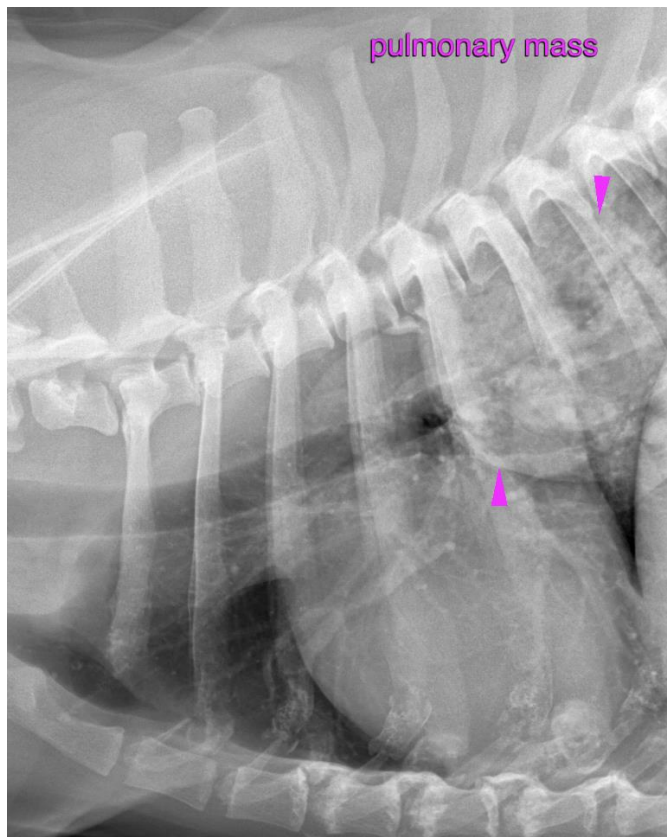
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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