



PATIENT PRESENTING CLINICAL SIGNS

Sam Pitman Presented for epistaxis right nostril, seizures x 10 months.

COMPUTED TOMOGRAPHY OF THE SKULL

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

Canine **COMPUTED TOMOGRAPHIC FINDINGS**

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

BREED The alar fold of the right nostril presents a significant increased volume and is post contrast mild heterogeneous contrast enhancing and mild hypoattenuating in comparison to the contralateral side. Golden Retriever The thickened alar fold of the right nostril is measuring approximately 3.0 cm in length starting from the nasal opening rostrally up to the level of the incisor bone. The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

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

AGE 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. 9 Years

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.

INTERPRETED BY The right mandibular lymph nodes are mildly prominent.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass alar fold right nostril
- Mild lymphadenopathy right mandibular lymph nodes

HOSPITAL NAME

Mobile Pet Imaging
CFL

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a soft tissue mass originating from the alar fold of the right nostril, concerning for neoplastic transformation – such as squamous cell carcinoma, melanoma, round cell tumor, other. The mass is a plausible source for hemorrhage. FNA sampling or biopsy can be used for further workup. Due to the caudal extend nasal planum resection or the chances of radiation therapy should be discussed with surgeon & oncologist.

REFERRING VET

Borecky

Recommend FNA sampling of the right mandibular lymph nodes to rule in/out metastatic disease.

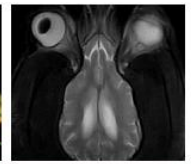
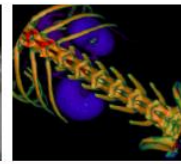
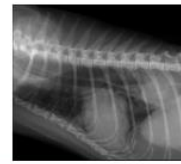
INVOICE Consider full tumor staging.

52579 In the present study of the brain, there is no evidence of macromorphological disease, the presumptive diagnosis for the seizure activity is idiopathic epilepsy.

DATE

6-22-22

If not yet done so, the workup should be complemented by examination of CSF and complete bloodwork to screen for brain disease that is not necessarily associated with structural changes of the brain parenchyma and rule out hepatoencephalopathy and other systemic illness. In case of the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.



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SPECIES

Canine

BREED

Golden Retriever

SEX

Male Intact

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Canine

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.

BREED

Golden Retriever

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
sebast.schaub@gmail.com

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