



**PATIENT PRESENTING CLINICAL SIGNS**

**Tweenie Stutts** 1/31/23-Tweenie presented for evaluation of labored breathing. On presentation, she was noted to have a purplish tongue (lack of oxygen to the lungs), a heart murmur, and severely increased lung sounds (on both inspiration and expiration) and clear nasal discharge from both nostrils. We gave her a mild sedative and diuretic with little decrease in lung sounds. I recommended full bloodwork and radiographs to assess the upper airway and lungs. Bloodwork revealed a slightly elevated white blood cell count consistent with infection, inflammation or stress, and radiographs revealed a slightly enlarged heart and liver with no obvious obstructive process. We discussed potential ruleouts for the increased respiratory effort and sound, focusing on upper airway obstructive processes including laryngeal paralysis, masses such as cancer or abscess, and other infectious or inflammatory conditions. I recommended 24 hours of hospitalization and sedating pet to try to examine the larynx and pharynx +/- a scope for better visualization. you declined that at this time in favor of symptomatic and supportive care. I administered a fast acting steroid to help with inflammation, as well as an oral antibiotic to start tonight. Please return immediately with any worsening, or if failing to improve within 48 hours as significant complications such as fluid on the lungs and even death can occur secondary to the negative pressure that Tweenie may experience from prolonged or worsening negative pressure on the lungs. I would also recommend an ultrasound exam to assess the heart and liver, which both appear enlarged. Please return for a recheck in 5 days at the latest, to reassess her condition and discuss potential heart diagnostics and medications. Thank you for letting us care for Tweenie today... she is a sweetheart! If you think of any further questions, please do not hesitate to call. Sincerely, Dr. Grace Fozdar 2/3/23-

**SPECIES** Canine

**BREED** Dachshund

**SEX** FS

**AGE** 12 Years, 7 Months

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

**HOSPITAL NAME** Neel Veterinary Hospital

**REFERRING VET** Dr. Kishore

**INVOICE** 59004

**DATE** 6-26-23

2/3/23- Tweenie presented for re-evaluation of respiratory trouble. She reportedly did well after her visit but recently started having trouble again. On presentation, she was panting heavily again, with increased upper respiratory referred noise to her lungs. We discussed that hospitalization for an upper respiratory scope as well as an echocardiogram to assess the heart's role in her respiratory difficult is strongly recommended in order to better guide treatment and determine prognosis. you declined at this time in favor of further monitoring. I recommended starting a mild sedative/pain medication in order to ease her breathing and anxiety which may be contributing to her respiratory effort and increasing inflammation in the airway. I also recommend starting mild heart medications since we did end up giving her furosemide when she was here the other day along with the injectable sedation and pain medication. You approved this treatment plan. Without knowing exactly what is causing the obstructive breathing pattern, it is imperative that she be brought back with increased trouble breathing or failure to improve as her situation could become life threatening at any point. Euthanasia may be a compassionate decision in the case of failure to respond to meds. Please do not hesitate to call with any questions. Sincerely, Dr. Grace Fozdar 2/4/23-O brought PT in due to worsening state overnight. O had come in on 2/3 for labored breathing. O had declined additional diagnostics in hopes that PT would do better on medications. O states PT was super lethargic after last visit but even in her exhausted state PT is unable to sleep due to difficulties breathing. O states everytime the PT starts to fall asleep she starting snorting and struggling to breath. O states that she sounds like she choking on mucus from her nose. 3/22/23- Methadone 0.2 mg/kg IV given at 5:00 pm. R forelimb radiographs- no obvious bony lesions, fractures or joint dislocations. However, the soft tissue around the right forelimb may appear subjectively more swollen to that of the left Placed orthocast 2 '' splint-- Skin tape placed for stirrups. 2 layers cast padding from distal aspects of R digits all the way to R cubital joint, stabilized with stretch gauze; orthocast then molded to forearm with elastics wrapped along proximal aspect of the orthocast to soften the sharp point edges/ reduce rubbing into abundant body condition. Orthocast stabilized to limb with additional stretch gauze placement. Vet wrap over all this. Elastics anchoring splint along proximal aspect around cubital joint, and distal aspect to keep dry. Peep hole made to visualize digit edges. Pt sent home with recycled IV baggie to keep splint dry when outside. E collar on pt, sent home Advised recheck chemistry BW- O declined. Allowed since BW was recently performed 1/23 (BUN/ Crea WNL). Rx Carprofen 12.5 mg PO BID x 7 days O still has previous Rx' Gabapentin so advised to give this as prescribed Recheck 7 days to remove splint and recheck



**PATIENT** orthopedic exam/ possible recheck radiographs though not sure if these may show significant changes (O said he cannot make it in next Wednesday but can on Friday, 3/31. Allowed this is OK but no longer than this and warned of pressure sore development if splint left on for too long). Clnt Comm- Tweenie presents for sudden lameness of the right forelimb that you noticed shortly after she had gotten the limb caught in some furniture. She was otherwise behaving normally prior to this accident. Tweenie has a history of degenerative heart disease (you report she is on medications for this but cannot recall them). She also has a history of trachea issues as well. On exam, Tweenie was quiet and alert with normal vital parameters. Tweenie has a grade 4/6 heart murmur (historic). She has advanced calculus/gingivitis on oral cavity exam. She has some aging changes to her eyes. She is overweight. Tweenie was grade 4/4 lame (meaning, unwilling/ unable to bear weight on the right forelimb at a walk). No long bone fractures or joint luxations were palpated. She was most sensitive to touch of her carpus (wrist) area. Radiographs were taken. We did not see any obvious bony lesions, fractures or joint dislocations. However, the soft tissue around the right forelimb may appear subjectively more swollen to that of the left. I am suspicious therefore of a soft tissue, i.e. ligament or tendon injury, perhaps in the carpus (wrist) or her digits. We discussed the only way to definitively diagnose such an injury would be with advanced cross sectional imaging (i.e. CT or MR scan). Because of the extent of Tweenie's lameness I decided to apply a splint to the right forelimb to help stabilize her joints and assist with ligment/ tendon healing. The splint's purpose is to take the force/pressure placed upon the limb and transfer this to the splint, allowing any soft tissue injury to heal. I am unsure how long Tweenie will have to stay in a splint-- for now I want her to come back in 7 days (you say you can bring her back next Friday which would be 9 days, but do not let it go longer than this), and we will plan to remove the splint and see if she is able to walk more normally on the right forelimb. In the meantime I am sending you home with 7 days' worth of Carprofen for inflammation and pain. Please give this with food. You also have previously prescribed gabapentin at home and I want you to give her this at the prescribed dosage. 4/29/23- Tweenie came in for having history of nasal congestion/nasal discharged. You report no persistent coughing at home. She seems to have intermittently purple/blue color tongue. Lungs sounded harsh. She prefers to breath to her mouth. Sounds congested and no current nasal discharged at this time. Xrays showed no obvious free fluid or pulmonary edema. Tracheal normal size. We have already mentioned other possible diagnostics tool that we can do on Tweenie (CT, Rhinoscopy, others). She received nebulization treatment. I will be sending home nebulizer treatment. I did a script for a nebulizer machine. She will be going home with antibiotics. Tweenie also received an injection for nausea. I also send home nasal drop to help with nasal congestion and inflammation. 6/26/23- Head tilt to the right.

Tweenie Stuttz

**SPECIES** Canine

**BREED** Dachshund

**SEX** FS

**AGE** 12 Years, 7 Months

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

**HOSPITAL NAME** Neel Veterinary Hospital

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

Dr. Kishore **COMPUTED TOMOGRAPHIC FINDINGS**

The tooth elements 307, 308, 405, 407 and 408 are absent. All teeth present signs of periodontal disease.

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The caudal segment of the nasal cavity, R>L, is obliterated by soft tissue attenuating and heterogeneous contrast enhancing material - extending cranially up to the level of triadan 107. The mass is extending caudally along the osseous structures up to the sphenoid bone. The associated osseous structures, including the palatine, maxillary, ethmoid, pterygoid and sphenoid bone present advanced permeative osteolytic lesions and the mass is bulging into the ventral aspect of the cranial fossa. The frontal lobe and diencephalon are distorted by the mass effect. The mass is completely

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**PATIENT** Tweenie Stutts  
obliterating the nasopharynx. In the rostral aspect of the nasal cavity, fluid attenuating material is attached to the nasal conchal structures.

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

**SPECIES** Canine  
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 right parotid and medial retropharyngeal lymph node are enlarged, rounded and has a heterogeneous contrast enhancement pattern.

**BREED** Dachshund  
**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Biologically aggressive primary nasal soft tissue neoplasia with advanced osteolysis including the base of the skull and perforation of the cranial fossa
- Lymphadenopathy right parotid and medial retropharyngeal lymph node
- Generalized periodontal disease
- Multiple absent teeth

**SEX**

FS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE** 12 Years, 7 Months  
The findings are consistent with biologically aggressive nasal soft tissue neoplasm, presenting advanced polyostotic aggressive osteolytic lesions and perforation of the cranial fossa and complete upper airway obstruction. Differentials include adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, lymphosarcoma, other. FNA sampling of swelling along the right upper jaw quadrant or rhinoscopy including biopsy can be used as advanced diagnostic tests. The Adam tumor stage is T4.

**INTERPRETED BY**

Secondary metastatic spread to the tributary lymph nodes.

Sebastian Schaub, DVM

Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Neel Veterinary Hospital

**REFERRING VET**

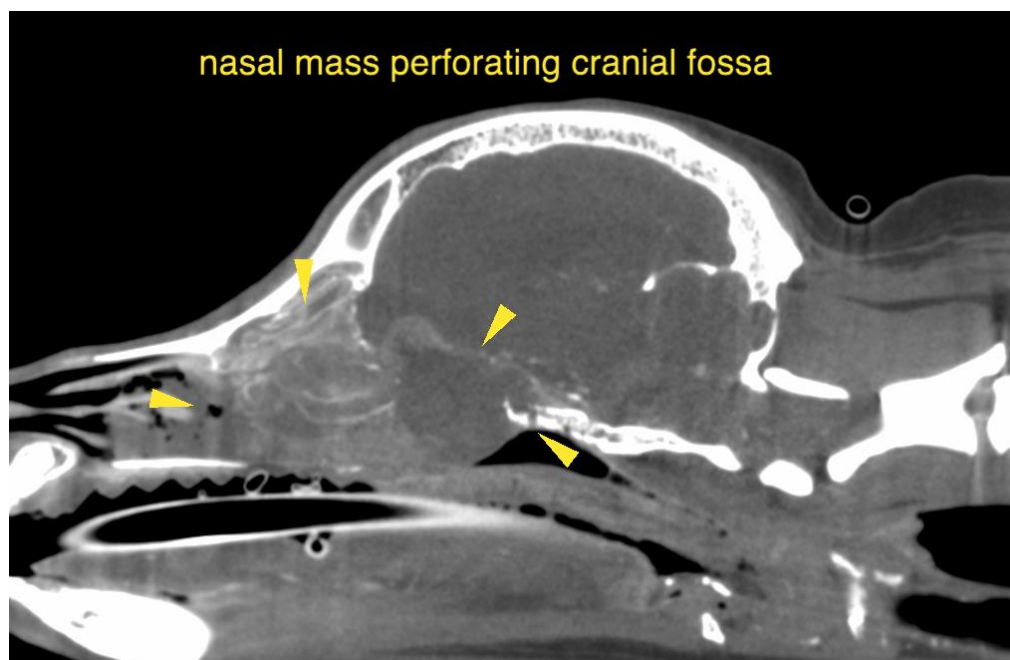
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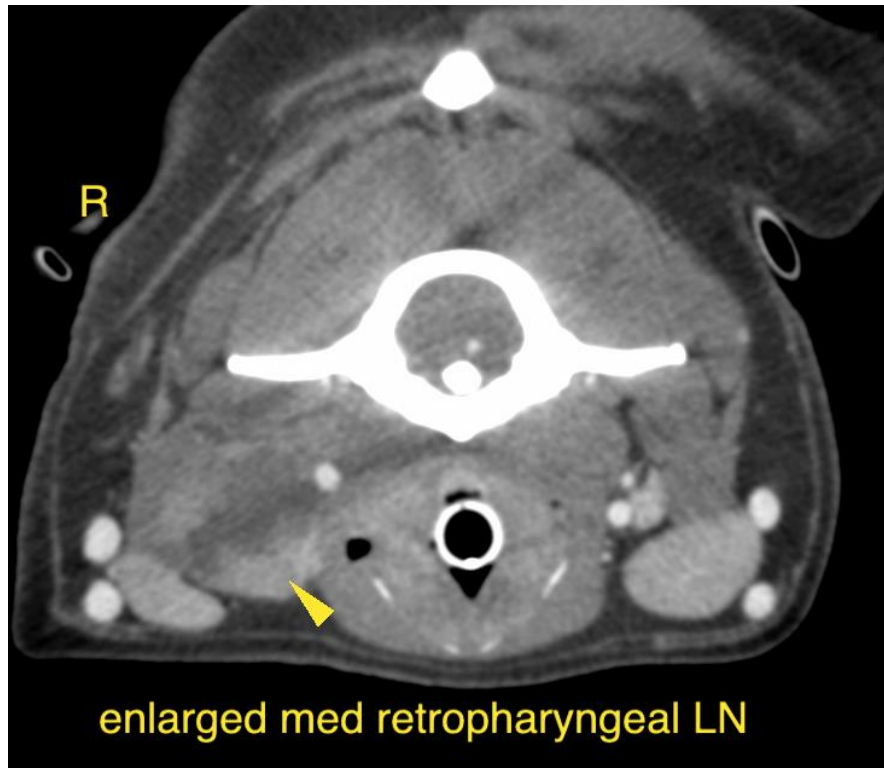
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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