



**PATIENT PRESENTING CLINICAL SIGNS**

Kody Blanco right epistaxia and hard swelling on the right frontal region. Respiratory: right side epistaxis Lungs clear/eupneic, no crackles/wheezes auscultated abrasion on dorsal nostril Skin/Coat: 2x2 cm hard swelling on right frontal region epistaxis right side r/o neoplasia vs foreign body vs infection vs overweight mass on front region history of benign testicular cancer as per owner  
**SPECIES** Abnormal PE/Chem/CBC/UA Results: 4/6/23: cbc/chem- wnl

Canine

**COMPUTED TOMOGRAPHY OF THE SKULL & THORAX**

**BREED**

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

Mix

**COMPUTED TOMOGRAPHIC FINDINGS**

Skull

**SEX**

Male Neutered

An expansile soft tissue mass is appreciated in the right nasal cavity and advanced destruction of the associated nasal conchal & turbinate structures is appreciated. The right maxillary bone, nasal bone bilaterally and right frontal bone present permeative osteolytic lesions and soap bubble like outward deviation of the respective osseous structures – the nasal mass is protruding into the subcutaneous tissue at the dorsal aspect of the nose. The right nasal mass is perforating the nasal septum and protruding into the left nasal cavity and left frontal sinus.

**AGE**

11 Years

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. Significant thickening of the wall of the right external ear canal is appreciated. Both external ear canals present advanced shell like mineralization of the wall.

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The right mandibular lymph nodes and the medial retropharyngeal lymph nodes bilaterally are enlarged and rounded.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

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.

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The lung parenchyma presents the expected architecture and multiple regions with dystelectasis of the lung parenchyma. The aerated aspects of the lung present without abnormalities.

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

**DATE**

6-27-23



**PATIENT**

Kody Blanco

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**SPECIES**

Canine

**BREED**

Mix

- Biologically aggressive expansile nasal soft tissue neoplasia
- Secondary polyostotic aggressive osteolytic lesions of the right maxillary bone, right frontal bone, nasal bone bilaterally and early stage of destruction of the cribriform plate
- Lymphadenopathy right mandibular and medial retropharyngeal lymph nodes bilaterally
- Right sided chronic otitis externa
- Dystrophic mineralization external ear canals bilaterally
- Multiple regions with dystelectasis of the lung
- No evidence of pulmonary metastatic disease

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Male Neutered

The findings are consistent with a biologically aggressive primary nasal soft tissue neoplasm, originating from the right nasal cavity and advanced destruction of the associated osseous structures – the nasal mass is protruding into the subcutaneous tissue at the dorsal aspect of the nose. Differentials include adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, lymphosarcoma, other. FNA sampling of the subcutaneous swelling ± rhinoscopy including biopsy can be used as advanced diagnostic tests. The Adam tumor stage is T3.

**AGE**

11 Years

The enlarged tributary lymph nodes of the skull are compatible with metastatic disease – FNA sampling can be performed to confirm the diagnosis.

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Dr. med. vet. DipECVDI

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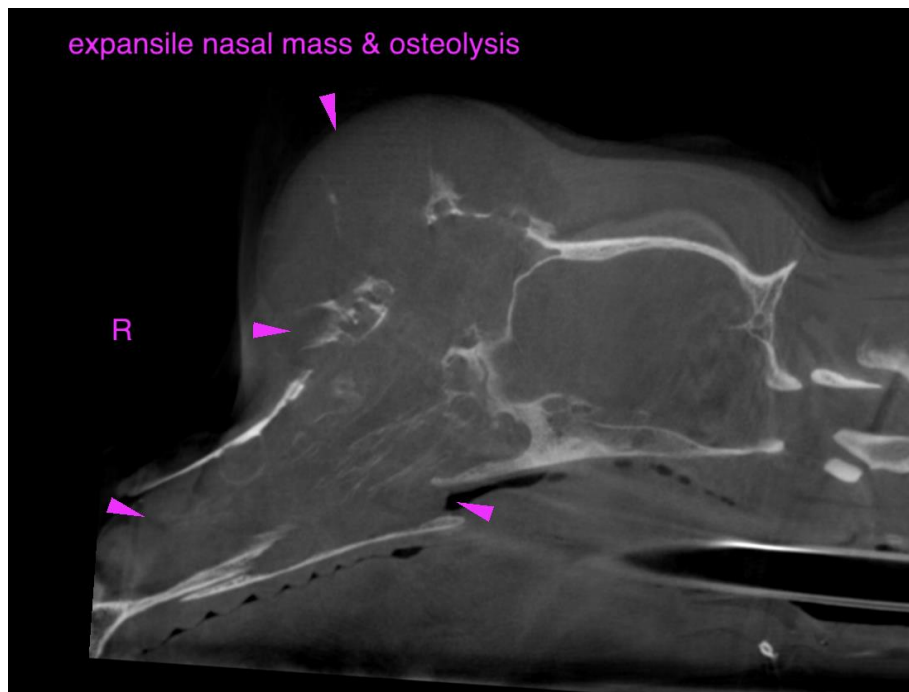
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**PATIENT**

Kody Blanco

**SPECIES**

Canine

**BREED**

Mix

**SEX**

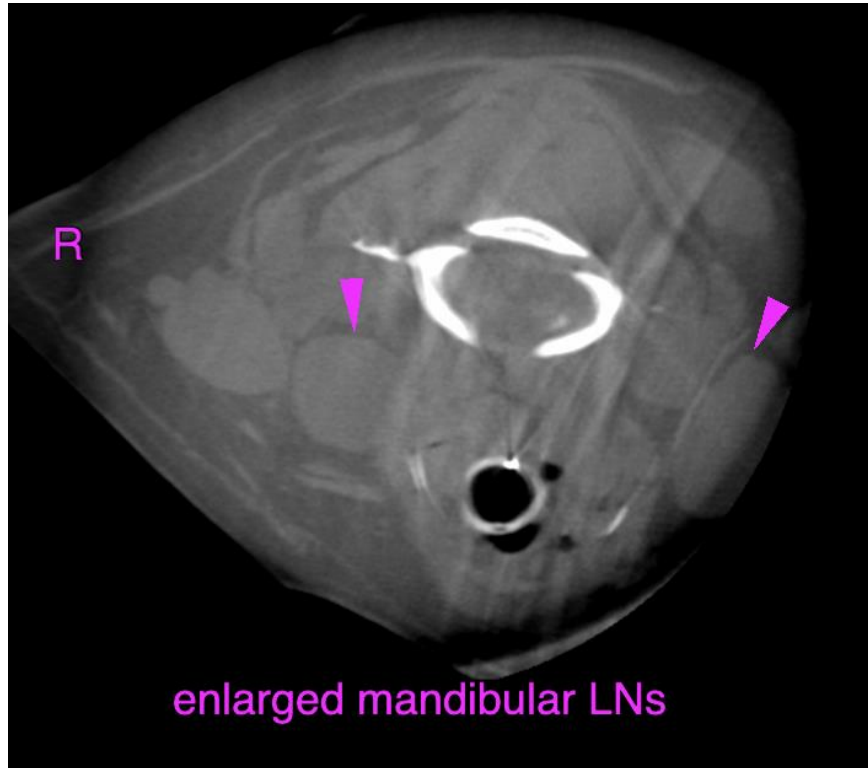
Male Neutered

**AGE**

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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.

**REFERRING VET**

Queens Midway  
Animal Hospital

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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