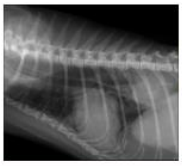
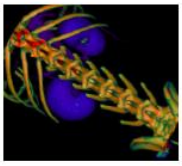
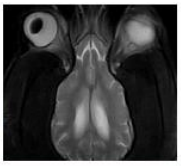

PATIENT

Kole Eggleston

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

10 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging
CFL

REFERRING VET

Meaux

INVOICE

52633

DATE

6-28-22

PRESENTING CLINICAL SIGNS

Epistaxis, recent onset of seizures.

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

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

The right nasal cavity is occupied by expansile, uniform soft tissue attenuating and mild heterogeneous contrast enhancing material. Advanced destruction of the associated conchal and turbinates structures is noted. The right nasal bone and right maxillary bone present moth eaten osteolytic lesions and there is an early stage of the nasal soft tissue material bulging into the subcutaneous tissue. The cribriform plate is perforated and the falx cerebri in the rostral cranial fossa presents a left sided deviation. The nasal mass is perforating the nasal septum caudodorsally and is mildly bulging into the left nasal cavity.

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.

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.

Thorax

The intervertebral disc space C&/C7 is moderately narrowed and the respective vertebral endplates present mild spondylosis formation. In the subcutaneous tissue at the ventral aspect of the 4th to 6th sternebra, a spindle shaped, well-defined lipoma is noted.

Mild step formation with dorsal deviation of 4th sternebra is noted. The endplates of the 3rd/4th sternebra present moderate sclerosis.

A small roundish intramuscular lipoma is appreciated in the left pectoral muscle.

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.

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.

The lung parenchyma presents the expected architecture and attenuation behavior with interspersed sporadic punctuate mineralization of the lung parenchyma.

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

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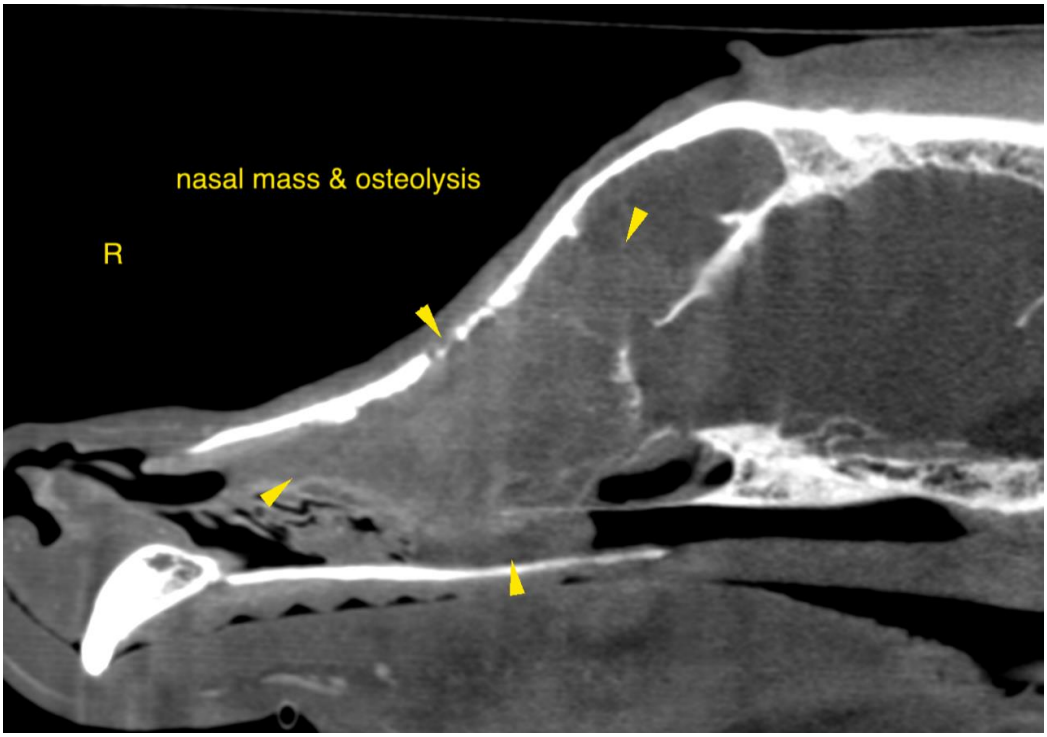
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Biologically aggressive nasal soft tissue neoplasia
- Polyostotic aggressive osteolytic lesions of the surrounding osseous structures with perforation of the cranial fossa
- Chronic discopathy C6/C7 with mild spondylosis formation
- Chronic dorsal subluxation 4th sternebra
- Pulmonary osteomas
- Intramuscular lipoma left pectoral muscle and subcutaneous lipoma ventral thoracic wall
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with biologically aggressive nasal soft tissue neoplasia, originating from the right nasal cavity with secondary polyostotic aggressive osteolytic lesions of the associated osseous structures and perforation fo the cranial fossa. Differentials include adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, lymphosarcoma, other. Rhinoscopy including biopsy can be used as advanced diagnostic tests. Based on the results of the advanced diagnostic tests, the chances of radiation therapy can be discussed with oncologist. The Adam tumor stage is T4.



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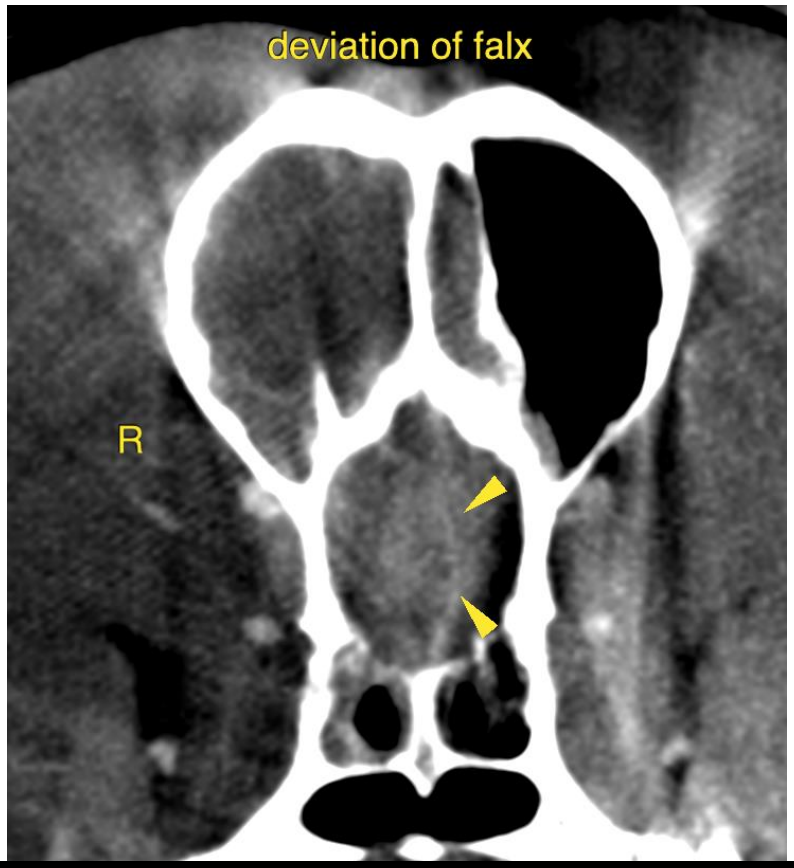

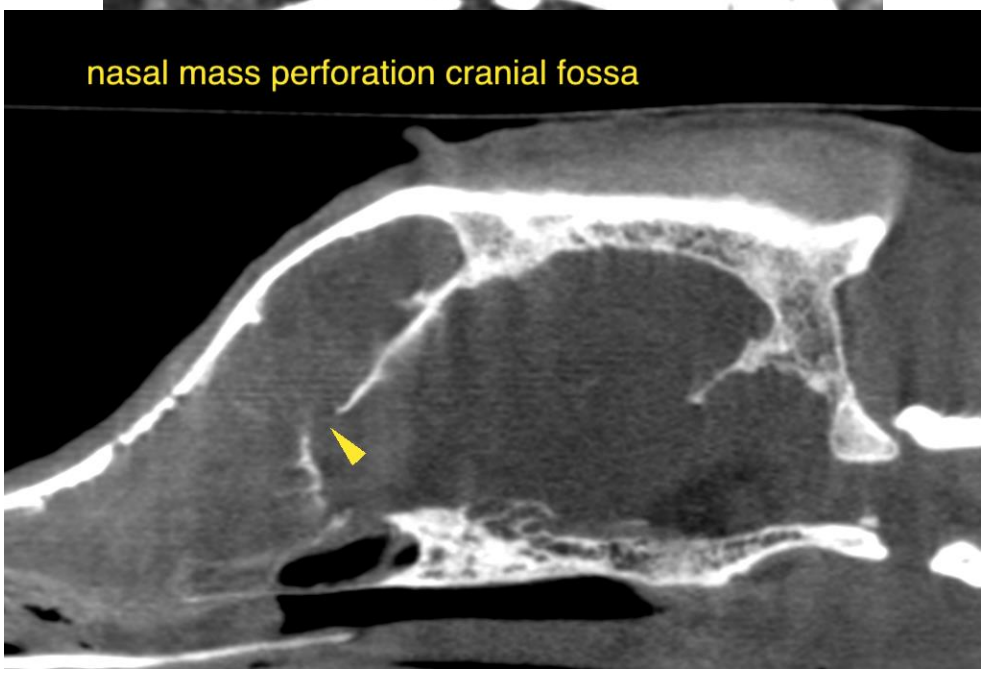

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com