



PATIENT

Rembrandt Long

PRESENTING CLINICAL SIGNS

Presented for left epistaxis and scratching left side of nose. Multiple dental extractions about 1 year ago.
Abnormal PE/Chem/CBC/UA Results: Normal

SPECIES

Canine

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.

BREED

Poodle Mix

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The tooth elements 101-109, 201-203, 208, 209, 301-303, 401-403 are absent.

SEX

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The left nasal cavity is occupied by a soft tissue attenuating and heterogeneous contrast enhancing mild expansile mass. Advanced destruction of the associated nasal conchal & turbinate structures is appreciated. The left maxillary and palatine bone present aggressive osteolytic lesions and the mass is perforating the horizontal plate of the left palatine bone and into the subcutaneous tissue and the left orbit laterally. Advanced lysis of the left aspect of the cribriform plate is appreciated.

AGE

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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. The external ear canals are within normal limits.

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.

HOSPITAL NAME

Northeast Veterinary
Referral Hospital

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.

Moderate fat-stranding is seen along the left jugular vein – suspect preceding venipuncture.

REFERRING VET

Dr. Runde

Thorax

The intervertebral disc space T12/T13 is collapsed. The intervertebral discs T11/T12 to T13/L1 are mildly protruding into the vertebral canal, distorting the ventral epidural space at the same level. Mild spondylosis formation is noted along the caudal thoracic spine.

INVOICE

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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 and contrast enhancement pattern is uniform and considered within normal limits.

DATE

7-14-22

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.



PATIENT

The lung parenchyma presents the expected architecture and attenuation behavior.

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

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided biologically aggressive nasal soft tissue neoplasia with polyostotic aggressive osteolytic lesions and perforation of the cranial fossa
- Mild intervertebral disc protrusion T11/T12 to T13/L1 with possible dynamic myelocompression
- Multiple absent teeth
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is consistent with primary soft tissue neoplasia originating from the left nasal cavity, with osteolytic lesions and perforation of 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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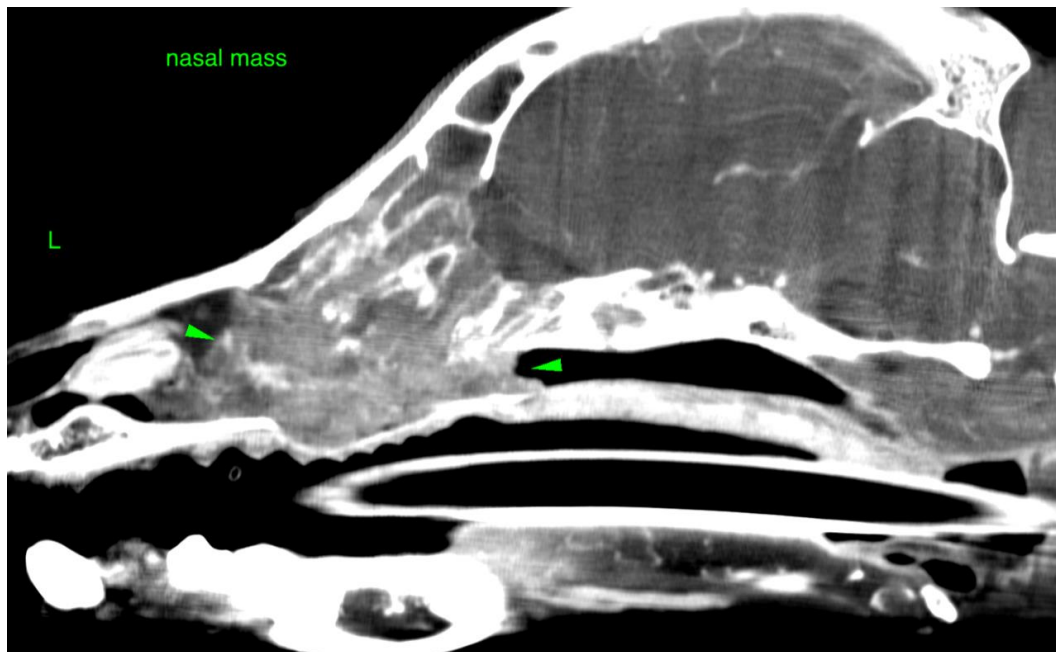
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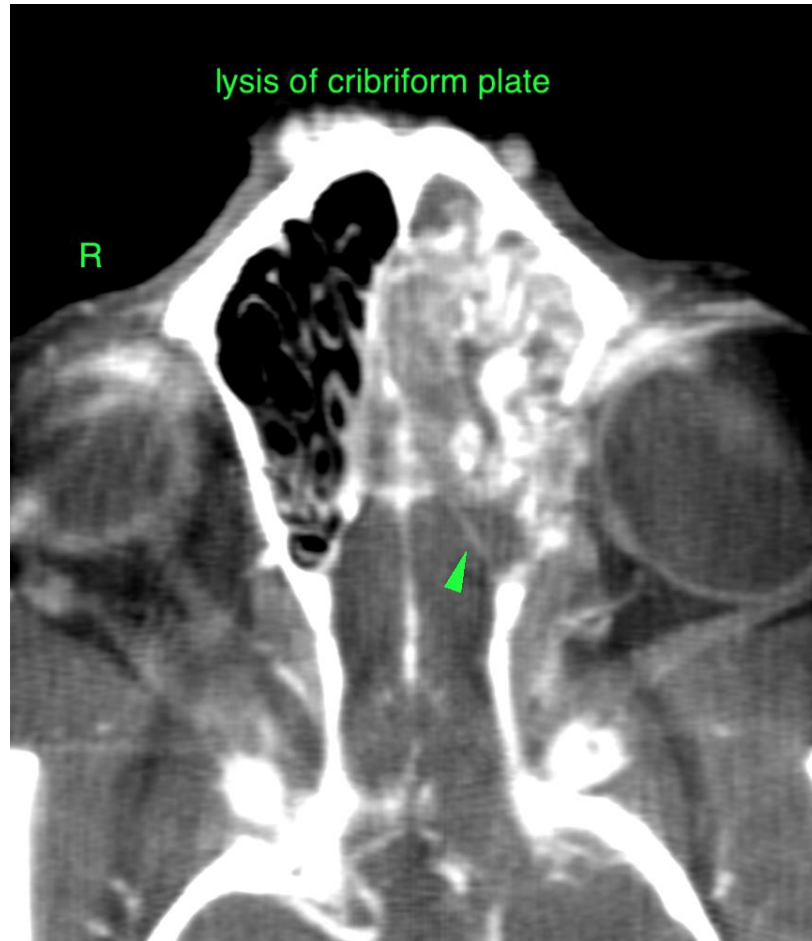
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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