



**PATIENT PRESENTING CLINICAL SIGNS**

Brick Dungca Right eye irritation/redness started July 11th. Collapsed 14th, neck extension, lethargic. Abnormal PE/Chem/CBC/UA Results: OD - bupthalmic, mydriatic pupil, mild chemosis/blepharospasm; epiphora with bilateral vertical nystagmus OS - WNL -PLR and menace seems sluggish

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

**BREED**

Chihuahua X

**COMPUTED TOMOGRAPHIC FINDINGS**

Triadan 105, 305, 306, 405 and 406 are absent.

**SEX**

MI

The caudal two third of the right nasal cavity are obliterated by an expansile, soft tissue attenuating and heterogeneous contrast enhancing mass. Extensive aggressive osteolysis of the right maxillary, right palatine, right frontal bone and the ethmoid bone is noted. Post contrast administration, the right nasal mass is protruding into the cranial fossa. The prosencephalon is distorted by the mass effect and a midline shift of the brain to the left is noted.

**AGE**

6 Years

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The lateral of the mandibular lymph nodes is enlarged and presents a post contrast mild hypoattenuating intraparenchymal nodule. The right medial retropharyngeal lymph node is prominent.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Biologically aggressive right nasal soft tissue neoplasia right nasal cavity with invasion of the cranial fossa
- Polyostotic aggressive osteolytic lesions osseous margins right nasal cavity
- Significant mass effect on the brain
- Lymphadenopathy right mandibular and medial retropharyngeal lymph node
- Multiple absent teeth

**HOSPITAL NAME**

Bridgwater  
Veterinary Hospital  
and Wellness Centre

**REFERRING VET**

Dr. Faucher

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The clinical signs can be explained by the biologically aggressive primary nasal soft tissue neoplasm, presenting an intracranial extend. Differentials include adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, lymphosarcoma, other. FNA sampling of the subcutaneous swelling or rhinoscopy including biopsy can be used as advanced diagnostic tests. The Adam tumor stage is T4.

**INVOICE**

59373

The enlarged tributary lymph nodes are highly suggestive for metastatic disease.

**DATE**

7-15-23



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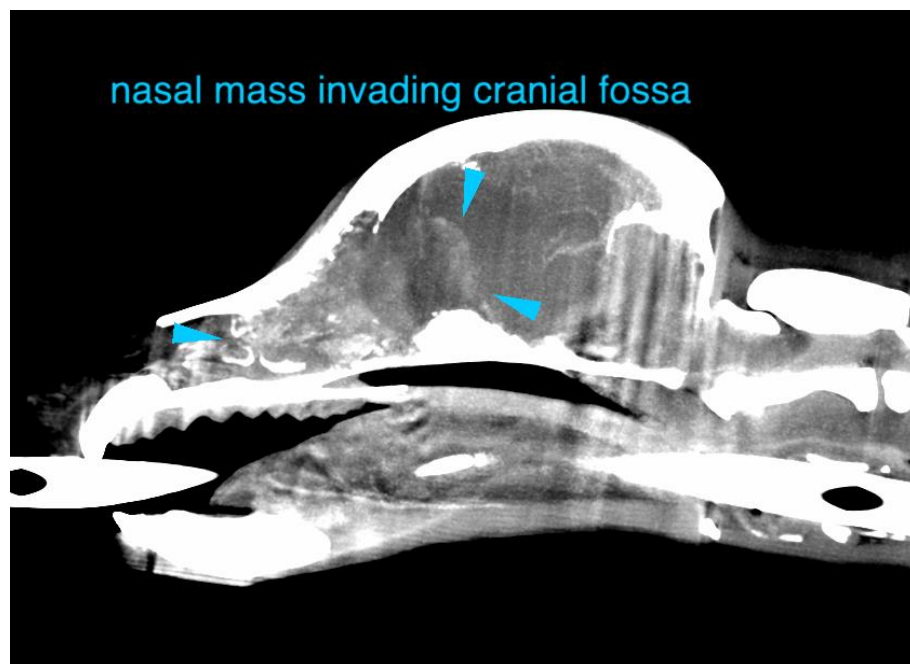
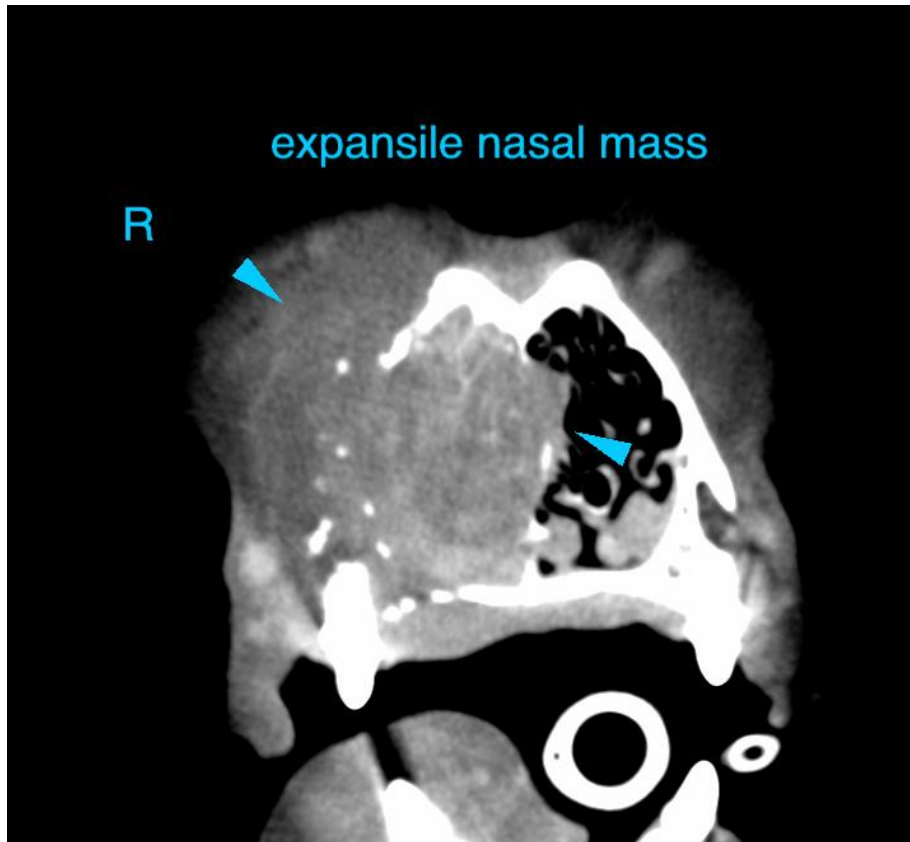
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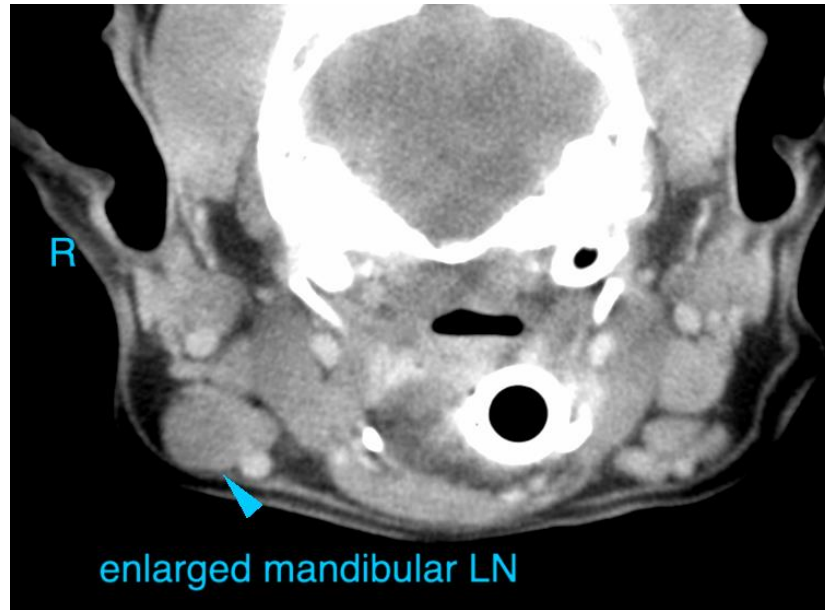
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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