



**PATIENT PRESENTING CLINICAL SIGNS**

Kobe French  
 Several months history of epistaxis and nasal congestion.  
 Abnormal PE/Chem/CBC/UA Results: Mass effect protruding from right nare. Bloodwork: ALT 428 and ALP >2000

**SPECIES COMPUTED TOMOGRAPHY OF THE SKULL**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

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

Mix  
 The right nasal cavity is occupied by a soft tissue attenuating and heterogeneous contrast enhancing mass. Advanced destruction of the associated nasal conchal & turbinate structures is seen. The nasal septum is deviated to the left by the mass effect. The right maxillary, palatine and frontal bone present aggressive osteolytic lesions. The perpendicular plate of the right palatine bone is perforated, and the right nasal mass is mildly bulging into the medial aspect of the right orbit. The mass is perforating the nasal septum and is protruding into the left nasal cavity. Lysis of the cribriform plate is present, and the nasal mass is mildly bulging into the rostral cranial fossa.

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

10 Years  
 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 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.

The mandibular lymph nodes are cropped by the field of view.

**HOSPITAL NAME COMPUTED TOMOGRAPHIC DIAGNOSIS**

Petroglyph Animal  
 Hospital

- Right sided biologically aggressive nasal soft tissue neoplasia
- Secondary polyostotic aggressive osteolytic lesions of the associated osseous structures and perforation of the cranial fossa

**REFERRING VET INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Alice Ku  
 The CT study is consistent with primary nasal neoplasia originating from the right nasal cavity, with secondary osteolytic lesions of the associated osseous structures 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.

**INVOICE**

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Consider full tumor staging.

**DATE**

7-23-22



**PATIENT**

Kobe French

**SPECIES**

Canine

**BREED**

Mix

**SEX**

N

**AGE**

10 Years

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**HOSPITAL NAME**

Petroglyph Animal  
Hospital

**REFERRING VET**

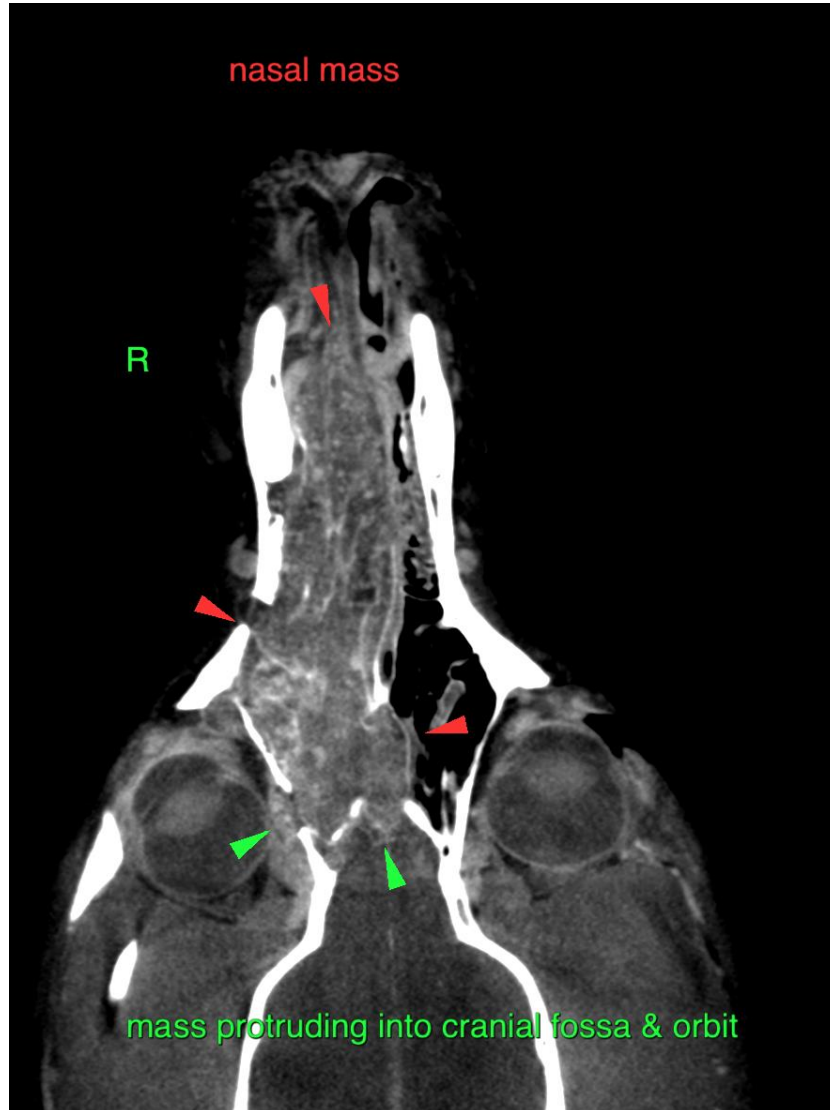
Alice Ku

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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