



PATIENT PRESENTING CLINICAL SIGNS

Stella Burke
SPECIES History: P presented today for severe epistaxis after taking P outside. Per O, very little epistaxis started about 2 1/2 weeks ago. At the time it was started it was very controlled around the nostrils (primarily always around the left). P was seen at her primary vet and at city paws, variety of tests have been performed. I asked O if she happens to remember if an upper respiratory tract panel was performed and she said she wasn't sure but that her mom was on the way with records and labwork. Nothing new has been introduced into the home and nothing significant ever triggers it, will randomly start. P has been diagnosed with severe allergies from hair test in past. pDVM has suggested rhinoscopy but due to few hospitals being able to accommodate O is planning on taking P to Colorado on Sunday for consults. P was diagnosed with a grade 3 heart murmur at city paws recently and P is positive for EC-EE. Previous medical conditions diagnosed: Allergies and Heart Murmur Is pet on medications (list): Gabapentin, Stephalexin, Steroid, and something for allergies.
BREED Golden Retriever

SEX Abnormal PE/Chem/CBC/UA Results: Please see attachments for bloodwork from today and dromrDVM

Spayed Female

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX

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

8 Years 5 Months

COMPUTED TOMOGRAPHIC FINDINGS

Skull

INTERPRETED BY

Triadan 107 & 207 are absent.

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

The rostral half of the left nasal cavity is obliterated by uniform soft tissue attenuating and mild heterogeneous contrast enhancing, mild expansile, soft tissue material. Advanced destruction of the left nasal conchal structures is appreciated. The nasal septum level with the expansile left nasal soft tissue material is deviated to the right. The left frontal sinus is filled with fluid attenuating material. Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

HOSPITAL NAME

Neel VH

REFERRING VET

Dr. Ellen Domnick

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.

INVOICE

23700

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.

DATE

7/28/23

Thorax



PATIENT

Stella Burke The vertebral endplates T3/T4 present mild spondylosis formation. Small mineralization are seen in the proximal aspect of the bicipital groove of the humerus bilaterally.

SPECIES

Canine 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.

BREED

Golden Retriever 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.

SEX

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

AGE

8 Years 5 Months

- Left nasal soft tissue mass.
- Secondary left sided obstructive sinusitis, frontal sinus
- Absent triadan 107 & 207
- Suspect dystrophic mineralization bicipital tendon bilaterally versus metaplasia along the tendon sheath.
- Normal thorax, no evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left nasal soft tissue mass is highly concerning for primary nasal neoplasia – differentials include adenocarcinoma, squamous cell carcinoma, Sticker sarcoma, transitional cell carcinoma, lymphosarcoma, other. A potential for the left nasal mass is granuloma or adenomatoid nasal polyp/inflammatory pseudotumor – however, the odds are considered low. 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 T1.

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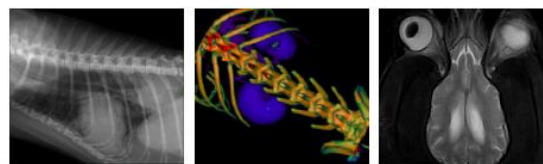
7/28/23



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
info@sonopath.com



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Canine

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SEX

Spayed Female

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