



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Lacy Nealy

SPECIES
Canine

BREED
Border Collie Mix

SEX
Female

AGE
10

INTERPRETED BY
Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME
Southern Oregon
Veterinary Specialty
Center

REFERRING VET
Kimberly Winters

INVOICE
52749

DATE
7-7-22

Lacy is here for a consult regarding intermittent right sided nasal nasal bleeding since November of 2021. Sometimes the outside of the right nostril looks chapped. Sometimes the is blood tinged mucus and other times it appears to be straight blood. Eating and sneezing can set off bleeding events. Yunnan baiyao seems to help slow down the bleeding. Lacy has been snoring at night over the past month, or so. She can still breathe through her nose but she is panting more often. When she breathes through her nose, she sounds a little gurgly. Lacy presented to rDVM 2/18/22 for bleeding from her right nostril, trouble breathing, and sneezing. Radiographs were done 3/8/22 - radiopacity of the right nostril cavity was noted. Look in the right nasal cavity with an ear cone performed 3/8/22 and possible rhinitis or neoplasia were noted. Most recent Chem and CBC done 3/4/22 and were not remarkable. In 3/2022 Clindamycin 300mg twice a day was prescribed for 20 days and Clavamox 375mg was prescribed twice daily for 10 days. Lacey currently takes carprofen 100mg 1/2 tablet twice a day for muscle skeletal pain - historical right stifle injury. Abnormal PE/Chem/CBC/UA Results: (CBC, chem 10) shows mildly elevated white cell count and mildly elevated inflammatory protein.

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

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

The right nasal cavity is obliterated by uniform soft tissue attenuating and heterogeneous contrast enhancing material. Advanced destruction of the right nasal conchal & turbinate structures is appreciated. The horizontal plate of the right palatine bone and the right maxillary bone present moth eaten osteolytic lesions.

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 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.

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.

The subchondral bone of the left condyle of the occipital bone presents an irregular crescent shaped defect with an isolated in situ mineralized body, measuring 3.5 x 1.8 x 2.7 mm in size.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right sided nasal soft tissue mass with polyostotic semiaggressive osteolytic lesions of the associated osseous structures
- Suspect osteochondrosis dissecans (OCD) lesion left occipital condyle



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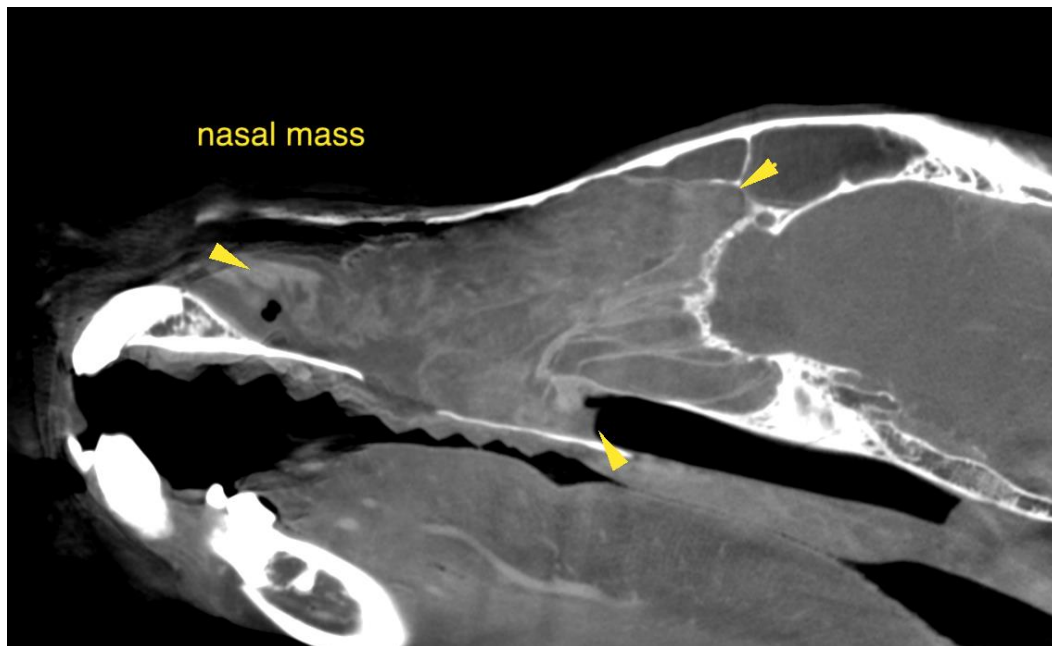
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with right sided primary nasal neoplasia with secondary polyostotic osteolytic lesions of the associated osseous structures. 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 T3

Consider full tumor staging.





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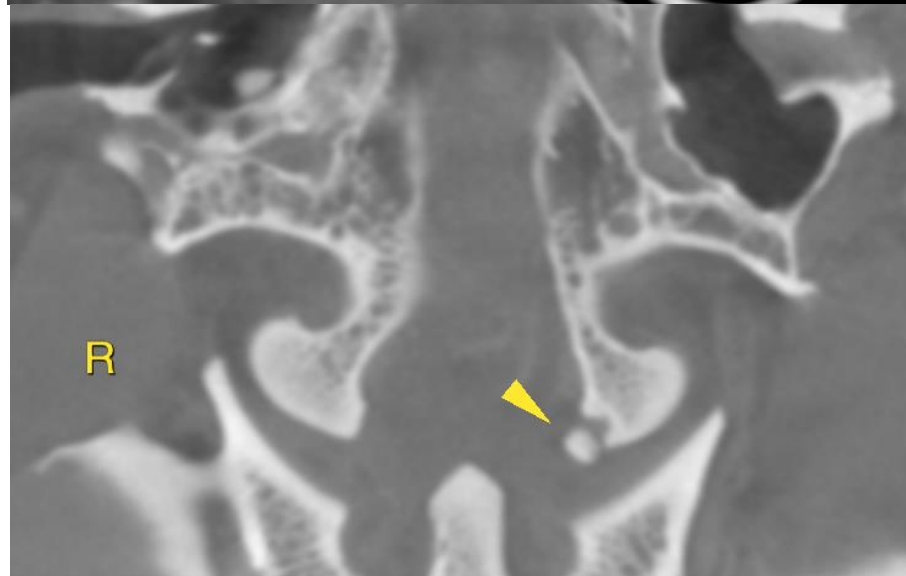
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OCD lesion occipital condyle



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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.

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Canine

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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