



**PATIENT PRESENTING CLINICAL SIGNS**

**BOSS PIPPIN** 8/15/23- Boss presented for having bleeding from his nostril. Today started around 430 this afternoon. 4th of July was the first major nose bleed. He has had small nose bleeds since mid June. He had another large one on August 6th, had tumors removed the next day. RDVM mentioned he was going to need a CT scan. O said he has had 3 or 4 major nose bleeds and smaller ones here and there. He had some ace when O couldn't get it to stop. RDVM thought it would happen when he would get excited. O said he gets nose bleeds when he gets excited, stressed or scared. Nose bleeding started after he was hit in the head by someone riding on a scooter, was a small one then. He has duramax from sx last week. Acepromazine for previous nose bleeds. He did get ace today when nose bleed wouldn't stop.

**SPECIES** Canine

**BREED** Labrador Retriever

Abnormal PE/Chem/CBC/UA Results: High- Crea, total Bilirubin, sodium, Lym Low- Bun, Alk Phos, RBC, HCT, HGB, Baso

**COMPUTED TOMOGRAPHY OF THE SKULL**

**SEX** Male Neutered

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**AGE** 11 Years, 7 Months

Triadan 208 and 307 are absent. A remaining mesial root of triadan 307 is seen within the alveolar crest.

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

The right nasal cavity is obliterated by a uniform soft tissue attenuating, mild expansile and heterogeneous contrast enhancing mass. Destruction of the associated right nasal conchal & turbinate structures is appreciated. The nasal septum is mildly deviated to the left by the mass effect. The right maxillary bone presents moth eaten osteolytic lesions and the nasal mass is perforating the medial wall of the right orbital cavity.

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

**HOSPITAL NAME**

Neel Veterinary Hospital

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.

**REFERRING VET**

Deepan Kishore, DVM,MS, DABVP

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.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- INVOICE** 59757
- Expansile right nasal soft tissue mass with monostotic aggressive osteolysis of the right maxillary bone
  - Absent triadan 208 & 307, remaining mesial root triadan 307

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE** 8-16-23

The right nasal soft tissue mass is consistent with primary nasal neoplasm. 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



**PATIENT** advanced diagnostic tests, the chances of radiation therapy can be discussed with oncologist. The Adam tumor stage is T3.  
Boss Pippin

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**BREED**

Labrador Retriever

**SEX**

Male Neutered

**AGE**

11 Years, 7 Months

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

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Hospital

**REFERRING VET**

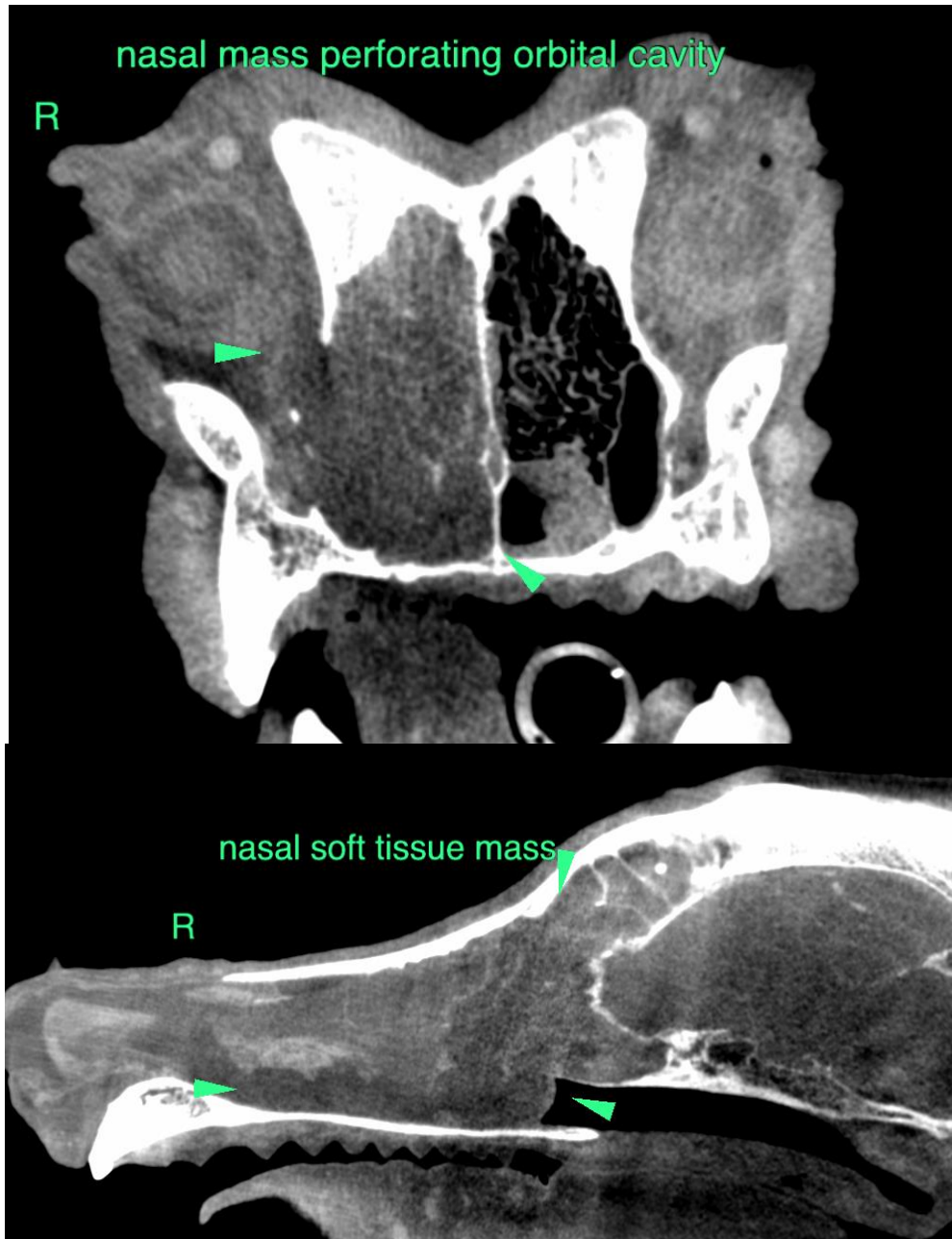
Deepan Kishore,  
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**PATIENT** The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips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

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.

**SPECIES**

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