



**PATIENT PRESENTING CLINICAL SIGNS**

Ash Lee 08-24-2022 8:50:11am Seen here through the ER about 2 months ago (7/2022) for sudden onset sneeze. Dog had discharge & depigmentation of the LEFT nostril, with a possible polyp seen. No treatments or medications were prescribed. She was also treated in April 2022 for left sided facial swelling and wound upper gingiva, potentially from chewing a stick. Dog has had persistent purulent discharge from the L nostril since initial visit, mild sneezing when the nostril gets full. No reverse sneezing. Discharge tends to be greenish with no noted blood. Is snoring more at night and is not breathing through the nose very often. Ash is otherwise acting normally. Eating/Drinking, no V/D. Dog does have mild bilateral ocular discharge that owner associates with the increased smoke/poor air quality where she lives.

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

FS

**AGE**

10 Years

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**COMPUTED TOMOGRAPHIC FINDINGS**

The distal root of triadan 208 presents a moderate widening of the periodontal space.

The ventral aspect of the left nostril is partially obliterated by fluid attenuating material. Along the ventral aspect of the alar fold of the left nasal opening, a diffuse swelling with mild contrast enhancement is appreciated, measuring 11 x 13 x 10 mm in size. The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

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.

**HOSPITAL NAME**

Southern Oregon  
Veterinary Specialty  
Center

**REFERRING VET**

Dr. Kimberly Winters

**INVOICE**

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The left mandibular lymph nodes are prominent.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Soft tissue swelling ventral to the alar fold left nasal opening
- Periodontal disease triadan 208
- Lymphadenopathy left mandibular lymph nodes

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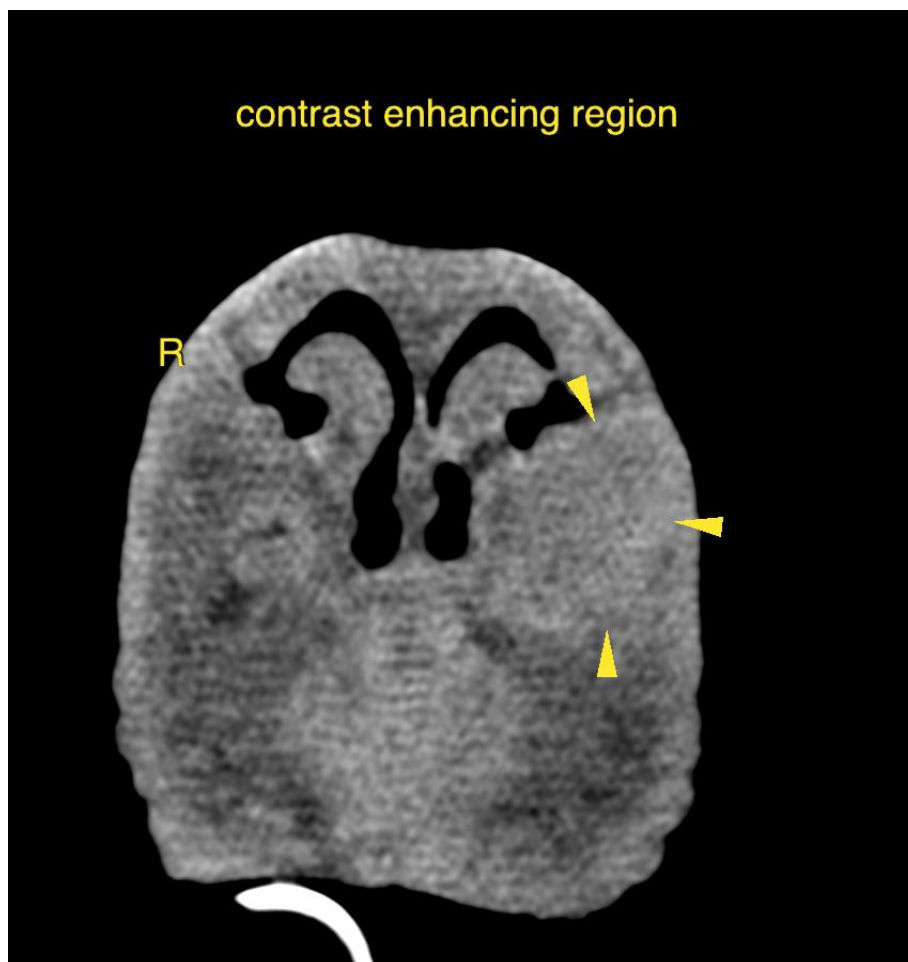
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The soft tissue swelling at the lateroventral aspect of the left nasal planum/left nostril is not specific and both inflammatory and neoplastic (e.g. squamous cell carcinoma, melanoma, round cell tumor) origin need to be considered. If not done so yet, recommend complementing workup by FNA sampling of the respective region ± biopsy. FNA sampling of the prominent left mandibular lymph nodes is mandatory as well to differentiate between reactive hyperplasia or signs of metastatic disease.

The periodontal disease of triadan 208 can be a source for the described gingival swelling/wound.





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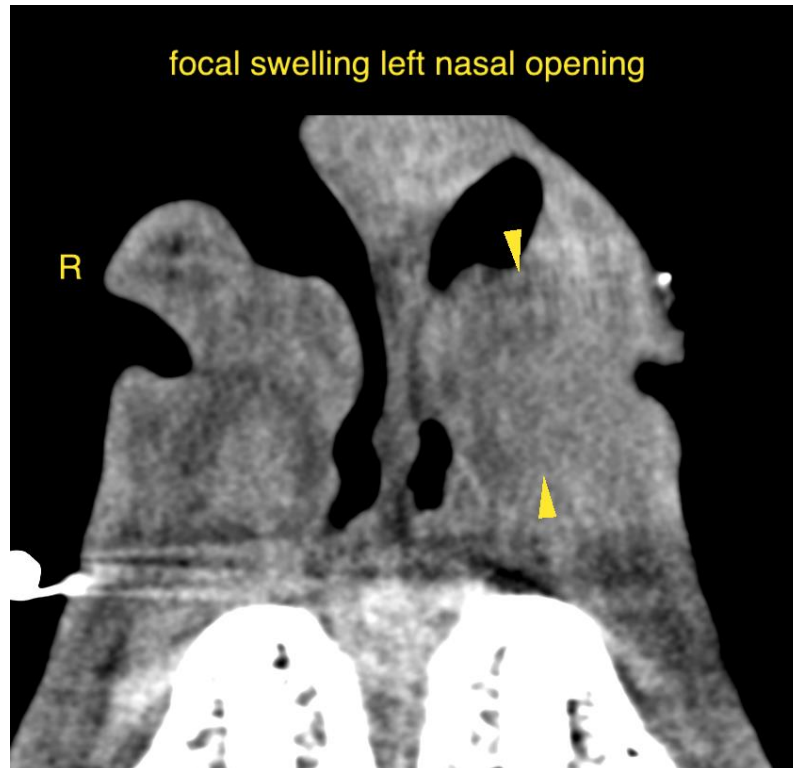
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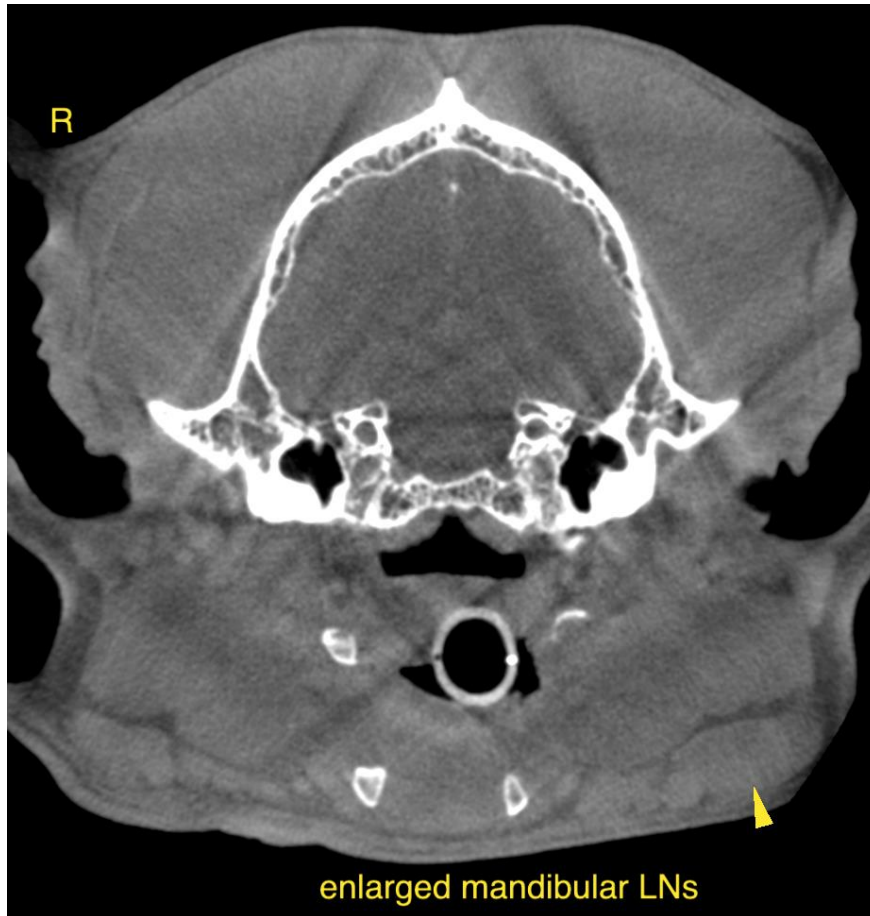
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
sebast.schaub@gmail.com