



PATIENT PRESENTING CLINICAL SIGNS

Dixie Harbord Coughing and choking, snoring really loud. Respiratory/breathing issues Gave her some allergy pills did seem to help some but not going away but getting worse. Going on for 1.5 months. never in respiratory distress. Snoring.

SPECIES Abnormal PE/Chem/CBC/UA Results: Exam mostly normal, Increased upper airway noise Cough. Elongated soft palate visualized during intubation for CT. EPOC today all WNL.

Canine

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

BREED

COMPUTED TOMOGRAPHIC FINDINGS

Jack Russell

Skull

Multiple teeth are absent. The maxillary canine teeth present ankylosis and resorption of the roots.

SEX

FS

Associated with the turbinalia, L>R, an amorphous shaped, soft tissue attenuating and moderate contrast enhancing mass is seen. Advanced destruction of the associated turbinate structures is seen. The perpendicular plate of the left palatine bone presents advanced aggressive osteolytic lesions, and the soft tissue mass is mildly bulging into the medial aspect of the left orbit. Complete lysis of the cribriform plate is appreciated.

AGE

14 Years

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

Wilvet Salem

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.

REFERRING VET

Dr. Brittany Gardner
DVM

Thorax

The vertebral endplates T5/T6 present moderate spondylosis formation.

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.

INVOICE

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The cardiovascular structures including the pulmonary vasculature are within normal limits.

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.

DATE

8-4-22

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of



PATIENT abnormal dilation.

Dixie Harbord

COMPUTED TOMOGRAPHIC DIAGNOSIS

SPECIES

Canine

- Biologically aggressive nasal soft tissue mass with polyostotic aggressive osteolytic lesions and perforation of the cranial fossa
- Periodontal disease with ankylosis and tooth root resorption 104&204
- Multiple absent teeth
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

BREED

Jack Russell

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

FS

The CT study is consistent with a biologically aggressive soft tissue mass in the caudal aspect of the nasal cavity, with local destruction of the 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.

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PATIENT

Dixie Harbord

SPECIES

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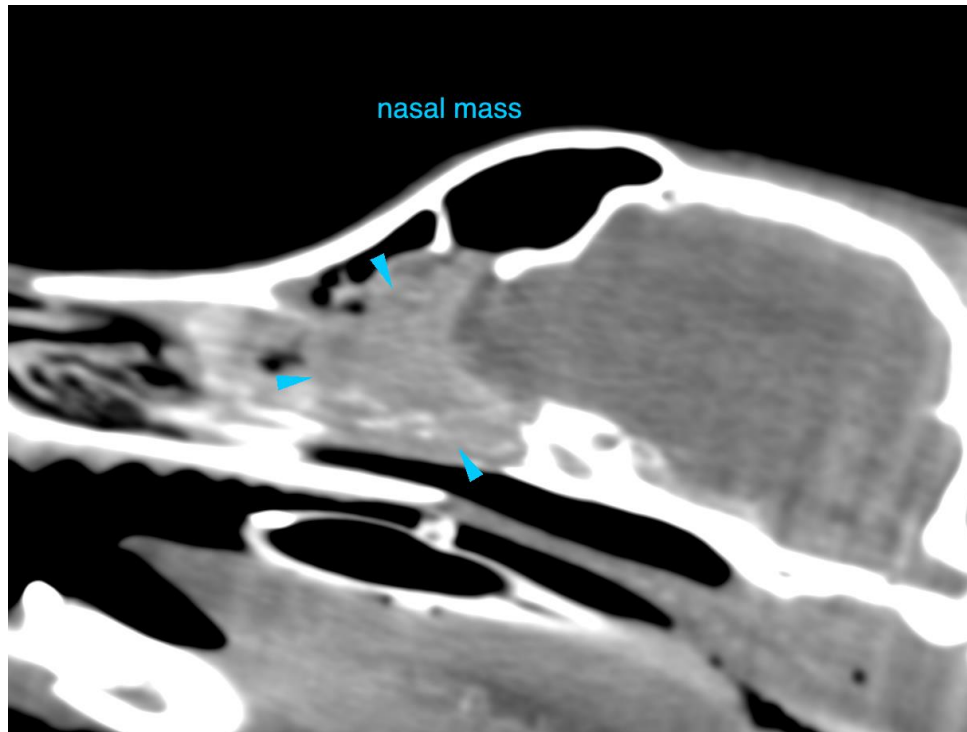
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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