



**PATIENT PRESENTING CLINICAL SIGNS**

MooMoo Herdershot

Moo Moo presented today for referral from Midtown Animal Hospital - Lawton for potential previous stroke. P had a blood pressure > 220 earlier today. rDVM gave Enalapril PO and butorphanol IV along with 0.9% NaCl fluids today. P has had frequent nose bleeds since January 2022. P has had trouble breathing for the past month and been breathing more through her mouth instead of nose. rDVM had prescribed cerenia drops for decongestion, which have been given daily for the past month. P has been more lethargic for the past month. not e/d today and not eating last night. drinking fine yesterday. u/d fine. P also receives cyclosporine eye drops in the L eye q12h. P eats RC Hydrolyzed Protein dry dog food. UTD on vaccines. no HW/F/T prevention.

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

MN

**AGE**

11 Years

Abnormal PE/Chem/CBC/UA Results: OU lenticular sclerosis, OD dark pigmentation of the cornea, PLRs present severe dental tartar, pink mm's, normal on palpation, soft, symmetrical, non-painful no murmur ausculted, bradycardia (difficult to auscult due to quiteness of heart beat) Lungs clear, no crackles or wheezes, soft on palpation, no masses or organomegaly, External palpably normal, motor and cps present. have stand p up. lateral unresponsive (did sit up while on oxygen no lesions noted, no ectoparasites observed, normal skin turger

**COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

Skull

Multiple teeth are absent. A supernumerary triadan 101 is appreciated. A moderate amount of mineral attenuating material is attached to the crowns of multiple teeth.

The left nasal cavity is obliterated by a uniform soft tissue attenuating and heterogeneous contrast enhancing mass. Destruction of the associated nasal conchal & turbinate structures is appreciated. The nasal mass is perforating the nasal septum and is protruding into the right nasal cavity. Multifocal osteolytic lesions of the associated osseous structures – including the palatine bone bilaterally, sphenoid bone, pterygoid bone and ethmoid bone is appreciated. The mass is perforating the cribriform plate and extending on the floor of the cranial fossa caudally approximately up to the pituitary fossa. The diencephalon is distorted by the mass effect. A mild midline shift of the falx to the right is appreciated.

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 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.

Thorax

The periarticular bones of both shoulder joints present mild to moderate osteophyte new bone formation. In the subcutaneous tissue at the right dorsal aspect of the thoracic spine, level with spinous process of T7/T8, a well-defined subcutaneous nodule is visible. The vertebral body of T3

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Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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**REFERRING VET**

Dr. Kishore

**INVOICE**

54084

**DATE**

9-13-22



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presents with an ill-defined geographic osteolytic lesion, affecting major parts of the medullary cavity of T3.

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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.

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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.

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In the right parenchymal lung lobe, a well-defined gas filled multicameral lesion is visible, demarcated by a thin soft tissue attenuating wall. The remainder of the lung parenchyma presents the expected architecture and attenuation behavior with randomly distributed interspersed punctuate mineralization.

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

Abdomen

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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

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The bony and surrounding soft tissue structures reveal no abnormalities.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Biologically aggressive left nasal soft tissue mass with polyostotic aggressive osteolytic lesions and perforation of the cranial fossa
- Supernumerary triadan 101
- Dental tartar
- Fatty bone marrow replacement T3
- Complex bulla right caudal lung lobe
- No evidence of pulmonary metastatic disease but pulmonary osteomas
- Normal abdomen



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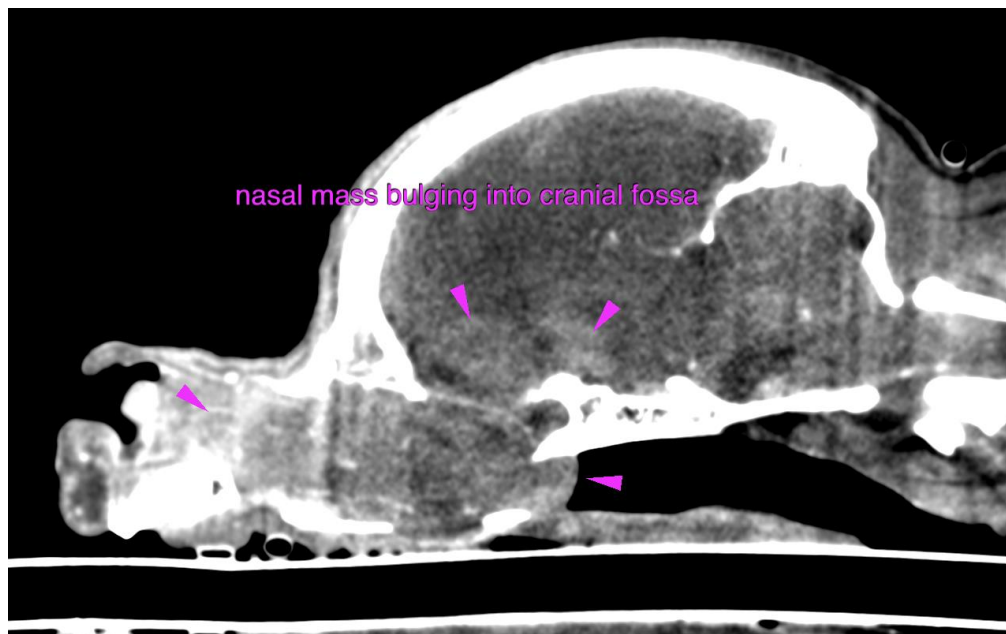
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study is consistent with biologically aggressive nasal neoplasia with secondary polyostotic aggressive osteolytic lesions of the associated osseous structures and perforation of the cranial fossa with mass effect on the brain. The latter can be a source for possible neurological clinical signs. 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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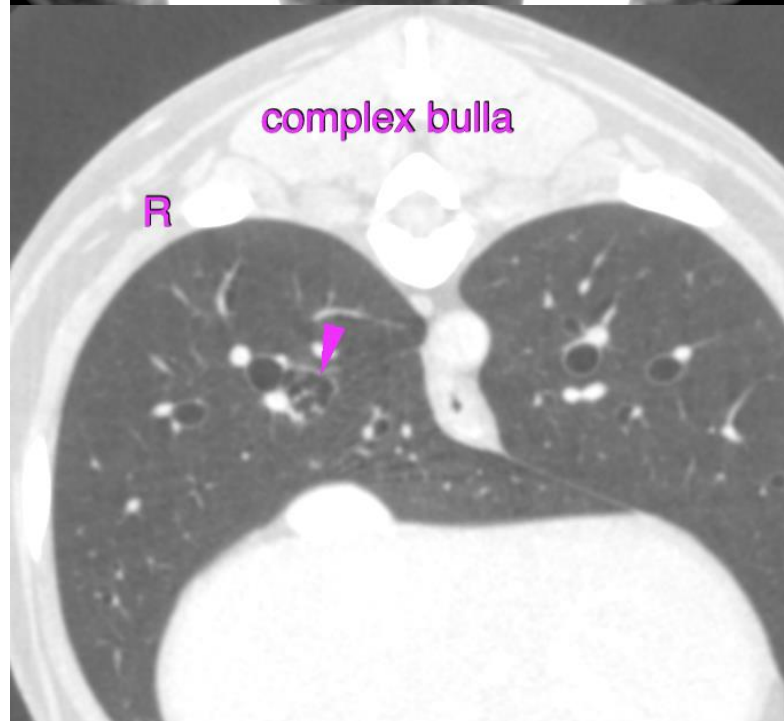
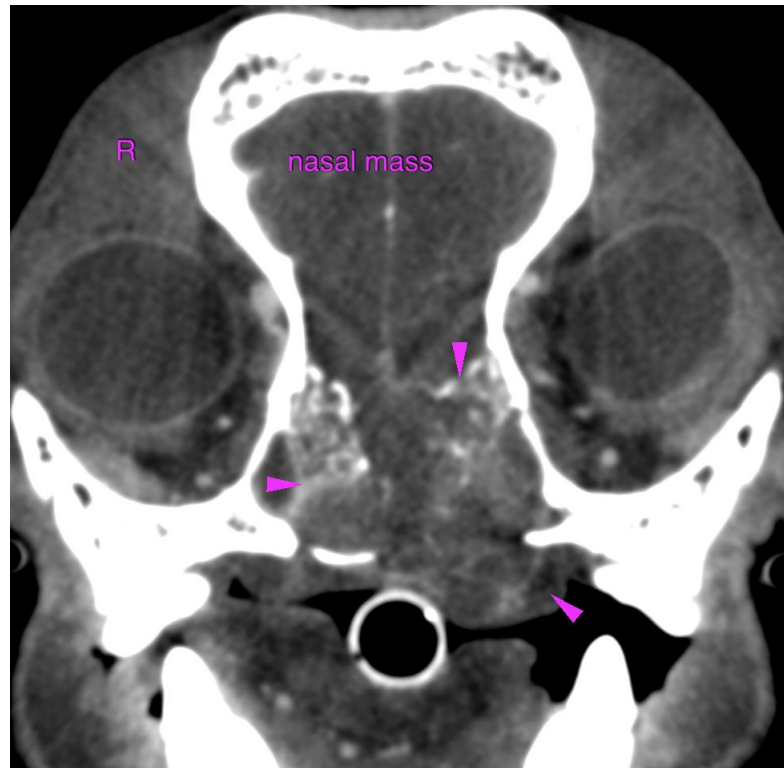
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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