



**PATIENT PRESENTING CLINICAL SIGNS**

**Ava Kraus** Patient presented for respiratory changes for the past two weeks. She has reportedly been transiently labored breathing on and off since then. Yesterday she developed a nose bleed for the first time. She had radiographs done previously that were unremarkable. On exam she developed another nose bleed of the left nare. She has decreased airflow from both nares. Aside from her respiratory changes, there are no other concerns at home

**SPECIES** Abnormal PE/Chem/CBC/UA Results:  
Canine

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

**BREED** A high resolution pre- and post-contrast CT study of the viscerocranium and a plain CT study of the thorax & abdomen are provided for review.  
Golden Retriever

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

Skull

FS

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

**AGE**

8 Years

Centered on the horizontal plate of the palatine bone bilaterally, an ill-defined soft tissue attenuating and post contrast mild heterogeneous contrast enhancing multilobulated appearing mass is appreciated. The mass of the hard palate is protruding predominantly into the ventral aspect of the nasal cavity and extending from the level of the second maxillary premolar teeth caudally up to the level of the fourth premolar teeth/rostral entrance of the choana. Complete obstruction of the ventral nasal meatus bilaterally in the most caudal aspect is appreciated. Destruction of the associated conchal and turbinate structures as well as the ventral aspect of the nasal septum level with the mass is appreciated. The palatine bone level with the mass presents permeative osteolytic lesions and the soft tissue component is bulging into the submucosa of the hard palate.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

Thorax

**HOSPITAL NAME**

Animal Emergency  
Hospital Deland

The periarticular bones of the left elbow joint present moderate osteophyte new bone formation. The tip of the medial coronoid process of the left elbow joint presents a moderate decreased density.

**REFERRING VET**

Dr. Schwanebeck

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform and considered within normal limits.

**INVOICE**

54079

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**

9-14-22

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 abnormal dilation.

Abdomen

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



**PATIENT**

or peritonitis.

Ava Kraus

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.

**SPECIES**

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

Canine

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

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous.

**BREED**

Golden Retriever

In the pyloric region of the antrum, half-shell like mineral attenuating bodies are appreciated. The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

**SEX**

FS

Multifocal moderate spondylosis formation is seen along the lumbar spine. The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately up to 75% of the vertebral canal at the same level.

In the subcutaneous tissue at the right dorsolateral aspect of L5/L6, a well-defined soft tissue attenuating nodule, measuring 14 x 8 x 18 mm in size.

**AGE**

8 Years

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Soft tissue mass centered on hard palate with polyostotic aggressive osteolytic lesions of the associated osseous structures
- Possible small gastric foreign bodies (e.g. plastic) versus ingested osseous material
- Degenerative osteoarthritis left elbow joint due to coronoid disease
- Degenerative lumbosacral stenosis with potential dynamic compression of the cauda equina fibers
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Emergency  
Hospital Deland

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings are consistent with primary neoplasia originating either from the nasal cavity or the palatine bone and potentials include osteosarcoma, osteochondrosarcoma, chondrosarcoma, fibrosarcoma, adenocarcinoma, other. Recommend either FNA sampling of the hard palate or rhinoscopy including biopsy for histopathology. Based on the results of the advanced diagnostic tests, the chances of radiation therapy can be discussed with oncologist.

**REFERRING VET**

Dr. Schwanebeck

**INVOICE**

54079

**DATE**

9-14-22



**PATIENT**

Ava Kraus

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

FS

**AGE**

8 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Emergency  
Hospital Deland

**REFERRING VET**

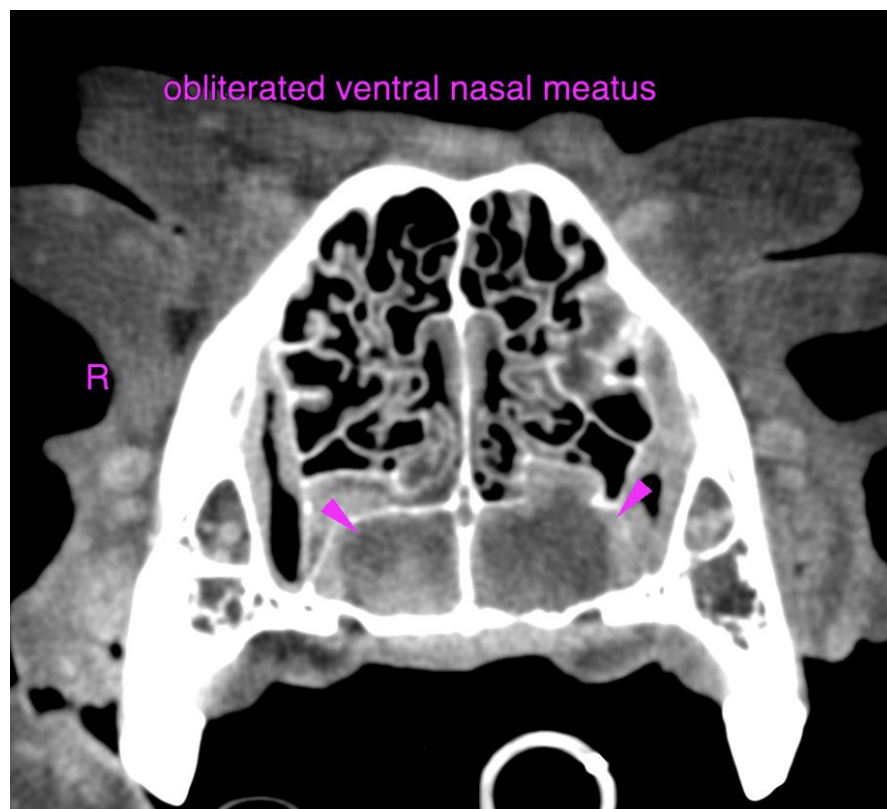
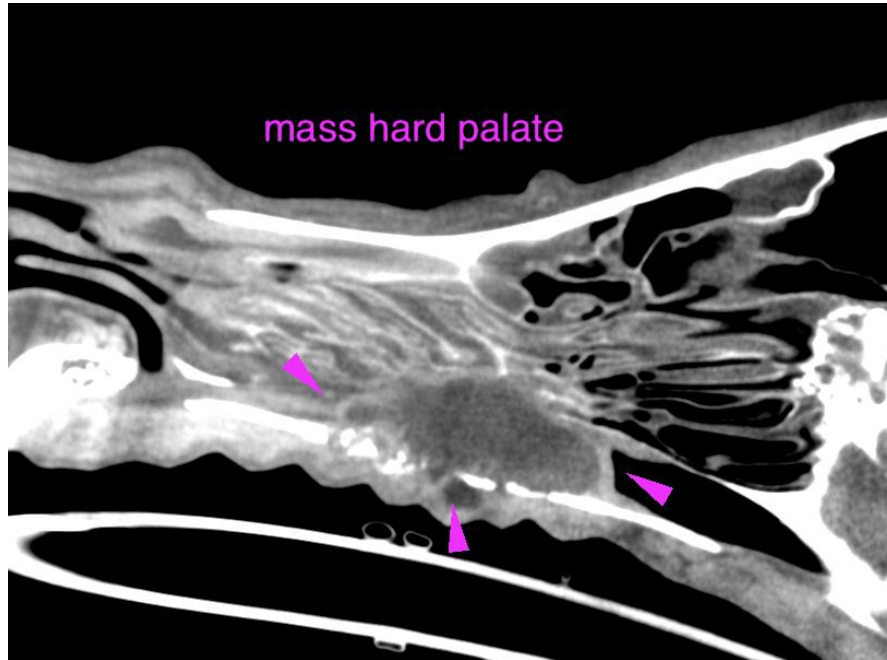
Dr. Schwanebeck

**INVOICE**

54079

**DATE**

9-14-22





**PATIENT**

Ava Kraus

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

FS

**AGE**

8 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Emergency  
Hospital Deland

**REFERRING VET**

Dr. Schwanebeck

**INVOICE**

54079

**DATE**

9-14-22





**PATIENT**

Ava Kraus

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.

**SPECIES**

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.

**BREED**

Golden Retriever

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

**SEX**

FS

**AGE**

8 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Emergency  
Hospital Deland

**REFERRING VET**

Dr. Schwanebeck

**INVOICE**

54079

**DATE**

9-14-22