



PATIENT PRESENTING CLINICAL SIGNS

Jake Williams Subjective Chronic L sided nasal bloody dc; improves on abx Objective BAR; friendly; p/m mm; CRT 1-2s; no mur/arrh; no abn lung sounds; no abd dist; no pain or abns on abd palp; eyes, ears, LNs WNL; ambulating normally but sl stiff; no nasal dc; sedated; obtained CT; placed IVC and placed under GA; rhinoscopy- gray/tan soft mass in L nasal passages; obtained several samples for histopath Assessment L sided nasal mass Plan Will wait for CT report and histopath report and fwd to rDVM

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL

BREED

A high resolution plain CT study of the skull is provided for review.

Retriever, Golden

COMPUTED TOMOGRAPHIC FINDINGS

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

SEX

Male Neutered

The left nasal cavity is partially obliterated by soft tissue attenuating material and advanced destruction of the associated conchal & turbinate structures is appreciated. The left maxillary bone level with the mass presents mild immature periosteal new bone formation and sporadic moth eaten osteolytic lesions. The left nasal bone and rostral aspect of the left frontal bone presents moth eaten osteolytic lesions. The cribriform plate is intact. The left frontal sinus is obliterated by soft tissue material.

AGE

7 Years, 8 Months

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.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

HOSPITAL NAME

State Avenue Vet
Clinic

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left nasal soft tissue mass with biologically aggressive behavior and polyostotic osteolytic lesions
- Suspect secondary obstructive sinusitis of the left frontal sinus

REFERRING VET

Dr. Raul Casas-Dolz

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is concerning for primary nasal neoplasia - differentials include adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, lymphosarcoma, other. Theoretically inflammatory myofibroblastic tumor or (mycotic) granuloma are considerations as well. Rhinoscopy including biopsy has already been performed, regarding the history. Based on the results of the advanced diagnostic tests, the chances of radiation therapy can be discussed with oncologist. The Adam tumor stage is T2/T3.

INVOICE

54138

Consider full tumor staging.

DATE

9-19-22



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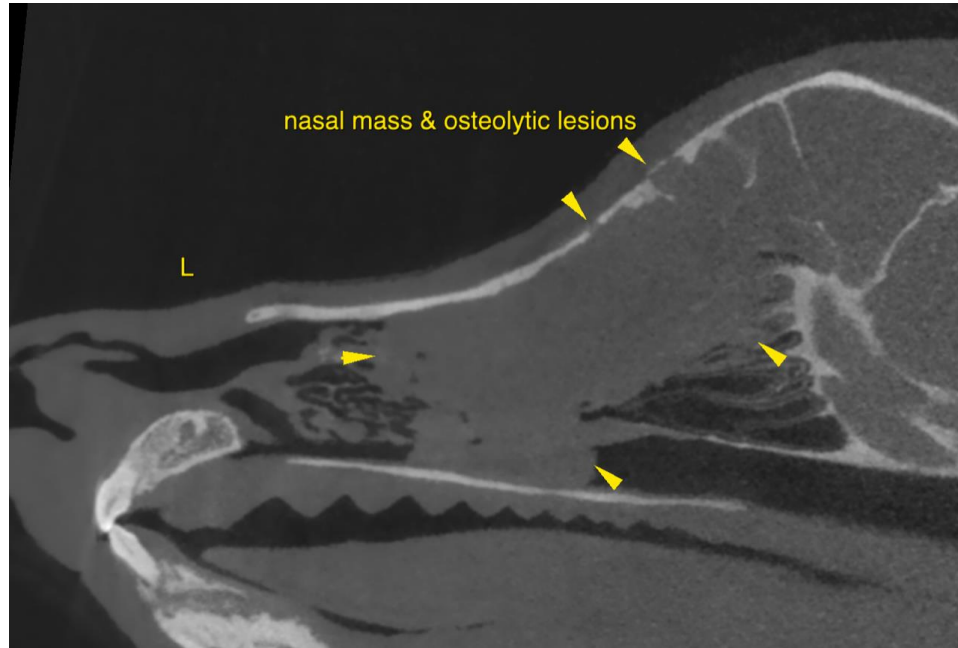
Dr. Raul Casas-Dolz

INVOICE

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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