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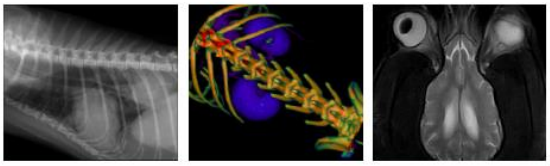

PATIENT

Willow Keelin

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

9 Years, 11 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Wilson Veterinary Hospital

REFERRING VET

Dr. Amy Hawkins

INVOICE

54103

DATE

9-19-22

PRESENTING CLINICAL SIGNS

Owner noted nasal congestion starting in mid July. Pet was treated with Doxycycline, but no improvement was noted. Congestion progressed to loud snoring and noisy breathing overall, and 5lbs of weight loss was noted. Pet was sedated for skull x-rays. Increased density was noted in L sinus, and a swelling was noted on the left side of the roof of the mouth. FNA of the swelling was non-diagnostic. Zithromax was started pending CT appointment, with no improvement. A CT was done and biopsies of the L nasal passage were submitted. Pet has a history of seizures that are well controlled on phenobarbitol.
Abnormal PE/Chem/CBC/UA Results: WNL

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

The pictured parts of the dentition are complete. Triadan 401 presents with a transverse fracture level with the dental neck. Triadan 208 presents a moderate widening of the periodontal space of the mesial roots.

The left nasal cavity is obliterated by a uniform soft tissue attenuating and heterogeneous contrast enhancing expansile mass. Destruction of the associated conchal & turbinate structures is appreciated. The mass is perforating the nasal septum and bulging into the right nasal cavity. The horizontal plate of the palatine bone bilaterally presents with aggressive osteolysis, and the nasal mass is bulging into the submucosal tissue of the hard palate. The left frontal sinus is filled with fluid attenuating material and significant thickening of the mucosal lining is noted. The cribriform plate is intact.

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.

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.

In the subcutaneous tissue of the pictured cranial segment of the neck, multiple, well-defined, soft tissue attenuating nodules, measuring up to 6 mm in diameter are appreciated.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Biologically aggressive left sided nasal soft tissue neoplasia with polyostotic aggressive osteolytic lesions of the palatine bone bilaterally
- Left sided obstructive sinusitis
- Complicated dental fracture 401
- Advanced periodontal disease 208
- Multiple non-specific subcutaneous nodules cranial aspect of the neck

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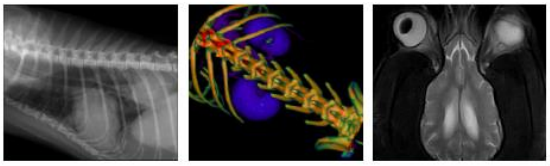

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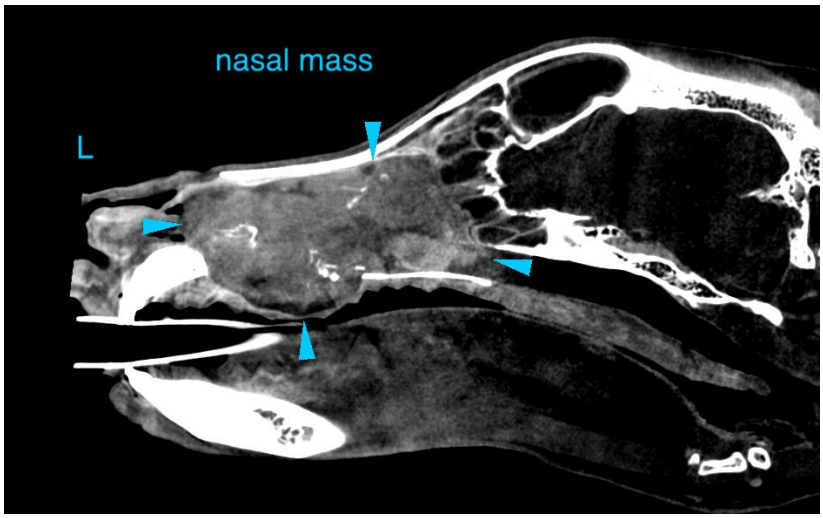
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is consistent with biologically aggressive primary nasal neoplasia originating from the left nasal cavity and osteolysis of the horizontal plate of the palatine bone bilaterally. Differentials include adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, lymphosarcoma, other. Rhinoscopy including biopsy or FNA sampling of the swelling of the hard palate 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 T3.

Consider full tumor staging.



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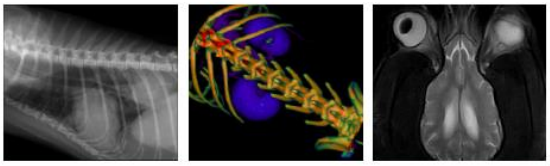

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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