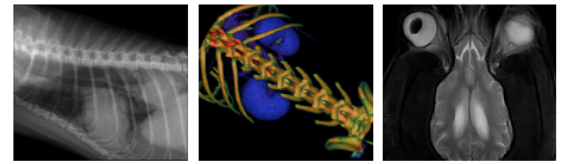




PATIENT	PRESENTING CLINICAL SIGNS
Midnight Webb	History: Soft Tissue Mass Inside edge of Left nares Developed over past 4 months Histopathology identifies Adenocarcinoma Cannot determine if margins are good b/c edge of mass fragmented No Angiolymphatic Invasion Observed
SPECIES	Abnormal PE/Chem/CBC/UA Results:
Canine	COMPUTED TOMOGRAPHIC STUDY OF THE SKULL
BREED	A high resolution pre- and post-contrast CT study of the skull is provided for review. In the image labeling, right and left are flipped
Labradoodle	COMPUTED TOMOGRAPHIC FINDINGS
SEX	The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.
Spayed Female	Nodular enlargement of the left alar fold of the left nasal opening is seen presenting an ill-defined, uniform soft tissue attenuating and heterogeneous contrast enhancement; the nodule is measuring approximately 6 x 6 x 10 mm in size. The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.
AGE	Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.
10 Years	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.
INTERPRETED BY	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.
Sebastian Schaub, DVM Dr. med. vet. DipECVDI	Moderate enlargement of the lateral of the left mandibular lymph nodes is seen, presenting a heterogeneous contrast enhancement pattern.
HOSPITAL NAME	COMPUTED TOMOGRAPHIC DIAGNOSIS
Holy Family VH	<ul style="list-style-type: none"> • Nodular soft tissue mass alar fold left nostril • Lymphadenopathy left mandibular lymph node
REFERRING VET	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. O'Connor	The CT study is consistent with history of adenocarcinoma, associated with the alar fold of the left nostril. The mass is not extending caudally into the nasal cavity. Resecting the alar fold – at least 2.0 cm caudally – is the therapy of choice.
INVOICE	The odds for metastatic spread to one of the mandibular lymph nodes is high, recommend FNA sampling for further workup. Excision of the respective lymph node might be considered as well.
12991	Consider full tumor staging.
DATE	
9/8/21	



PATIENT

Midnight Webb

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

10 Years

INTERPRETED BY

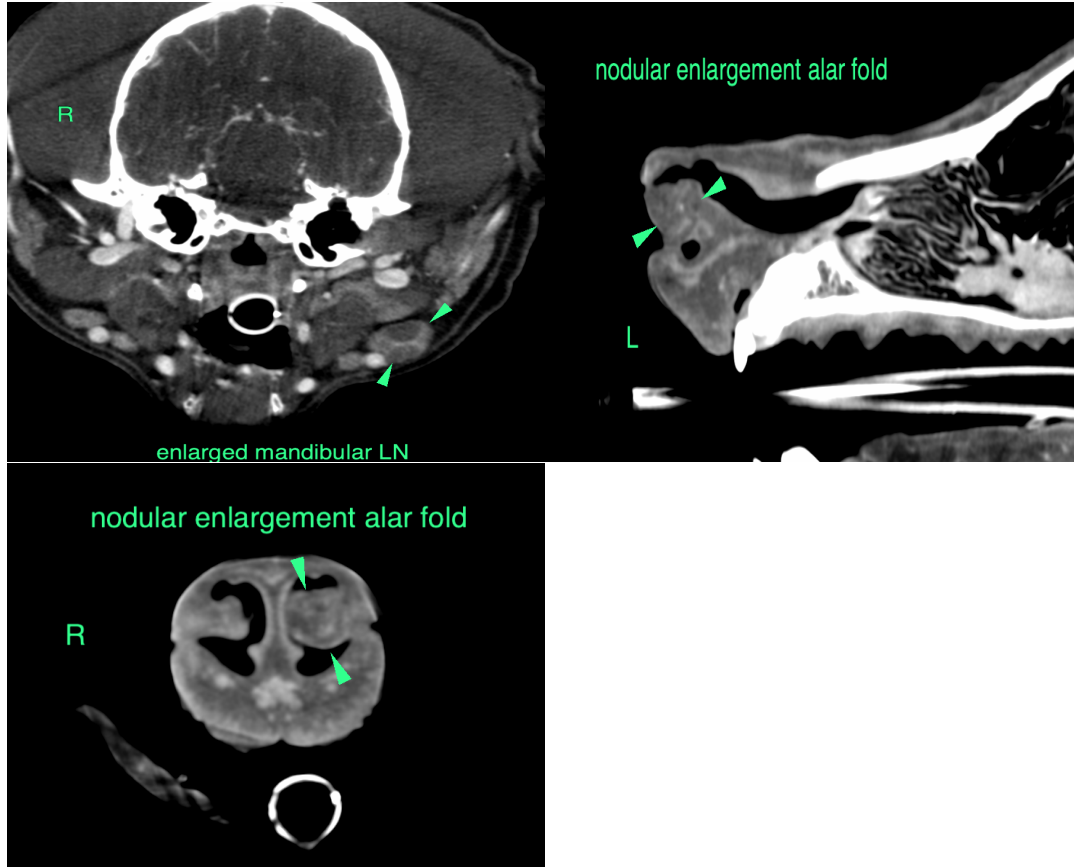
Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

HOSPITAL NAME

Holy Family VH

REFERRING VET

Dr. O'Connor



The information and recommendations provided are based on the images presented by the referring veterinarian. 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

INVOICE

12991

DATE

9/8/21