



PATIENT PRESENTING CLINICAL SIGNS

Wylie 22556N Stewart
Skyline Vet

History: 3 month history of mass above the eye. FNA from primary DVM with non-diagnostic results. Therapy with antibiotics and NSAIDs did see initial decrease but has returned to previous size despite therapy. Noted 3+ pound weight loss in the same time. Has developed 2-3 episodes of nasal hemorrhage in the same time. Labs with changes as noted below. Referral for imaging today with no primary therapy planned and declined further biopsy/culture at this time. Looking for cause

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Renal changes with both BUN and Creat increased - along with SDMA. Increased blood Ca+ as well as increased globulin fraction - increased WBC with no primary infection suggested

BREED COMPUTED TOMOGRAPHIC OF THE SKULL

Shepherd Mix

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

SEX

Neutered Male

COMPUTED TOMOGRAPHIC FINDINGS

Triadan 101, 104, 301, 401 and 411 are absent. Triadan 109 presents a moderate widening of the periodontal space. Triadan 108 presents a resorptive lesion of the distal root.

AGE

13 Years 9 Months

The caudal third of the right nasal cavity and the right frontal sinus are obliterated by a heterogeneous contrast enhancing soft tissue mass. The nasal mass is perforating the nasal septum and protruding into the left nasal cavity. Advanced destruction of the associated nasal conchal & turbinate structures is present. The right frontal bone presents extensive aggressive osteolytic lesions, and the nasal mass is protruding dorsally into the subcutaneous tissue level with the frontal sinus and into the mediodorsal aspect of the right orbit. The dorsal aspect of the cribriform plate presents osteolysis and the nasal mass is perforating the cranial fossa.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

HOSPITAL NAME

Gentle Doctor AH

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.

REFERRING VET

Pete Bashara, DVM

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.

INVOICE COMPUTED TOMOGRAPHIC DIAGNOSIS

17264

- Biologically aggressive nasal soft tissue neoplasia with polyostotic aggressive osteolytic lesions and evidence of perforation of the cranial fossa
- Periodontal disease 109

DATE

9/9/22



PATIENT

- Tooth root resorption 108
- Multiple absent teeth

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

The CT study is consistent with biologically aggressive primary nasal neoplasia – possibly originating from the right frontal sinus with secondary osteolysis of the associated osseous structures and perforation of the cribriform plate. Differentials include adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, lymphosarcoma, other. Rhinoscopy including FNA sampling 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.

BREED

Shepherd Mix

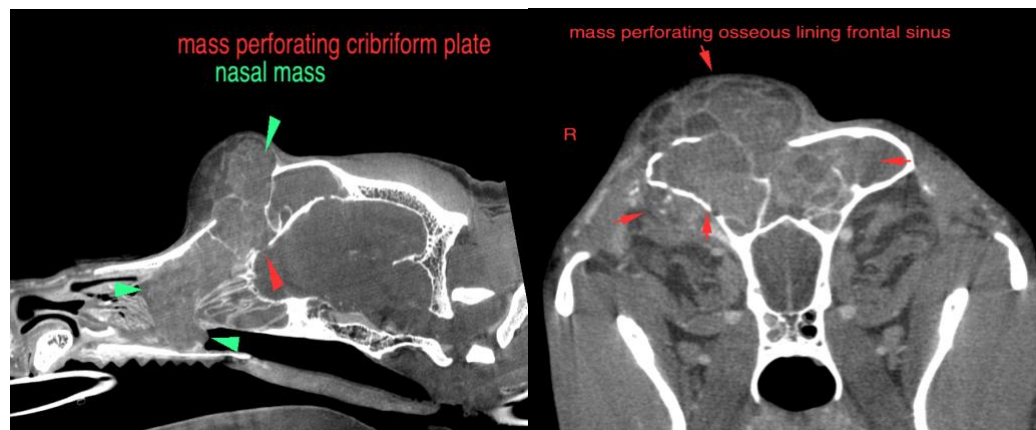
Consider full tumor staging.

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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.

HOSPITAL NAME

Gentle Doctor AH

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.

REFERRING VET

Pete Bashara, DVM

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

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