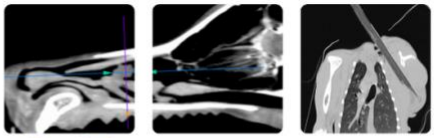

PATIENT

Bella Bear Bevers

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

10 Years

WEIGHT

4.9 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Laila Soliman

HOSPITAL NAME

Neel VH

REFERRING VET

Dr. Alyson Fryer

INVOICE

35178

DATE

1/1/26

PRESENTING CLINICAL SIGNS

History: (12/24) history of respiratory distress. - another veterinarian who performed thoracic radiographs and sedated examination of throat, both normal. - Diagnosed with suspected upper respiratory infection and treated with carprofen and antibiotics, completed 2-3 weeks ago. - Respiratory signs persisted after treatment completion. New onset epistaxis began this evening, described as severe and difficult to control. - Client reports possible mucoid vomiting episodes (difficult to determine source with multiple dogs in household). -Currently fed Blue Buffalo dry food mixed with sweet potatoes and beef broth, recently added Royal Canin canned food. -No current flea, tick, or heartworm preventatives. No known allergies. Eating and drinking normally, normal activity level and play behavior. (1/1/2026)- - Still EDUD WNL, O did say it seems to be the L nostril that is causing breathing issues. P has episodes where she can't breathe very well and O has noticed that P sounds congested as well. There was an episode (12/24/2025) where P had blood coming from her nose.

Abnormal PE/Chem/CBC/UA Results: WBC- 38.30 NEU - 32.92 Mono- 2.06 MPV- 13.5 Plateletcrit- 0.48

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, NECK AND THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull & Neck

Multiple teeth are absent. Mineral attenuating material is attached to the crowns of multiple teeth.

The nasal cavity is obliterated by expansile, uniform soft tissue attenuating and mild irregular moderate contrast enhancing material, R>L. Destruction of the associated nasal conchal structures is seen. The osseous lining of the right nasal cavity – including the palatine and maxillary bone – present extensive permeative osteolysis and are perforated. The expansile nasal soft tissue material is protruding into the medial aspect of the right orbital cavity. The right ocular bulb is displaced rostrolaterally by the mass effect. The cribriform plate and presphenoid bone present aggressive osteolysis and are perforated, the nasal soft tissue material is bulging into the rostroventral aspect of the cranial fossa.

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 moderately prominent.

The esophagus is mildly distended by gas and foamy material.

The remainder of the osseous and soft tissue structures of the neck are within normal limits.

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Thorax

The bony and surrounding soft tissue structures are within normal limits.

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

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.

The lung parenchyma presents the expected architecture and attenuation behavior.

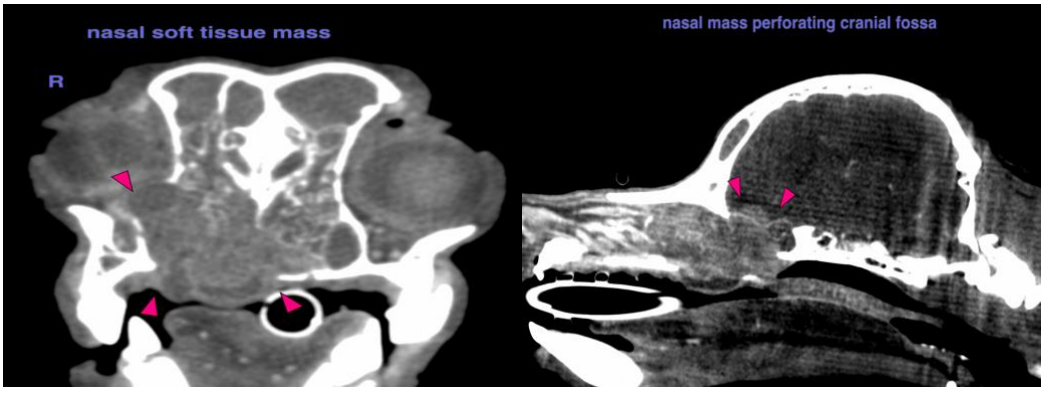
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Biologically aggressive primary nasal soft tissue neoplasia with polyostotic aggressive osteolytic lesions and perforation of the cranial fossa
- Secondary right sided exophthalmos
- Lymphadenopathy mandibular and medial retropharyngeal lymph nodes bilaterally
- Dental tartar
- Multiple absent teeth
- Normal thorax, no evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings present a primary nasal soft tissue neoplasia with local aggressive behavior and invasion of the cranial fossa. Differentials include adenocarcinoma, squamous cell carcinoma lymphosarcoma, other. Rhinoscopy including biopsy can be performed for specification. The Adam tumor stage is 4.

The enlarged regional lymph nodes of the skull are equivocal for reactive lymphoid hyperplasia versus metastatic spread.



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.

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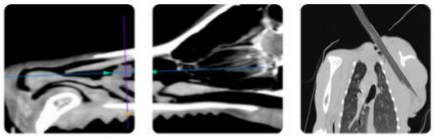

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com