



PATIENT

Roxy Miranda

SPECIES

Canine

BREED

Pitbull Mix

SEX

FS

AGE

5

WEIGHT

31

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Kam

INVOICE

73310

DATE

1-13-26

PRESENTING CLINICAL SIGNS

5x5 cm cystic feeling mass on dorsal skull was noted. 4x4 cm firm mass on right dorsal maxilla was noted

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent.

Centered on the rostral segment of the right maxillary bone, level with triadan 102 to 105/106, an ill-defined, uniform soft tissue attenuating and contrast enhancing mass is seen – presenting a broad base to the maxillary bone. The associated alveolar bone of triadan 102 to 105 presents immature periosteal new bone formation, mild moth eaten osteolysis and the tooth elements 102 to 104 present a significant widened periodontal space. The soft tissue mass is blending with the soft tissue structures of the nose and dissecting in the lateral and ventral aspect of the rostral segment of the right nasal cavity. The soft tissue mass measures approximately 4.1 x 3.0 x 4.6 cm.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

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.

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.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.



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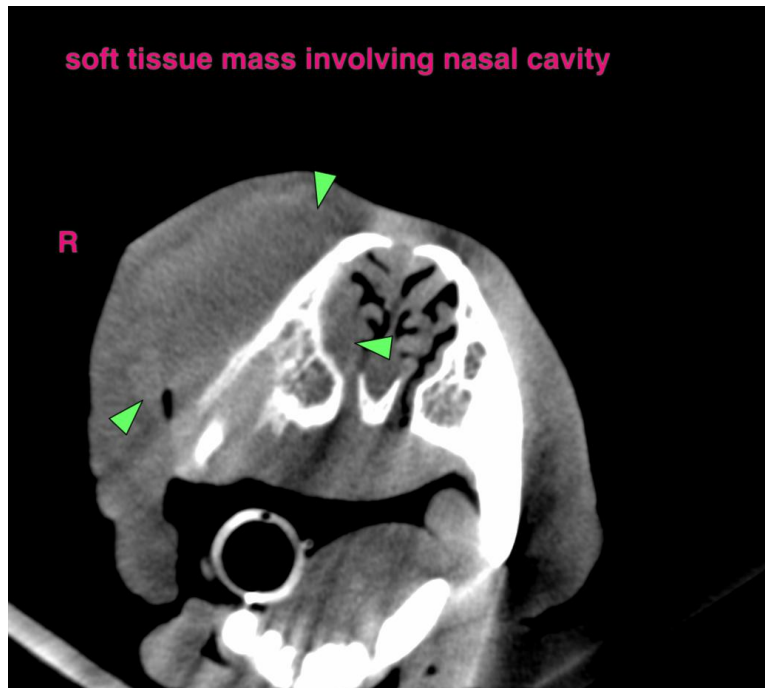
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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass centered on rostral segment of right maxillary bone with semiaggressive mixed osteolytic and osteoproliferative lesions
- Widened periodontal space 102 to 104
- Normal thorax, no evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue mass at the rostral aspect of the right maxillary bone is highly concerning for primary soft tissue neoplasia – such as squamous cell carcinoma, melanoma, fibrosarcoma, other. The findings are atypical for underlying periodontal disease. If not done so yet, recommend FNA sampling/biopsy of the mass for specification.



soft tissue mass involving nasal cavity



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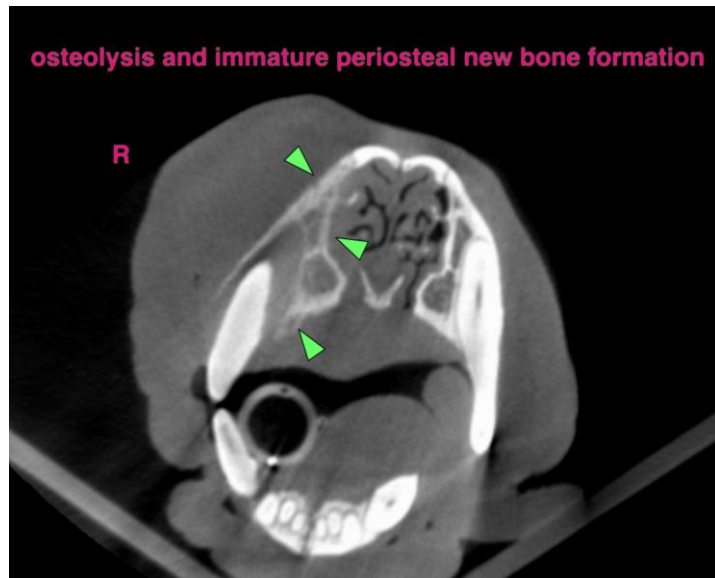
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com