



## PATIENT

Stella Dixon

## SPECIES

Canine

## BREED

Australian CattleDog

## SEX

Spayed Female

## AGE

7 Years

## WEIGHT

41 Pounds

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Samantha Short

## HOSPITAL NAME

Animal Health Care  
Denver

## REFERRING VET

Dr. Cathryn Sayer

## INVOICE

35484

## DATE

1/17/26

## PRESENTING CLINICAL SIGNS

History: Had swelling under right eye and fractured 108, which was extracted on 1/2/26 at referring vet clinic. On 1/15/26 owners took her in for worsening/continued swelling and she was referred for CT scan and sent home with carprofen. In the last few days she has been bleeding from the mass in the mouth where 108 was extracted.

Abnormal PE/Chem/CBC/UA Results: Bloodwork all normal.

## COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

Triadan 108 is absent. The alveolar bone of triadan 105 and 106 presents an expansile geographic osteolytic lesion; measuring 14 mm in diameter.

Centered on the right maxillary bone and rostral half of the right zygomatic arch, a uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen – extending from the level of triadan 107 up to the zygomatic arch and protruding into the subcutaneous tissue along the right aspect of the and into the right orbital cavity caudally. The right ocular bulb is displaced rostr dorsally by the mass effect. The associated osseous structures present permeative osteolytic lesions and perforating the right nasal cavity.

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 present a moderate thickened and rough wall.

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 right mandibular lymph nodes are prominent.

Originating from the right thyroid gland, a mild irregular strong contrast enhancing, well-defined, ovoid shaped mass is seen, measuring 2.2 x 1.8 x 3.5 cm.

### Thorax

Along the thoracic spine, multifocal spondylosis formation is seen.

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.



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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 with randomly distributed interspersed punctuate mineralization and zones with dystelectasis of the dorsal dependent aspects of the lung.

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

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Biologically aggressive soft tissue mass centered on the right zygomatic arch and right maxillary bone with polyostotic
- Secondary right sided exophthalmos
- Right thyroid soft tissue mass without vascular invasion
- Lymphadenopathy right mandibular lymph nodes
- Bilateral otitis externa
- Pulmonary osteomas
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue mass centered on the right maxillary bone and right zygomatic arch is consistent with primary soft tissue neoplasia – such as squamous cell carcinoma, fibrosarcoma, melanoma, other. FNA sampling/biopsy can be performed for specification. Surgical management is considered not feasible.

The expansile geographic osteolytic lesion of the alveolar bone level triadan 105/106 may be unrelated to the aggressive soft tissue mass and can present a benign lateral periodontal cyst.

The right thyroid mass is most suggestive for a separate entity and thyroid carcinoma is most likely.

The prominent mandibular lymph nodes are equivocal for reactive lymphoid hyperplasia versus metastatic spread.



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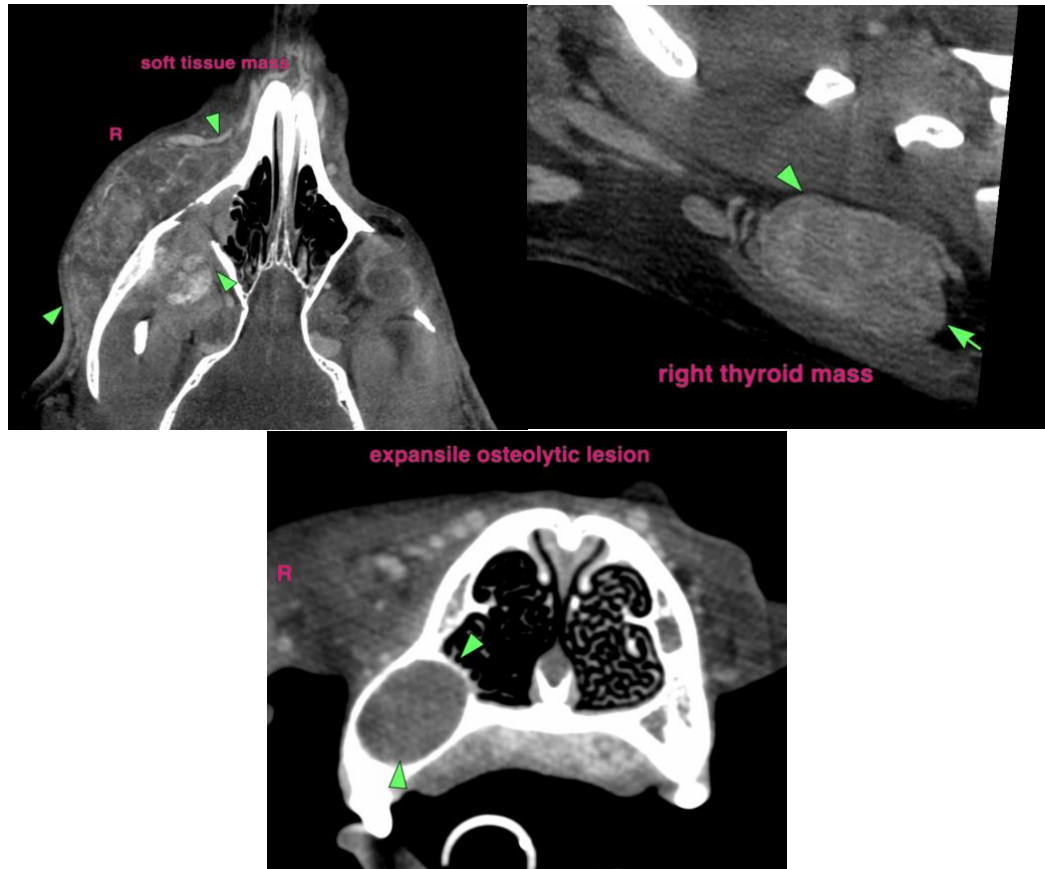
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)