



PATIENT

Kona Page

SPECIES

Canine

BREED

Border Collie

SEX

FS

AGE

14Y

WEIGHT

23.7kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Alexa Jones

HOSPITAL NAME

Alberta Veterinary
Dentistry

REFERRING VET

Dr. Kelli Ramey

INVOICE

73415

DATE

1-21-26

PRESENTING CLINICAL SIGNS

History:

- 6 month history of excessive clear "weeping" discharge of the right eye
- Multiple eye medications have been started (tobramycin, diclofenac, phenirram) all had little overall improvement Since December 2025 - eye swelling has been noted. Exophthalmos OS has been slow progressing. Non-painful on palpation and normal ROM opening mouth. OD does not move in conjunction with OS. Has been on Optixcare eye lubricant since, owner has been applying every 8-12 hours as needed.
- nictitating membrane prominent, does change level of protrusion on a day to day basis
- Referral to Calgary Animal Eye Care for concerns of eye orbit mass or glaucoma - normal globe anatomy, decreased retropulsion, eye pressures elevated but not indicative of glaucoma (OD 33mmHG vs. OS 17mmHG).
- Brief ultrasound completed, confirmed space occupying mass-effect.
- Referral for CBCT w/ contrast for confirmation of neoplasia vs. abscess, etc. and to see if mass can be a surgical candidate
- NEW - owner mentioned that Kona is now snoring at home during deep sleep periods. O has taken videos and it sounds like a deep stertorous snore. New concern if neoplastic mass, further anatomic infiltration vs. age related change?

Abnormal PE/Chem/CBC/UA Results: None applicable

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

In the rostral aspect of the right temporal muscle, a diffuse soft tissue swelling is seen; post contrast administration a peripheral contrast enhancing and central fluid attenuating area is noted in the rostral aspect of the right temporal muscle.

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

Centered on the caudal aspect of the right temporomandibular joint, a multilobulated, uniform soft tissue attenuating and post contrast peripherally accentuated contrast enhancing mass is seen; extending caudally up to the ventral aspect of the right ear canal and distorting the nasopharynx medially. The condylar process of the right mandible presents a well-defined concave depression of the caudal surface. Rostrally the mass is extending into the ventral aspect of the right orbital cavity. The right ocular bulb is displaced rostrally by the mass effect.

The right tympanic bulla is filled with fluid attenuating material and presents a thin and smooth osseous wall. 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.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass centered on the right temporomandibular joint with pressure erosion along the caudal surface of the condylar process of the right mandible and extension into the right orbital cavity
- Secondary right sided otitis media
- Secondary right sided otitis media due to mechanical obstruction of the Eustachian tube
- Cavitory strong ring enhancing lesion rostral aspect of the right temporal muscle

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The multiloculated mass centered on the right temporomandibular joint is compatible with primary soft tissue neoplasia that is originating from the right temporomandibular joint – the odds for myxosarcoma are high. Biopsy can be tried for confirmation, although the diagnostic yield may be limited in cases with myxosarcoma. The distortion of the nasopharynx will explain the described snoring.

The peripheral contrast enhancing lesion in the rostral aspect of the right temporal muscle may present a second entity as it presents imaging features suggestive for abscess formation.





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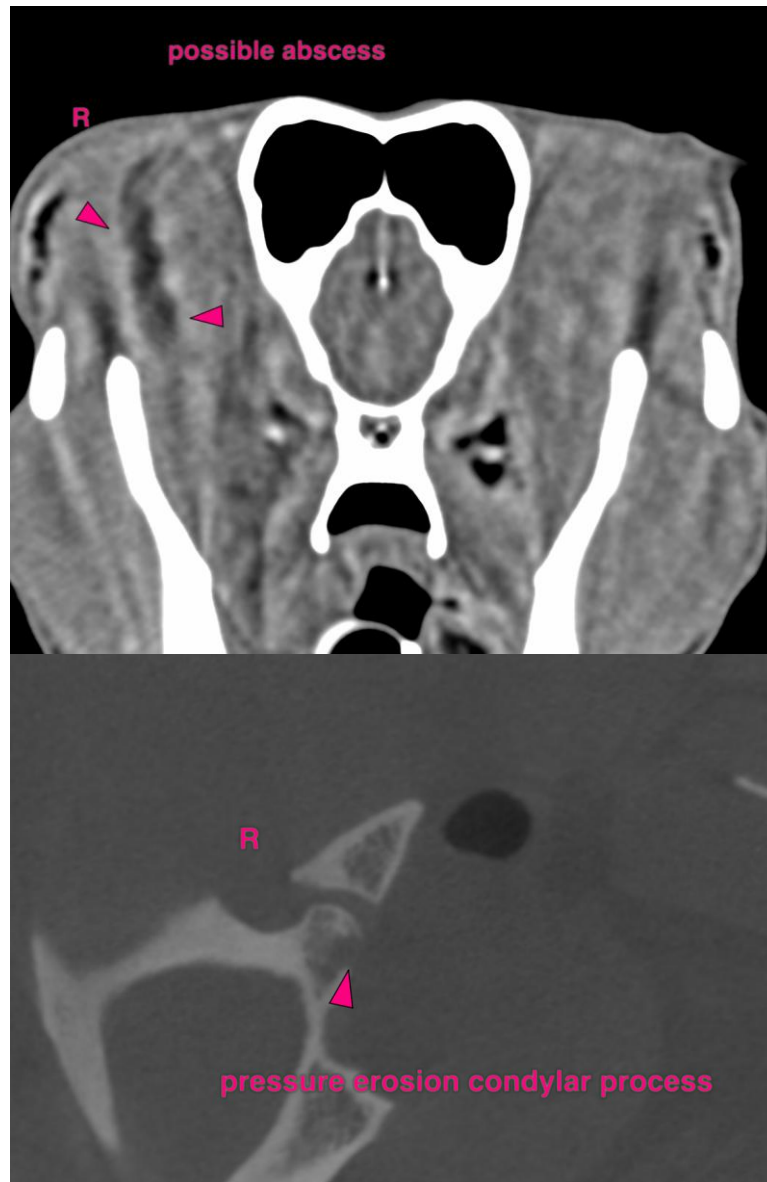
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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