



## PATIENT

Midnight Pawlick

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

MN

## AGE

8

## WEIGHT

35kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Dr. Runde

## HOSPITAL NAME

Northeast Veterinary  
Referral Hospital

## REFERRING VET

Dr. Runde

## INVOICE

73413

## DATE

1-21-26

## PRESENTING CLINICAL SIGNS

History:

- presented for left epistaxis and a recent cutaneous MCT noted via

Abnormal PE/Chem/CBC/UA Results: normal

## COMPUTED TOMOGRAPHY 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 are provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

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

The left nasal cavity is obliterated by a soft tissue attenuating and heterogeneous contrast enhancing mass. Destruction of the associated nasal conchal structures is seen. The nasal septum is deviated to the right by the mass effect. The left frontal sinus is filled with fluid attenuating material. The osseous lining of the left nasal cavity presents fine moth eaten osteolytic lesions.

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.

In the subcutaneous tissue at the caudodorsal aspect of the occipital bone, a well-defined, ovoid shaped soft tissue attenuating nodule is seen; measuring 2.3 x 1.4 x 2.0 cm.

In the subcutaneous tissue of the cranioventral aspect of the neck, a well-defined, ovoid shaped lipoma is seen.

### Thorax

Multiple variable sized, well-defined lipomas are seen along the thoracic wall.

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.



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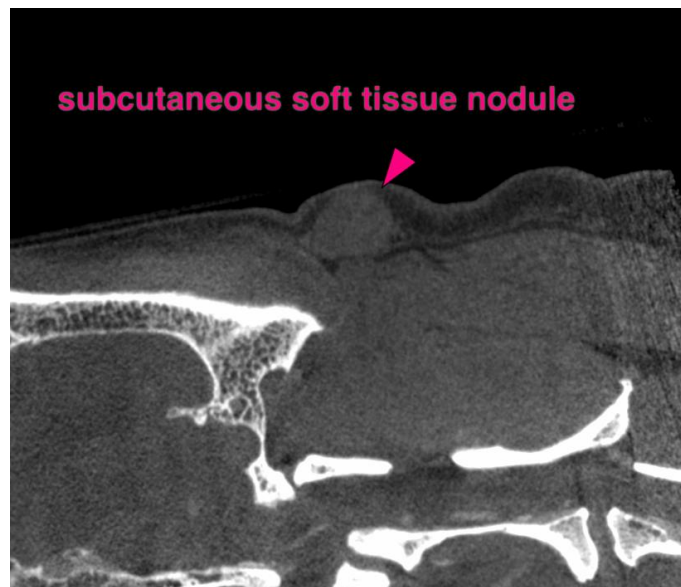
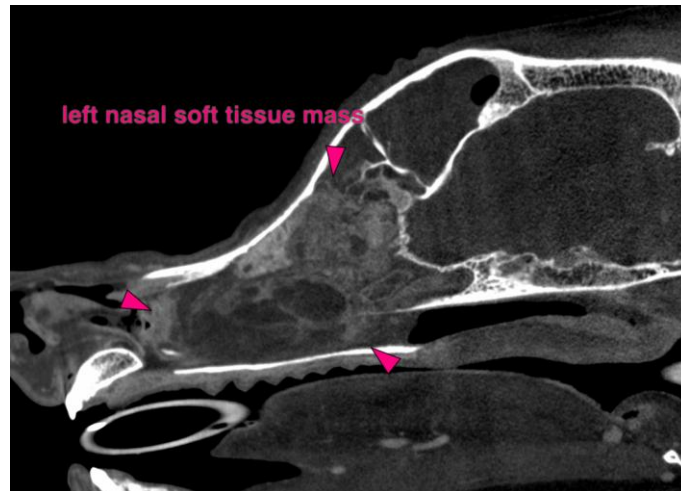
Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left nasal soft tissue mass
- Secondary obstructive sinusitis left frontal sinus
- Subcutaneous soft tissue nodule caudodorsal aspect occiput – history of mast cell tumor
- Multiple lipomas along the thoracic wall and cranioventral aspect of the neck
- No evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left nasal soft tissue mass is consistent with primary nasal soft tissue neoplasia. Differentials include adenocarcinoma, squamous cell carcinoma lymphosarcoma, other. Rhinoscopy including biopsy can be performed for specification. The Adam tumor stage is 1.





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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](mailto:info@sonopath.com)