



## PATIENT

Milo Lemas

## SPECIES

Canine

## BREED

Terrier

## SEX

Male Neutered

## AGE

10Y

## WEIGHT

21lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Mobile Pet Imaging

## HOSPITAL NAME

Mobile Pet Imaging

## REFERRING VET

Armstrong

## INVOICE

73461

## DATE

1-26-26

## PRESENTING CLINICAL SIGNS

Pet finished clindamycin course. O says he had to try many different foods in order for pet to eat the meds. Pet still has nasal discharge (blood tinged) and is out of breath/sneezes profusely when excited. O also said that nasal discharge usually stops at night.

## COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

Multiple teeth are absent.

The left nasal cavity is obliterated by expansile, uniform soft tissue attenuating and heterogeneous contrast enhancing material. Destruction of the associated nasal conchal structures is seen. The osseous lining of the left nasal cavity – including the palatine and maxillary bone – present multifocal aggressive osteolysis and the nasal mass is bulging into the submucosa of the hard palate. The left nasal mass is mildly bulging into the left orbital cavity. The left aspect of the cribriform plate presents multiple defects with perforation 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 filled with non-contrast enhancing soft tissue material. The osseous wall of the tympanic bullae is mildly thickened and smooth. 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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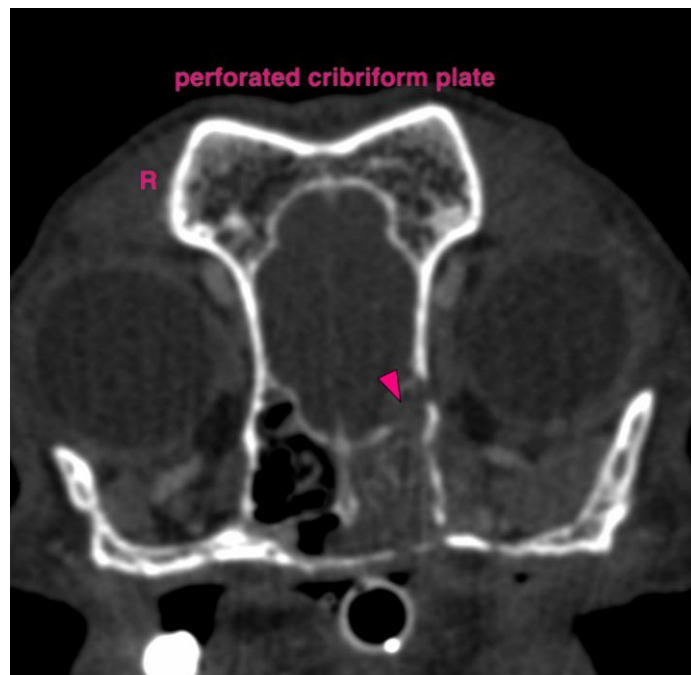
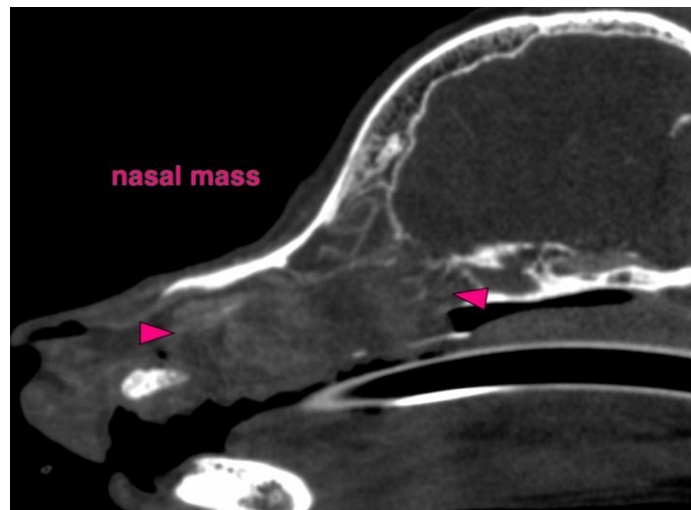
1-26-26

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Biologically aggressive primary left nasal soft tissue neoplasia with polyostotic aggressive osteolytic lesions and perforation of the cranial fossa
- Multiple absent teeth
- No evidence of pulmonary metastatic disease

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The left nasal soft tissue mass is consistent with primary left 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 4.





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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.

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Canine

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.

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

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