

**PATIENT**

Olivia Espinoza

**SPECIES**

Canine

**BREED**

Shih tzu

**SEX**

Female spayed

**AGE**

14Y

**WEIGHT**

6

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**IMAGING PERFORMED BY**

Mobile Pet Imaging

**HOSPITAL NAME**

Mobile Pet Imaging

**REFERRING VET**

Armstrong

**INVOICE**

73462

**DATE**

1-26-26

**PRESENTING CLINICAL SIGNS**

History:

- Nasal discharge from left nostril. Extraction of 204 a few months ago but still pretty bad.

Abnormal PE/Chem/CBC/UA Results: PE normal, Vitals WNL

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

Multiple teeth are absent. The remaining teeth present signs of variable degree of periodontal disease.

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 bulging into the left orbital cavity, and the left ocular bulb is mildly deviated rostr dorsally by the mass effect. The left aspect of the cribriform plate and presphenoid bone present advanced osteolysis Left sided 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 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 left mandibular lymph nodes are prominent.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Biologically aggressive primary left nasal soft tissue neoplasia with polyostotic aggressive osteolytic lesions and perforation of the cranial fossa
- Secondary mild left sided buphthalmos
- Lymphadenopathy of the mandibular lymph nodes – the odds for metastatic spread are increased
- Multiple absent teeth

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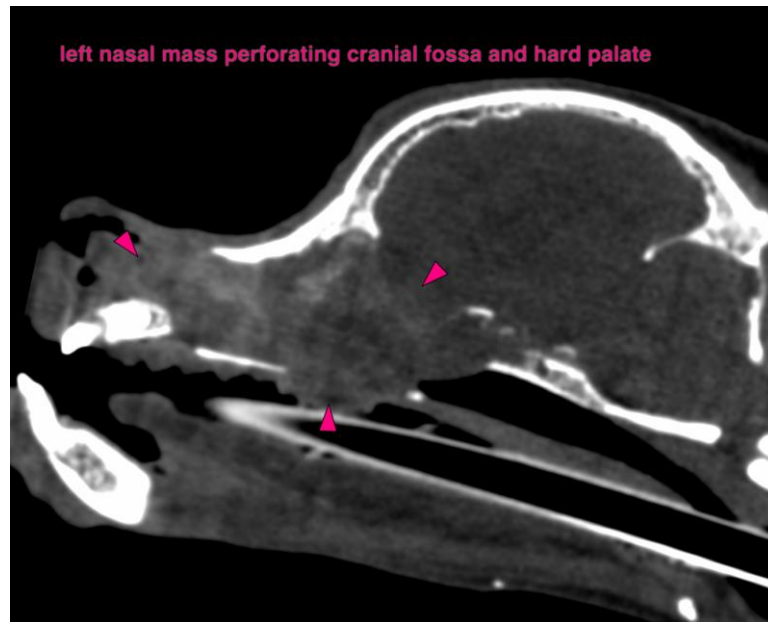
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)