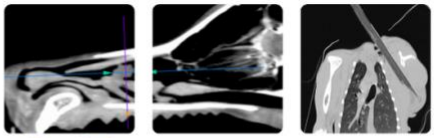

PATIENT

Hawk Osborne

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

11 Years

WEIGHT

34.0 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Victoria Bradshaw

HOSPITAL NAME

Gulf Shore VSS

REFERRING VET

Dr. Byron Young DVM, MS, DACVS

INVOICE

35263

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: Hawk presents for bleeding from one or both sides of nose, owner unsure. A swelling has developed over the right nasal bone over the last two months. An area of mucosal erosion was noted on the right nares. Following CT Hawk was moved to the endoscopy suite for rhinoscopy. A flexible endoscope was advanced into the oral cavity and retroflexed dorsal to the soft palate to view the nasopharynx. The nasopharyngeal openings were symmetrical. No mass effect or discharge was seen in this region. A rigid endoscope was passed through the nares into each nasal passage in turn. Left nasal passage: The overall appearance was normal with slight inflammation. No evidence of bleeding. Right nasal passage: The mucosa was inflamed and bled easily when touched with the endoscope. Bilateral culture swabs submitted for bacterial and fungal culture, nasal mucosal biopsies submitted for histopathology. A small skin was made over the soft tissue swelling over the right nasal bone region. Wedge biopsies were taken from the underlying tissue for histopathology and submitted.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

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

Centered on the rostral segment of the right maxillary bone, level with triadan 104 to 108, a soft tissue attenuating and irregular contrast enhancing mass is seen – bulging into the nasal cavity and subcutaneous tissue at the same level. The soft tissue mass presents mild peripheral granular mineralization and is measuring approximately 4.3 x 3.0 x 2.8 cm: obliterating the rostral segment of the right nasal cavity. Destruction of the associated nasal conchal structures is seen. The associated segment of the right maxillary bone presents permeative osteolysis.

In the caudolateral aspect of the left nasal cavity, a solid, roundish mineral attenuating body is seen, measuring 4 mm in diameter.

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.

Thorax

The vertebral endplates T5/T6 present ventral spondylosis formation.

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The periarticular bones of both shoulder joints present moderate osteophyte new bone formation.

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.

Nodular enlargement of the left adrenal gland is appreciated, measuring up to 13 mm in diameter and presenting an irregular contrast enhancement pattern.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic aggressive osteolytic lesion right maxillary bone with associated soft tissue mass
- Small osteoma caudal aspect left nasal cavity, incidental
- Nodular enlargement left adrenal gland without vascular invasion – (non)functional benign nodular hyperplasia versus early stage of neoplastic transformation
- Osteoarthrosis shoulder joints bilaterally
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinically appreciated swelling is caused by primary osseous neoplasia of the right maxillary bone – such as osteosarcoma, chondrosarcoma, fibrosarcoma. Theoretically primary nasal soft tissue neoplasm is a differential, but the behavior of the mass is unusual (e.g. adenocarcinoma, squamous cell carcinoma). Biopsy has already been performed for specification, regarding the history.

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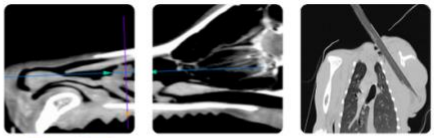

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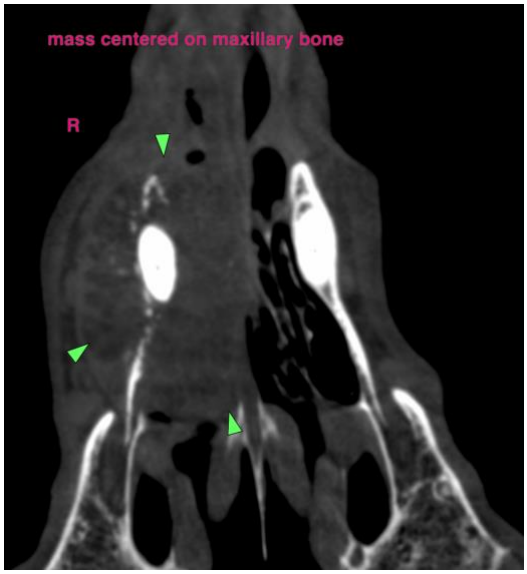

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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