

PATIENT

Bob Haley

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

5 Years

WEIGHT

33 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

35370

DATE

10/30/25

PRESENTING CLINICAL SIGNS

History: Bob presents for an oral mass located on the left mid maxilla and palatine region. After CT Bob was moved to the surgery suite for a more thorough exam of the oral mass and biopsy. A buccal mucosal incision was made above the left canine tooth over the mass. A 1 cm wedge of the mass was removed for biopsy.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

The dentition is complete.

Centered on the alveolar bone of the left maxillary bone and horizontal plate of the left maxillary bone level with triadan 205 to 208, an expansile, soft tissue attenuating mass with interspersed amorphous mineralization is seen – protruding predominantly into the left nasal cavity. Destruction of the associated nasal conchal structures is seen. The affected osseous structures present ill-defined aggressive osteolysis with localized complete loss of the anatomy of the osseous structures. The nasal septum is mildly deviated to the right by the mass effect. The caudal aspect of the left nasal cavity and the left frontal sinus are obliterated by fluid attenuating material.

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

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 present a significant thickened wall with increased contrast uptake.

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.

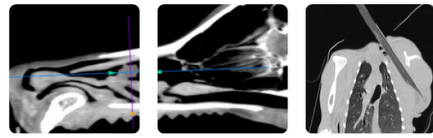
The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Polyostotic aggressive osteolytic lesion left maxillary bone and left palatine bone level with triadan 205 to 208 with large soft tissue component
- Secondary left sided rhinosinusitis
- Bilateral otitis externa

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appreciated mass is consistent either with primary osseous neoplasia – such as osteosarcoma, chondrosarcoma – or primary nasal soft tissue neoplasia (e.g. adenocarcinoma, fibrosarcoma). Biopsy of the mass has already been performed for specification. Based on biopsy results, the chances of



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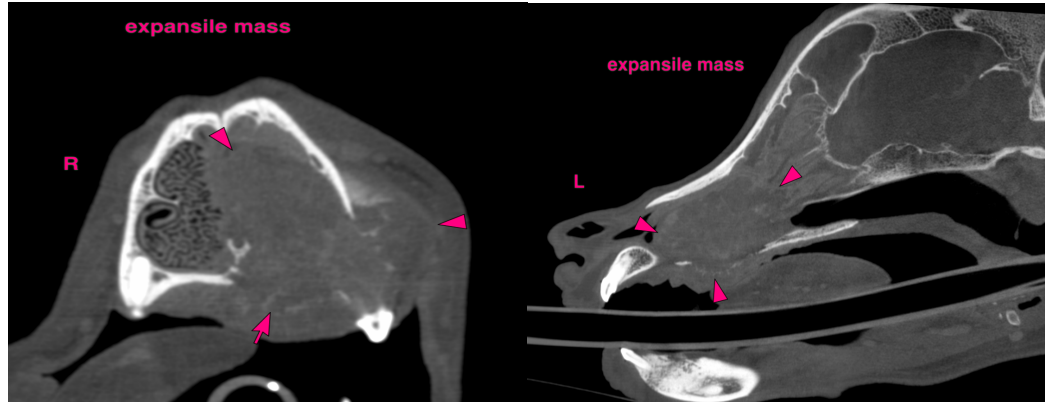
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radiation therapy can be discussed with oncologist. In case of primary nasal soft tissue neoplasia, the Adam tumor stage is 3.

Consider full tumor staging.



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
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