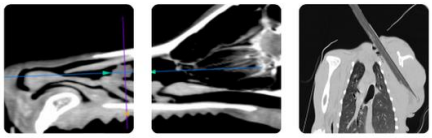

PATIENT

Snoopy Elmini

SPECIES

Canine

BREED

Lab Am Bull Mix

SEX

Male Neutered

AGE

5Y

WEIGHT

34kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Roman

INVOICE

72545

DATE

11-10-25

PRESENTING CLINICAL SIGNS

Nasal discharge, Sneezing.

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.

The left nasal cavity and left frontal sinus are 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 and frontal sinus present multifocal advanced permeative osteolysis and the nasal mass is bulging into to the subcutaneous tissue and left orbital cavity. The cribriform plate and rostral aspect of the left frontal bone present advanced aggressive osteolysis and the left nasal soft tissue mass is protruding into the left rostral cranial fossa; a mild midline shift of the falx to the right is visible.

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.

Nodular enlargement of the lateral of the left mandibular lymph nodes and the left medial retropharyngeal lymph node is appreciated – presenting a heterogeneous contrast enhancement pattern.

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Biologically aggressive primary left nasal soft tissue neoplasia with polyostotic aggressive osteolytic lesions and perforation of the cranial fossa
- Lymphadenopathy left mandibular lymph node and left medial retropharyngeal lymph node
- Normal thorax, no evidence of pulmonary metastatic disease

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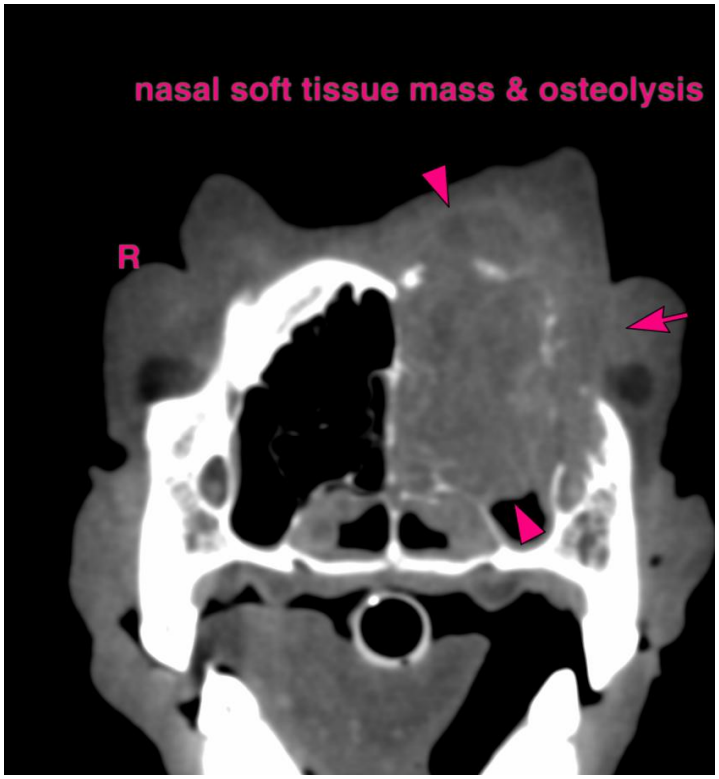
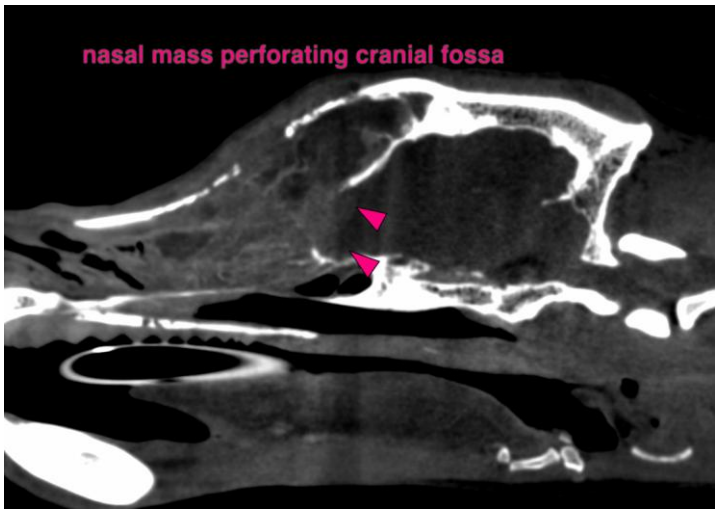
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left nasal soft tissue mass is consistent with biologically aggressive primary nasal soft tissue neoplasia - Differentials include adenocarcinoma, squamous cell carcinoma lymphosarcoma, other. FNA sampling of the subcutaneous swelling ± rhinoscopy including biopsy can be performed for specification. The Adam tumor stage is 4.

The enlarged regional lymph nodes are indicative for metastatic spread.





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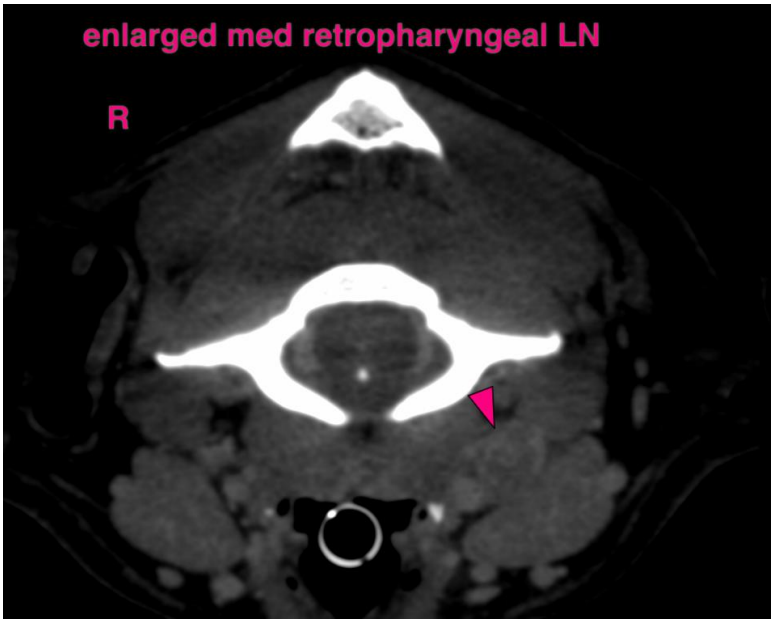

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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