



## PATIENT

Josh Earnshaw

## SPECIES

Canine

## BREED

Jack Russell Terrier

## SEX

Male

## AGE

12 Years

## WEIGHT

9.3 kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Dr. Klaudia Czarna

## HOSPITAL NAME

Animal Trust Bolton

## REFERRING VET

Dr. Klaudia Czarna

## INVOICE

35529

## DATE

11/14/25

## PRESENTING CLINICAL SIGNS

History: Owner noted sneezing a few months ago, approx. April was the first time when started coughing. Started prednisolone but no improvement was noted. Was also diagnosed with heart murmur at the same time. He is taking Vetmedin BID and Metacam SID. Had dental extractions in August but VS couldn't complete procedure as Josh become unstable and started deteriorating under GA. Not been himself for the last few months. Presented today for CT scan - soft tissue swelling noted over right side of the muzzle. Feels soft, bone seems to be missing. Another marked swelling above the right eye Biopsy taken.

## COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & NECK

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

## COMPUTED TOMOGRAPHIC FINDINGS

Multiple teeth are absent. Triadan 204, 208 and 209 present a marked widened periodontal space. The mesial roots of triadan 208 are fractured level with the dental neck. Retained roots of triadan 108 are appreciated in the respective alveolar crest.

The right nasal cavity and right frontal sinus are occupied by an expansile, uniform soft tissue attenuating and heterogeneous contrast enhancing mass. Destruction of the associated nasal conchal structures is seen. The osseous lining of the right frontal sinus is perforated by the mass and fluid attenuating material is bulging into the subcutaneous tissue at the same level. The osseous lining of the right nasal cavity presents multifocal moth eaten osteolytic lesions and is perforated. The nasal septum is perforated, and the right nasal mass is protruding into the left nasal cavity. The cribriform plate presents zones with aggressive osteolysis and is perforated.

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 right mandibular lymph nodes and right medial retropharyngeal lymph node are prominent and present a heterogeneous contrast enhancement pattern.

The vertebral endplates C2/C3 to C4/C5 present spondylosis formation. The intervertebral disc space C3/C4 is narrowed.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Biologically aggressive primary right nasal soft tissue neoplasia with polyostotic aggressive osteolytic lesions and perforation of the cranial fossa
- Lymphadenopathy right mandibular lymph nodes and right medial retropharyngeal lymph node
- Advanced periodontal disease 204, 208 and 209
- Fractured mesial roots 208



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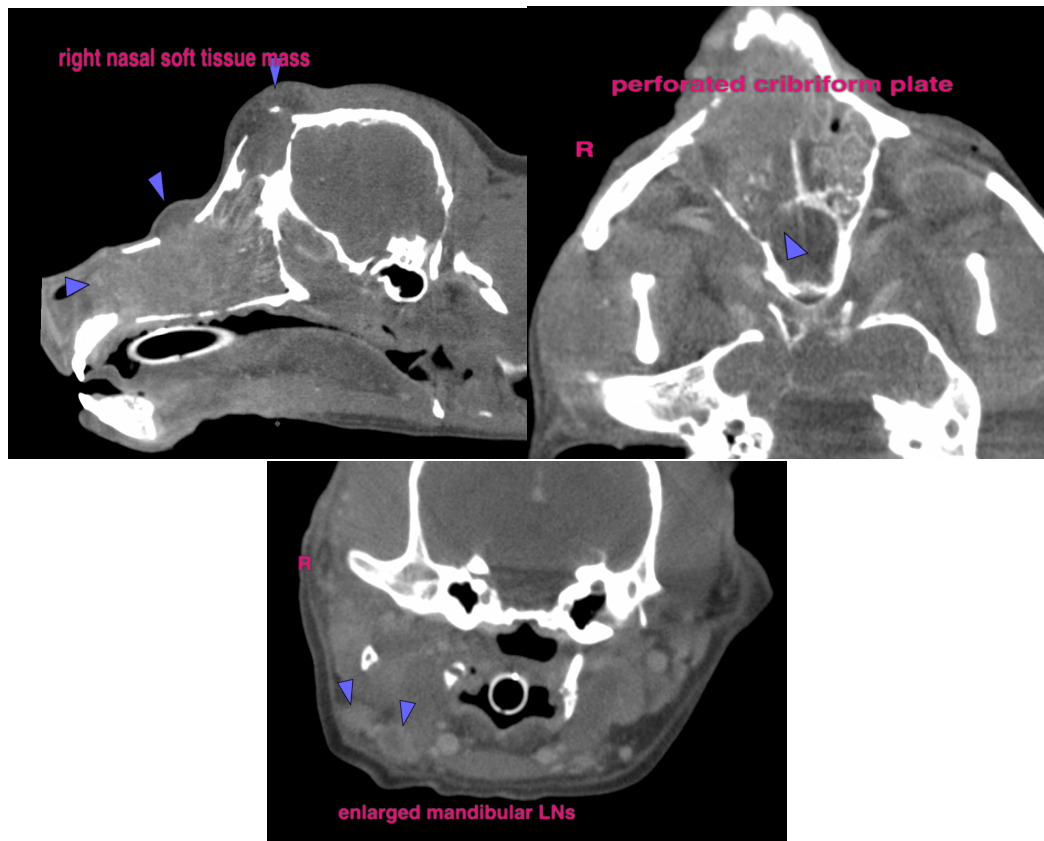
11/14/25

- Chronic discopathy C3/C4
- Spondylosis deformans C2/C3 to C4/C5

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right nasal soft tissue mass is consistent with primary nasal soft tissue neoplasia - differentials include adenocarcinoma, squamous cell carcinoma lymphosarcoma, other. FNA sampling of the subcutaneous swelling –may not be diagnostic as the subcutaneous lesions appear to be filled with mucus – or rhinoscopy including biopsy can be performed for specification. The Adam tumor stage is 4.

The enlarged regional lymph nodes are highly suggestive for metastatic spread.



**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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