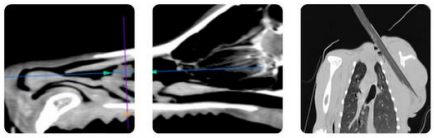

PATIENT

Ella Stewart

SPECIES

Canine

BREED

Wire Hair Pointer Griffon

SEX

FS

AGE

3Y

WEIGHT

26kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Mountain West Veterinary Specialists

HOSPITAL NAME

Mountain West Veterinary Specialists

REFERRING VET

Dr. Andrew Burton

INVOICE

72472

DATE

11-3-25

PRESENTING CLINICAL SIGNS

Nasal obstruction- 9/21/25 noticed pt sneezing, acting as if something is stuck in the nose, and occasional clear liquid discharge from the nostril. Left nostril has not airflow. Recommended nasal scope and after scope IM recommended CT and poss surgery to remove. CT looks more mass like than foreign body.

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

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

The left nasal cavity is obliterated by expansile, soft tissue attenuating material with an amorphous mineralizing lesion in the rostral aspect. Destruction of the associated nasal conchal structures is seen. The nasal septum is deviated to the right by the mass effect. The left frontal sinus is filled with fluid attenuating material.

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Expansile left nasal soft tissue mass with localized mineralizing component

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left nasal soft tissue mass can present both primary nasal soft tissue neoplasia – such as osteosarcoma, chondrosarcoma, adenocarcinoma – or benign hamartoma. Rhinoscopy including biopsy can be performed for specification. If diagnosis of hamartoma can be confirmed, surgical excision of the mass via rhinotomy may be an option. If biopsy reveals neoplasia, the Adam tumor stage is 1

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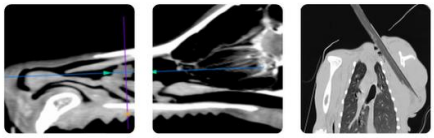

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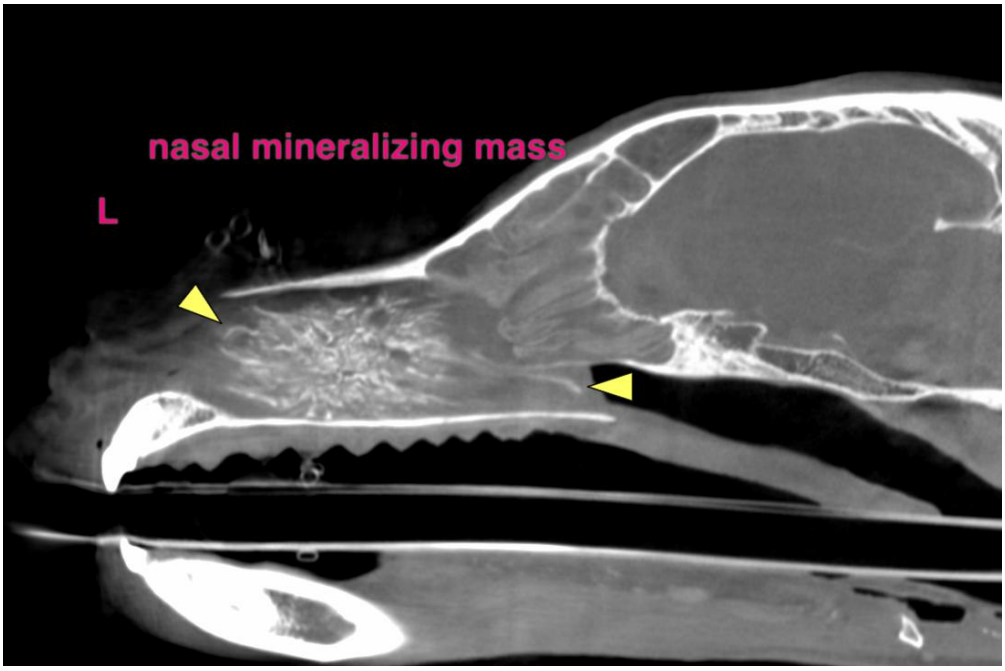

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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