



## PATIENT

Casey Bement

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Neutered Male

## AGE

9 Years 10 Months

## WEIGHT

109

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Tracy Egan

## HOSPITAL NAME

Animal Clinic  
Northview

## REFERRING VET

Dr. Theresa  
Cunningham

## INVOICE

35448

## DATE

11/7/25

## PRESENTING CLINICAL SIGNS

History: Presenting for recheck of left eye, third eyelid of left eye seems inflamed. Left eye seems to be more pronounced to the left than previous weeks. Continues to be unbothered by eye. e/d normal no v/d/s/c. Current medication: Rimadyl BID, Clavamox BID, Oticcare BID  
Abnormal PE/Chem/CBC/UA Results: OS exophthalmic with lateral strabismus

## COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

The tooth elements 308 and 408 are absent. Triadan 110 presents a periapical widened periodontal space.

Centered on the medial osseous wall of the left orbital cavity, a uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen. The affected osseous structures present immature mild periosteal new bone formation and advanced aggressive osteolysis and the soft tissue mass is protruding into the left nasal cavity, left orbital cavity and left rostral cranial fossa. The left ocular bulb is displaced rostrolaterally by the mass effect. The left frontal sinus is partially 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 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.

The cranial tip of the spinous process of C2 is appreciated as an isolated ossification center dorsal to C1.

### Thorax

Along the medial aspect of the left shoulder joint, multiple well-defined, small mineral attenuating bodies are seen.

Along the thoracic wall multiple lipomas are seen.

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.



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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 soft tissue mass centered on medial wall of left orbital cavity with perforation of the cranial fossa and left nasal cavity
- Secondary left sided exophthalmos
- Isolated ossification center cranial aspect spinous process C2
- Metaplasia medial aspect joint capsule left shoulder joint
- Periapical granuloma 110
- Absent triadan 308 and 408
- Multiple lipomas along thoracic wall
- No evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinically appreciated left sided exophthalmos is a sequela to a large soft tissue neoplasm centered on the medial wall of the left orbital cavity, I consider the odds for primary nasal neoplasm high – differentials include adenocarcinoma, squamous cell carcinoma, fibrosarcoma, osteosarcoma, other. Ultrasound guided FNA sampling or rhinoscopy with biopsy can be performed for specification. The Adam tumor stage is 4.



**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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