



PATIENT

Billie Pomfret

SPECIES

Canine

BREED

German Spitz

SEX

M

AGE

10Y, 3M

WEIGHT

10.4kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Ana Valega

INVOICE

72952

DATE

12-11-25

PRESENTING CLINICAL SIGNS

Imported from Portugal Since Aug 2025 sneezing, coughs, initially no discharge, sounds like clearing throat - now with bilateral nose discharge and swollen nose Prev radiography bloods: mild non regen anaemia, mildly increased basophils, T4 16 angio snap: negative chest rads: VHS 9.5-10, cranial mediastinum poss slightly enlarged, lung pattern consistent with older dog changes, otherwise nad neck rads: st opacity ventral to hyoid apparatus- is palpable however feels cartilaginous (ddx normal anatomical variation v mass/swelling), otherwise nad BAL taken neutrophilic inflammation URT FLUID & SWAB : negative Angiostrongylus vasorum RealPCR NEGATIVE Crenosoma vulpis RealPCR NEGATIVE Bordetella bronchiseptica RealPCR NEGATIVE Canine Respiratory Coronavirus RealPCR NEGATIVE Mycoplasma cynos RealPCR NEGATIVE Canine Pneumovirus RealPCR NEGATIVE Today Upper respiratory panel taken, waiting on results
Abnormal PE/Chem/CBC/UA Results: ALT 194 U/L (10-125) ALP 371 U/L (23-212) GGT 27 U/L (11)

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

All teeth but triadan 108, 110, 206, 310, 311, 403 and 408-409 are absent.

Centered on the osseous lining of the rostral aspect of the nasal cavity and the horizontal plate of the palatine bone bilaterally, a diffuse soft tissue swelling with a heterogeneous contrast enhancement pattern is appreciated. The affected osseous structures present extensive permeative osteolysis. The most rostral segment of the nasal cavity is obliterated by the soft tissue 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.

The most medial aspect of the right external ear canal and right tympanic bulla are obliterated by polypoid soft tissue material.

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 mandibular lymph nodes are prominent.

Thorax

Along the thoracic spine, multifocal spondylosis formation is seen. Level with the intervertebral disc spaces T12/T13 and T13/L1, mild mineralized disc material is protruding into the vertebral canal, occupying approximately <20% of the cross-sectional area of the vertebral canal at the same level.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

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, but zones of dystelectasis of the ventral dependent aspects of the lung.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

In the pictured parts of the cranial abdomen, a small metal attenuating screw is appreciated in the pyloric antrum.

COMPUTED TOMOGRAPHIC DIAGNOSIS

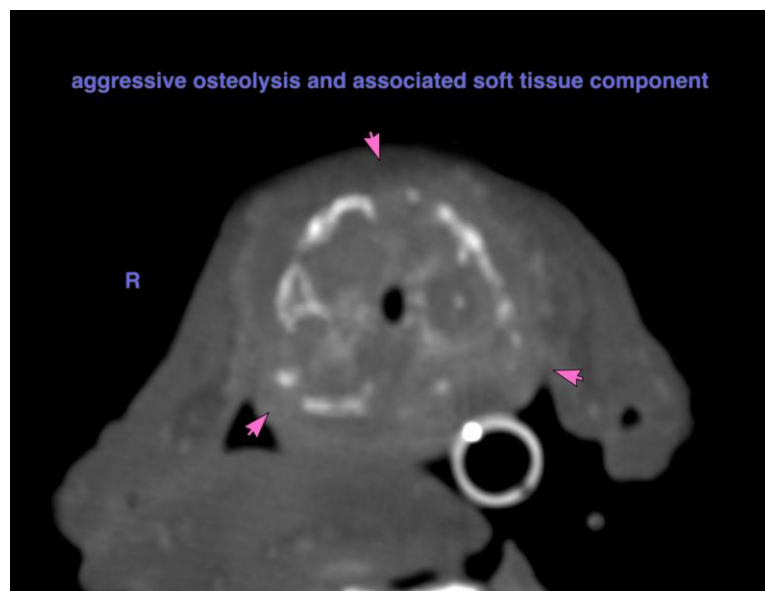
- Polyostotic aggressive osteolytic lesions osseous lining nasal cavity with associated diffuse soft tissue swelling
- Lymphadenopathy mandibular lymph nodes
- Polypoid lesion right external ear canal/right tympanic bulla
- Multiple absent teeth, see above
- Gastric foreign body – small screw – without mechanical obstruction
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The osseous changes of the nasal cavity along with the soft tissue component are consistent with primary soft tissue neoplasia – such as adenocarcinoma, squamous cell carcinoma, hemangiosarcoma. Biopsy can be performed for specification.

The prominent mandibular lymph nodes are equivocal for reactive lymphoid hyperplasia versus metastatic spread.

Otoscopic evaluation of the right external ear canal can be performed for specification of the polypoid soft tissue lesion in the ear canal.





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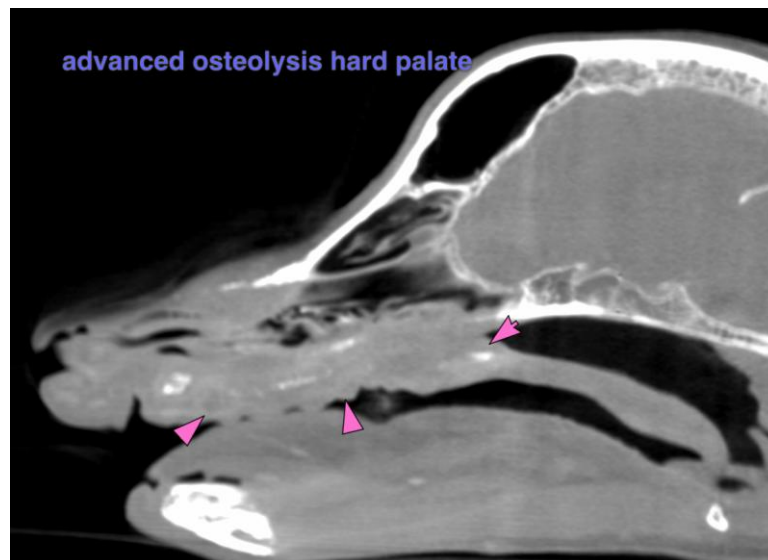
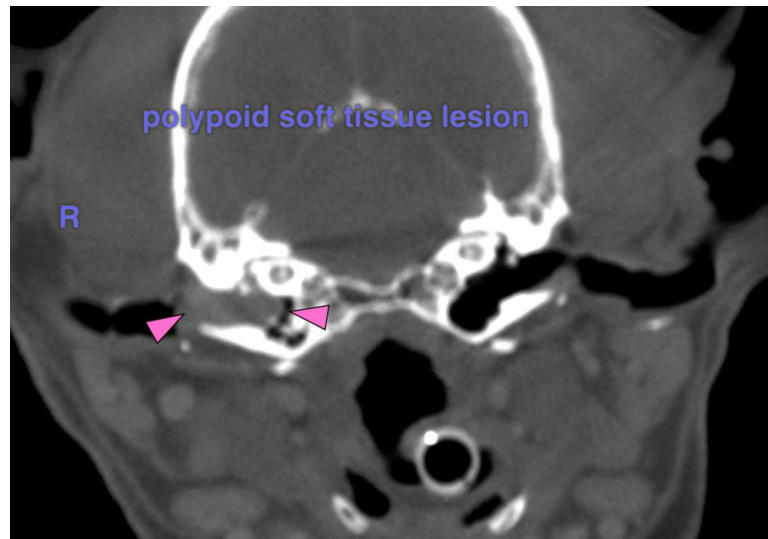
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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