



## PATIENT

Mia Mungia

## SPECIES

Canine

## BREED

Cockapoo

## SEX

FS

## AGE

11

## WEIGHT

6.2

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

David

## HOSPITAL NAME

Animal Surgical Center  
- Oceanside

## REFERRING VET

Kam

## INVOICE

73743

## DATE

2-12-26

## PRESENTING CLINICAL SIGNS

- OD: wnl
- OS: severe swelling of the left eye, fluid filled pocket, the eye is completely closed, there was a mass on the medial canthus of the eye causing sinking of the eye globe and occupying entire part of the globe

## COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

Multiple teeth are absent. The remaining teeth present variable degree of periodontal disease.

Centered on the left frontal sinus, an expansile, uniform soft tissue attenuating and heterogeneous contrast enhancing mass, presenting fluid attenuating pockets, is seen – protruding into the subcutaneous tissue of the forehead. The associated osseous structures – including the frontal bone bilaterally, left nasal bone, left maxillary bone present extensive permeative osteolysis with perforation of the cranial fossa. The mass of the left frontal sinus is protruding into the left orbital cavity, deviating the left ocular bulb rostroventrally.

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 left external ear canal is obliterated by soft tissue attenuating material that presents subjective mild contrast uptake.

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 left medial retropharyngeal lymph node is prominent.

### Thorax

Multiple intervertebral discs along the thoracic spine present central mineralization.

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.

In the pictured parts of the abdomen, a globoid, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is protruding from the body of the spleen.



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## COMPUTED TOMOGRAPHIC DIAGNOSIS

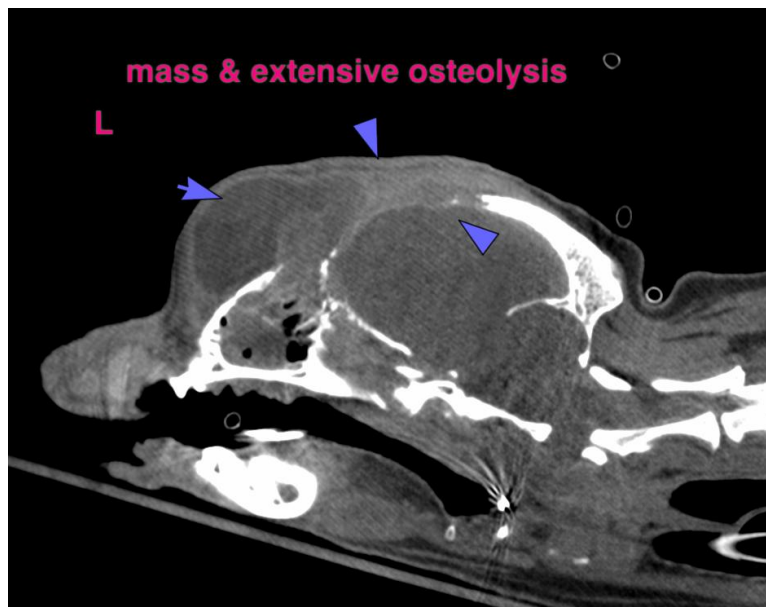
- Biologically aggressive primary soft tissue neoplasia – likely originating from the left frontal sinus – with polyostotic aggressive osteolytic lesions and perforation of the cranial fossa
- Secondary left sided exophthalmos
- Lymphadenopathy left medial retropharyngeal lymph node
- Splenic soft tissue mass
- Multifocal chondroid disc degeneration along the thoracic spine
- No evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinically appreciated cavitory mass is a sequela to primary soft tissue neoplasia most likely originating from the left frontal sinus – the top differentials are adenocarcinoma or squamous cell carcinoma. Biopsy can be performed for confirmation.

The prominent left medial retropharyngeal lymph node is equivocal for reactive lymphoid hyperplasia versus metastatic spread.

The splenic soft tissue mass can present nodular hyperplasia or soft tissue neoplasia (e.g. sarcoma, metastasis).





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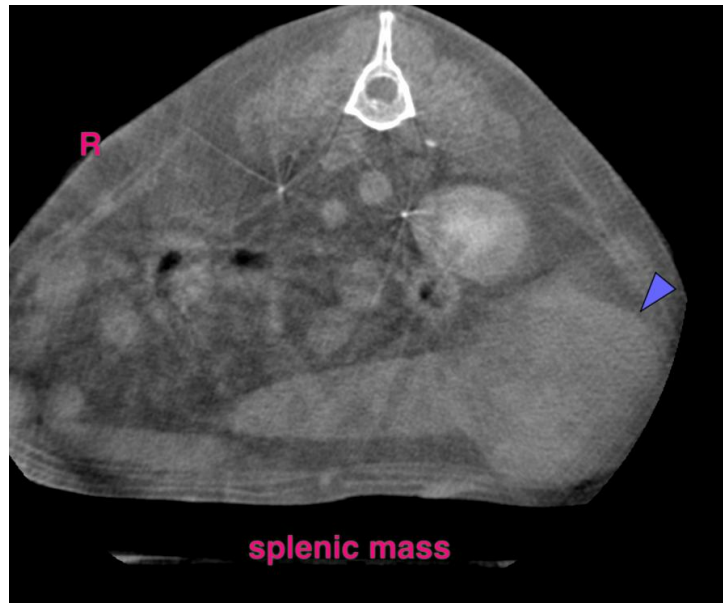
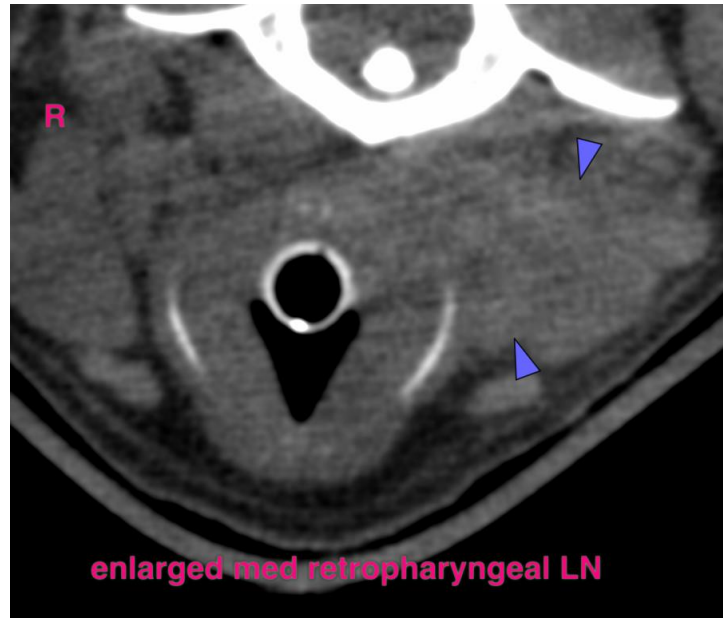
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)