



PATIENT

Oliver Vorndran

SPECIES

Canine

BREED

Goldendoodle

SEX

MN

AGE

6Y, 7M

WEIGHT

34lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Jenna W./Lisa C.

HOSPITAL NAME

Animal Clinic
Northview

REFERRING VET

Randall V. Hutchison,
DVM

INVOICE

73732

DATE

2-12-26

PRESENTING CLINICAL SIGNS

- compare to 9/10/25 CT
- The patient has a history of “malignant polyp” in the right caudal nasal passage.
- Also, Right sided nasal bleeding has increased the last one to two months
- Thorax for met check

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

The pictured parts of the dentition are complete. Triadan 104 presents periapical lysis of the alveolar bone and resorptive lesions of the apical aspect of the root.

In both nasal cavities, advanced destruction of the conchal structures and the nasal septum is appreciated. In the caudal aspect of the nasal cavity, non-contrast enhancing material is attached to the remaining conchal structures and obliterating the right frontal sinus. The dorsal osseous lining of the right frontal sinus and the right maxillary bone present multifocal moth eaten defects.

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.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Advanced conchal destruction – suspect preceding radiotherapy
- Rhinitis



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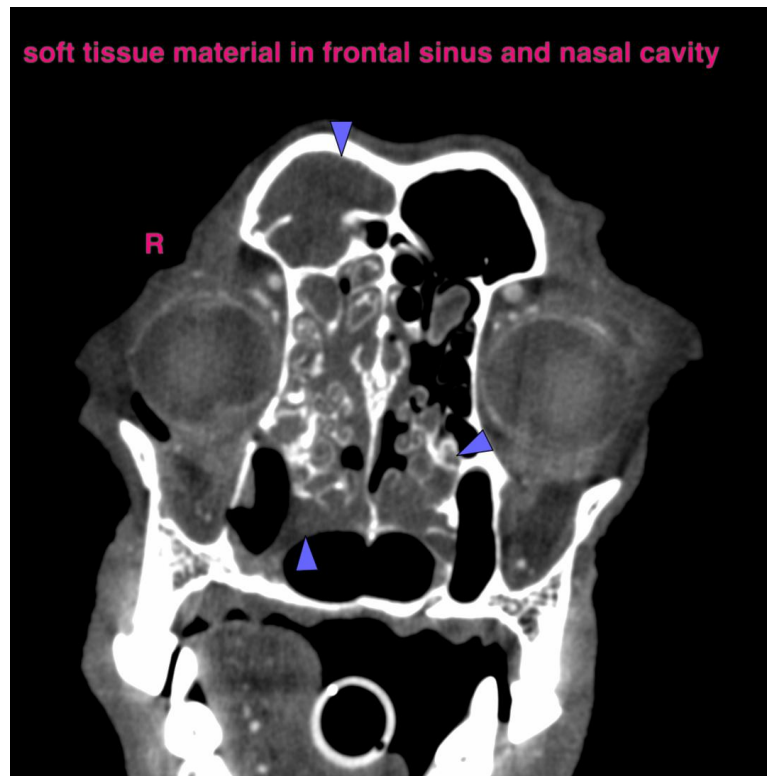
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- Soft tissue material obliterating right frontal sinus
- Polyostotic aggressive osteolytic lesions
- Apical granuloma 104
- Normal thorax, no evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are indicative for preceding radiotherapy and secondary advanced destruction of the intranasal anatomical structures along with sinusitis of the right frontal sinus. Theoretically a non-contrast enhancing soft tissue mass in the right frontal sinus is a differential, but I consider the odds low.



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.

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