



PATIENT

Molly Chu

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

10 Years

WEIGHT

23 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Victoria Bradshaw

HOSPITAL NAME

Gulf Shore Veterinary
Specialty Surgery

REFERRING VET

Dr. Byron Young DVM,
MS, DACVS

INVOICE

13916

DATE

02/19/26

PRESENTING CLINICAL SIGNS

- Molly presents for CT and rhinoscopy. History of left side nosebleed. Following CT Molly was moved to the endoscopy suite for rhinoscopy. A flexible endoscope was advanced into the oral cavity and retroflexed dorsal to the soft palate to view the nasopharynx. Blood was seen in the left side nasopharyngeal opening. A rigid endoscope was passed through the nares into each nasal passage in turn. Left nasal passage: the mucosa was edematous and bled easily. No polyp or other mass was seen. Right nasal passage: mucosa appeared normal. Bilateral culture swabs submitted for bacterial and fungal culture, nasal mucosal biopsies submitted for histopathology.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The tooth element 106 is absent.

The left nasal cavity is obliterated by an expansile, uniform soft tissue attenuating and heterogeneous contrast enhancing mass. Destruction of the associated nasal conchal structures is seen. The left nasal soft tissue mass is perforating the nasal septum protruding into the right nasal cavity. The osseous lining of the nasal cavity presents multifocal moth eaten osteolytic lesions. The frontal sinus bilaterally is obliterated by non-contrast enhancing soft tissue 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.

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.



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

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Abdomen

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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

Goldendoodle

The adrenal glands are within normal limits for size, shape and organ architecture.

SEX

The liver presents with normal shape, even surface, uniformly attenuating parenchyma; post contrast administration, multiple irregular mild hypoattenuating roundish lesion are appreciated throughout the hepatic parenchyma.

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Originating from the caudal extremity of the spleen, a glenoid, uniform soft tissue attenuating and irregular contrast enhancing mass is seen, measuring 6.6 cm in diameter. In the hilar region of the spleen, multiple small, well-defined, fat attenuating lesions are appreciated.

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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

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The bony and surrounding soft tissue structures reveal no abnormalities.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Expansile nasal soft tissue mass with polyostotic semi aggressive osteolytic lesions
- Secondary bilateral obstructive sinusitis of the frontal sinus
- Splenic soft tissue mass
- Multiple small myelolipomas along the hilar region of the spleen
- Multiple post contrast irregular hypoattenuating hepatic lesion
- Absent triadan 106
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The nasal soft tissue mass is consistent with primary nasal soft tissue neoplasia. Differentials include adenocarcinoma, squamous cell carcinoma lymphosarcoma, other. Rhinoscopy including biopsy can be performed for specification. The Adam tumor stage is 2.

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The splenic soft tissue mass is most consistent with a second entity, both benign nodular hyperplasia or splenic soft tissue neoplasm are potentials – such as sarcoma. There is little chance for splenic metastasis of the nasal soft tissue mass.

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The hypoattenuating hepatic lesion are not specific and can present regeneration nodules, metabolic hepatic disease, complex hepatic cysts, hepatitis or neoplastic infiltration (e.g. metastasis).

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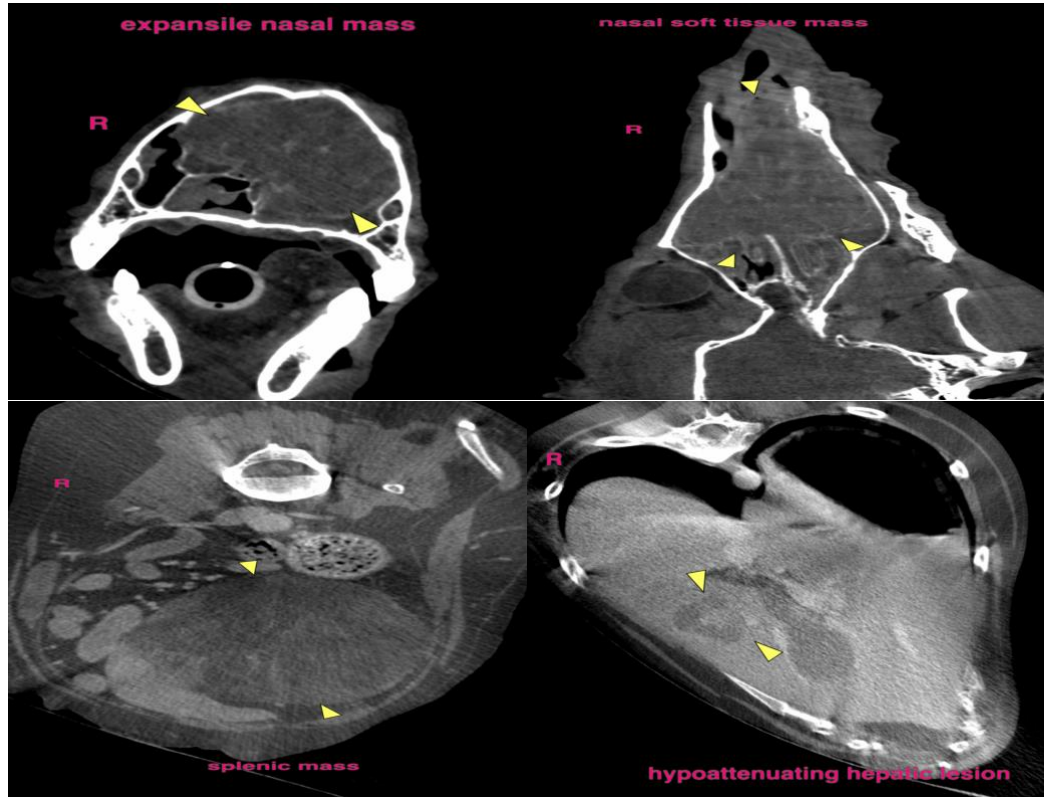
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com