



PATIENT

Jenga Koller

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

11

WEIGHT

26kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary
Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

73904

DATE

2-23-26

PRESENTING CLINICAL SIGNS

- presented for congestion and nasal swelling and sneezing - acute onset - started about 48 hours ago

Abnormal PE/Chem/CBC/UA Results: normal

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The crown of triadan 309 is absent and the respective roots are retained in the alveolar bone.

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 horizontal plate of the left palatine bone and the right maxillary bone level with triadan 208 present aggressive osteolysis and are perforated. The left nasal mass is protruding into the subcutaneous tissue at the left lateral aspect of the nose and the submucosa of the hard palate. The left frontal sinus is partially filled with non-contrast enhancing 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 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

Along the thoracic spine, multifocal spondylosis formation is 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.

The lung parenchyma presents the expected architecture and attenuation behavior with randomly distributed interspersed punctuate mineralization.

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



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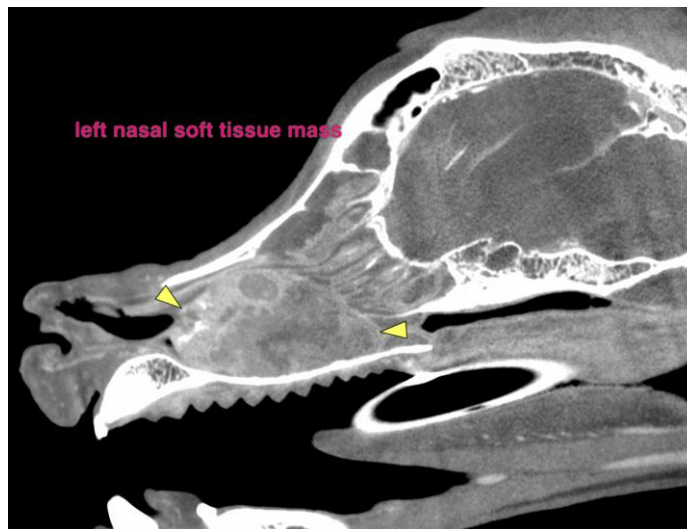
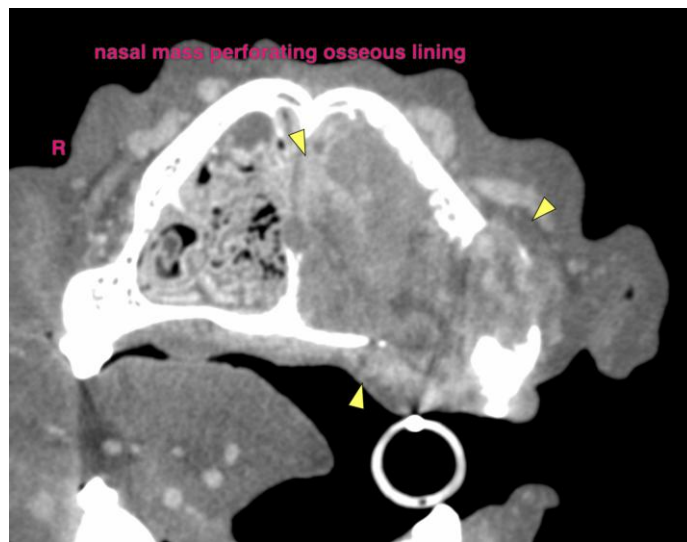
2-23-26

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left nasal soft tissue mass with polyostotic aggressive osteolysis of the left maxillary and palatine bone
- Secondary left sided obstructive sinusitis
- Complicated dental fracture 309
- Spondylosis deformans thoracic spine
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left nasal soft tissue mass is consistent with primary nasal soft tissue neoplasia. Differentials include adenocarcinoma, squamous cell carcinoma lymphosarcoma, other. FNA sampling of the subcutaneous swelling or rhinoscopy including biopsy can be performed for specification. The Adam tumor stage is 3.





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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