



PATIENT

Kai Montero

SPECIES

Canine

BREED

American Bulldog

SEX

Male Neutered

AGE

8Y

WEIGHT

85.8lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Novoa

INVOICE

73907

DATE

2-23-26

PRESENTING CLINICAL SIGNS

- Since October 2025 patient present a mass on the left side of nose. FNA was performed in this month and the result was Mixed inflammation with chronic/ ongoing hemorrhage and mild squamous cell hyperplasia. Some weeks ago the mass begun to increase its size and in this moment is a large mass that is extended to the mouth rounded the left upper canine. A bloodwork has not significant findings. Urinalysis (collection method: Free catch): USP 1.022, pH 6. Total T4 0.7 ug/dL. CT was requested to get more details of the mass.

Abnormal PE/Chem/CBC/UA Results: PE: T. 100.1 F, HR 142, RR 30, MM Pink, CRT <2 seg, H/L WNL, Dental Calculus (2/4), Large oronasal mass on the left side of nose, rounded the left upper canine, Allergic Dermatitis, Yellow exudate AU

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

The pictured parts of the dentition are complete.

Originating from the rostral segment of the left maxillary bone – caudal to the alveolar crest of triadan 204 – a multiloculated soft tissue attenuating mass with an irregular contrast enhancement pattern is seen; lateral elevation of the periosteum is seen. The soft tissue mass is protruding into the left nasal cavity and subcutaneous tissue of the nose.

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.

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic aggressive predominant osteolytic lesion rostral segment left maxillary bone with associated soft tissue mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The aggressive osteolytic lesion of the left maxillary bone can present primary osseous neoplasia – such as osteosarcoma, chondrosarcoma – or primary soft tissue neoplasia (e.g. squamous cell carcinoma, fibrosarcoma, odontogenic tumor). The options of surgical management via rostral maxillectomy may be discussed with surgeon.

Recommend full tumor staging.



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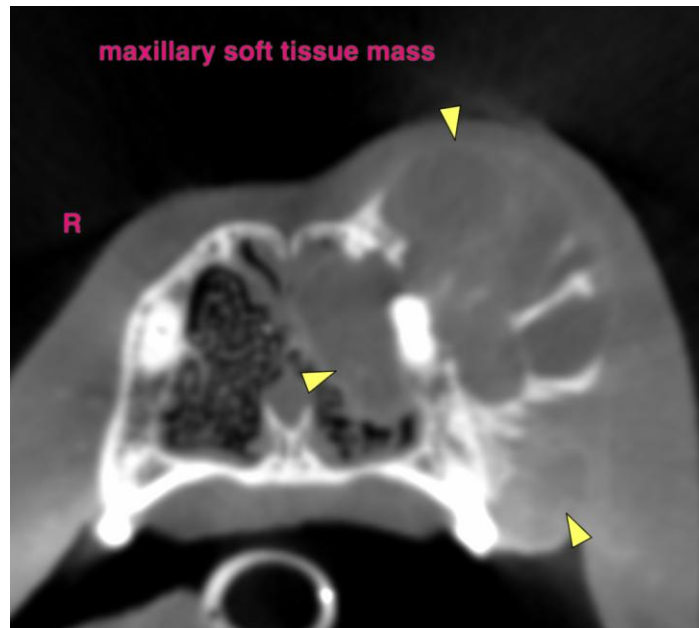
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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