



PATIENT

Rapunzel Conley

SPECIES

Canine

BREED

Doodle

SEX

FS

AGE

12Y

WEIGHT

53lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Amanda Hartman,
DVM

HOSPITAL NAME

White Hall Animal
Clinic

REFERRING VET

Amanda Hartman,
DVM

INVOICE

73924

DATE

2-24-26

PRESENTING CLINICAL SIGNS

- Recent recurrent nose bleeds
- Vomit/Regurg while intubated and under anesthesia, vomitus in tube; tube replaced after oral cavity cleared;

Abnormal PE/Chem/CBC/UA Results: Normal Labs including clotting and liver values, negative airflow from both nostrils;

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

Multiple teeth are absent.

In both nasal cavities, a small amount of fluid attenuating material is attached to the mucosal lining. Centered on the presphenoid bone, an expansile, soft tissue attenuating mass with multifocal mild striated and peripheral mineralization is seen; measuring approximately 4.6 x 3.1 x 6.4 cm. The mass is protruding rostrally into the caudal nasal cavity and dorsally into the rostral cranial fossa. The associated osseous structures, including the presphenoid bone and pterygoid bone present advanced permeative osteolysis. The olfactory bulbs and frontal lobes are distorted by the mass effect. Ventrally the mass is bulging into and obliterating the nasopharynx.

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 right external ear canal presents a moderate thickened wall and narrowed lumen.

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.



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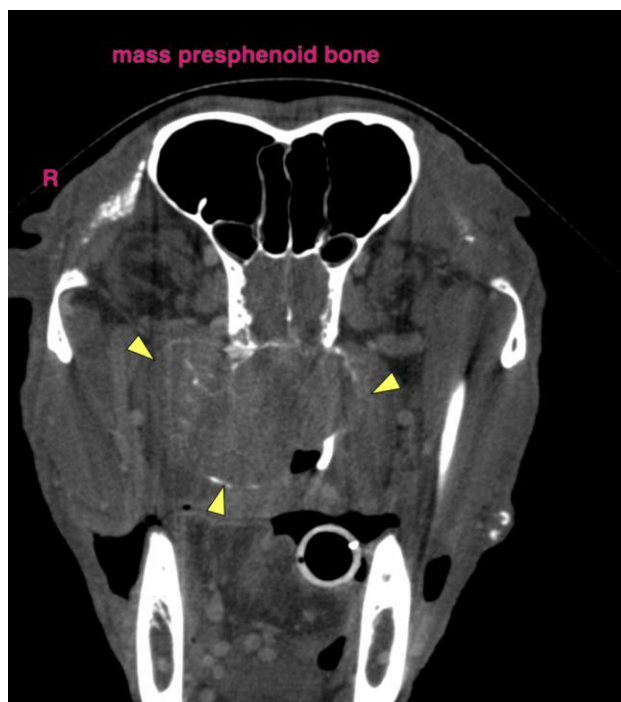
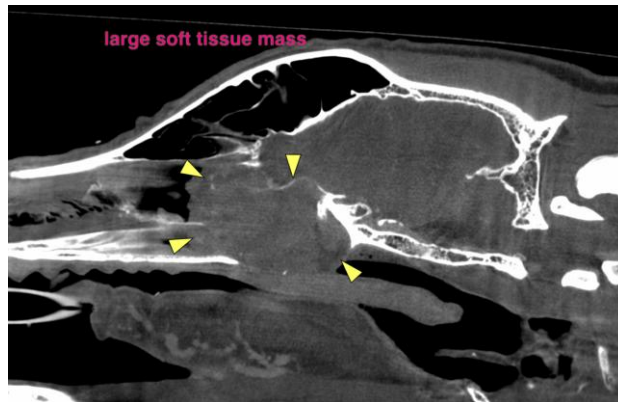
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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large soft tissue mass centered on the presphenoid bone with polyostotic aggressive osteolytic lesions of the associated osseous structures and perforation of the cranial fossa
- Secondary mechanical upper airway obstruction
- Multiple absent teeth
- Normal thorax, no evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The epistaxis can be explained by the large soft tissue mass protruding into the caudal aspect of the nasal cavity/nasopharynx. Differentials include primary osseous neoplasia (prioritized) such as osteosarcoma, chondrosarcoma or primary nasal soft tissue neoplasm such as adenocarcinoma, squamous cell carcinoma lymphosarcoma, other. Retrograde evaluation of the nasopharynx ± rhinoscopy including biopsy can be performed for specification. The Adam tumor stage is 4.





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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