



PATIENT

Maia Ravera

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

8.5Y

WEIGHT

19.3kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

EH

HOSPITAL NAME

Crown Veterinary
Specialists and
Associates

REFERRING VET

Carly Bloom

INVOICE

73610

DATE

2-3-26

PRESENTING CLINICAL SIGNS

History:

- Maia is an 8 year old, SF mixed breed dog presenting today for a short ~ 2 month history of nasal signs including sneezing and mucopurulent or hemorrhagic discharge from the left nostril. Antibiotics lead to some improvements, but no resolution of signs. On exam, Maia is sweet but a bit shy on her left face. There is no obvious air flow in the left nostril, with present but reduced air flow in the right nostril, and some nasal discharge. Facial symmetry is normal. Maia dropped off for diagnostics on 2/3/2026. Anesthesia and recovery were uneventful. To me, on CT I am most concerned about a mass that is taking up the majority of the left nostril, left frontal sinus, and also expanding into the right nostril, with lysis of multiple bones including cribriform. We took multiple L nasal biopsies which are pending.

Abnormal PE/Chem/CBC/UA Results: Absent L nasal air flow Mild ALKP elevation

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

Triadan 208 is absent.

The left nasal cavity is obliterated by an expansile, uniform soft tissue attenuating and mild irregular contrast enhancing mass. Destruction of the associated nasal conchal structures is seen. The left nasal soft tissue mass is perforating the caudal aspect of the nasal septum and the cribriform plate – in the rostral aspect of the cranial fossa, a mild midline shift of the falx to the right is noted. The osseous lining of the left nasal cavity presents multifocal moth eaten osteolytic lesions. The left frontal sinus is filled with 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 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

- Biologically aggressive primary nasal soft tissue neoplasia with polyostotic aggressive osteolytic lesions and perforation of the cranial fossa
- Secondary obstructive sinusitis left frontal sinus
- Absent triadan 208

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. Rhinoscopy including biopsy can be performed for specification. The Adam tumor stage is 4.



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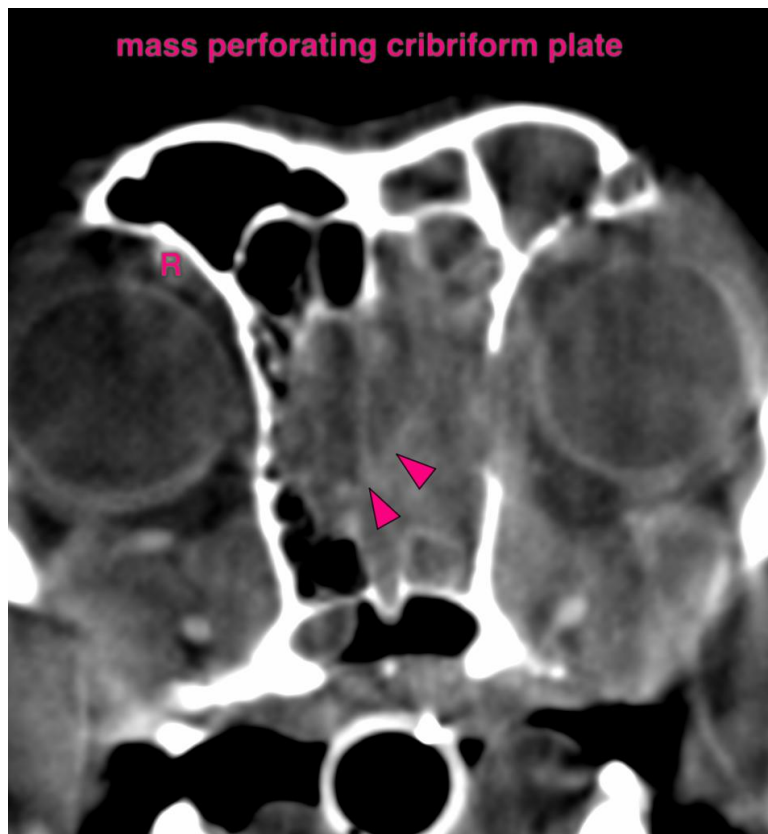
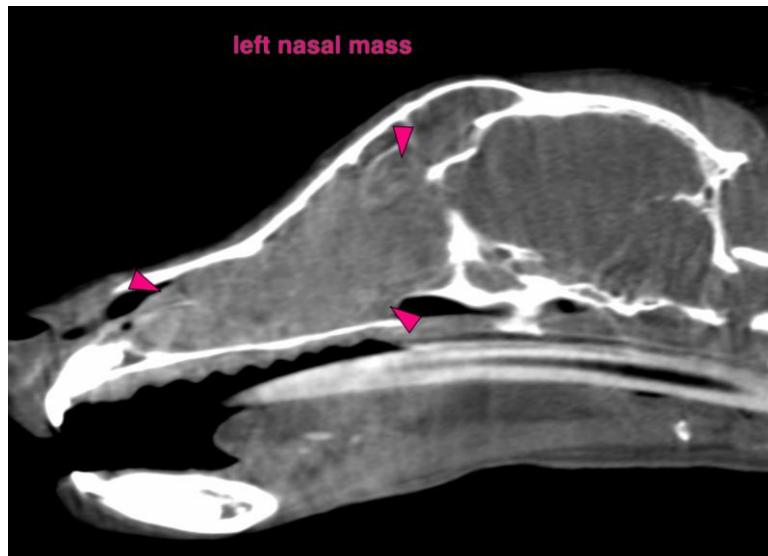
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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