



PATIENT

Saffie Hughes

SPECIES

Canine

BREED

Collie

SEX

Spayed Female

AGE

11 Years 9 Months

WEIGHT

24.5 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust Bolton

REFERRING VET

Dr. Ana Valega

INVOICE

14513

DATE

03/20/26

PRESENTING CLINICAL SIGNS

- History: Insidious onset last 10 days of third eyelid protrusion - gradually getting worse. Doesnt tend to chew sticks. Otherwise well, E+D fine, no V/D.
- Diagnosis: Retrobulbar pathology suspected - abscess, mass, TRI or other

Abnormal PE/Chem/CBC/UA Results: Physical Examination/Findings: CE: BAR, L eye objectively protruding with mild-moderate exophthalmus, TEL across 30% of eye. No significant dental disease. Possibly small draining tract above the L carnassial. Fluoro negative. Fundic exam NAD. Rest of CE NAD, other eye WNL. Bloodwork; Lymphocytes $0.75 \times 10^9/L$ (1.05-5.1) Remainder WNL

COMPUTED TOMOGRAPHIC STUDY 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. All roots of triadan 208 present a widened periodontal space – perforating the osseous lining laterally and medially – perforating the left nasal cavity.

In the caudal aspect of the left nasal cavity, a uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen. The osseous structures associated with the left nasal soft tissue mass present aggressive osteolysis – including the medial wall of the left orbital cavity and the cribriform plate. The left nasal mass is protruding into the left orbital cavity and rostral cranial fossa. The left ocular bulb is displaced rostrolaterally. The left frontal sinus is partially obliterated by gravity dependent, 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 left submandibular and medial retropharyngeal lymph nodes are prominent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided biologically aggressive primary nasal soft tissue neoplasia with aggressive osteolytic lesions and perforation of the cranial fossa
- Secondary left sided exophthalmos and obstructive sinusitis right frontal sinus
- Periapical abscess formation triadan 208
- Lymphadenopathy left mandibular lymph nodes and left medial retropharyngeal lymph node

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left nasal soft tissue mass is explaining the described clinical findings. Differentials include adenocarcinoma, squamous cell carcinoma lymphosarcoma, other. Rhinoscopy including biopsy can be performed for specification. The Adam tumor stage is 4.

Consider full tumor staging including FNA sampling of the prominent regional lymph nodes.



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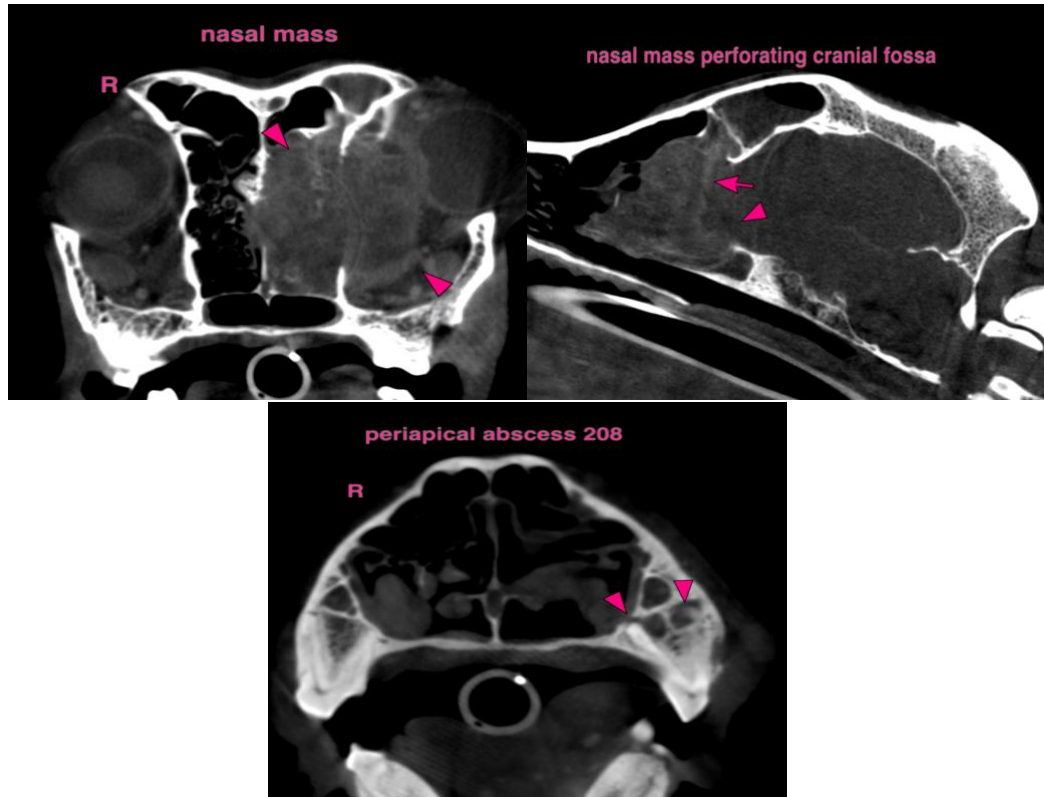
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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