



PATIENT

Benson Diehl

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

MN

AGE

11Y

WEIGHT

11.8lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Brittany Bethel, CVT

HOSPITAL NAME

Williamsport West
Veterinary Hospital

REFERRING VET

Natalie Kolczynski,
VMD

INVOICE

74428

DATE

4-1-26

PRESENTING CLINICAL SIGNS

Benson is presented yesterday for a second opinion. Had nasal discharge that started to turn bloody, tried multiple different meds, steroid seemed to work the best, makes noises while awake and sleeping. This all started about 10-14 days ago. No change after nasal flush that was done 10 days ago. CT scan was performed today.

COMPUTED TOMOGRAPHY OF THE SKULL, NECK AND THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull & Neck

The tooth elements 110, 210, 306, 311, 406, 410 and 411 are absent.

The nasal cavity is obliterated by an expansile, uniform soft tissue attenuating and irregular mild to moderate contrast enhancing mass, R>L. Destruction of the associated nasal conchal structures is seen. The nasal mass is perforating the nasal septum. The right maxillary bone presents multifocal moth eaten osteolytic lesions and is perforated. The frontal sinus bilaterally is partially filled with gravity dependent, foamy soft tissue material. The nasal mass caused complete upper airway obstruction.

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.

The osseous and soft tissue structures of the neck reveal no abnormalities. The thyroid glands have the expected size and shape.

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.

In the gallbladder, multiple irregular shaped mineral attenuating calculi are seen.



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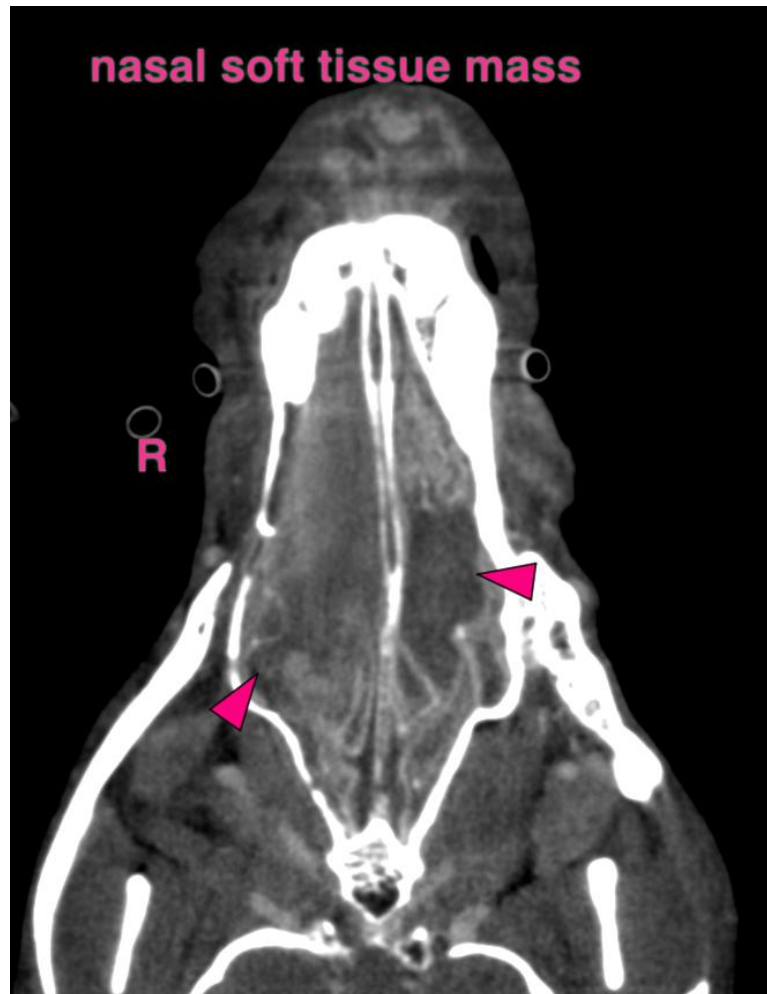
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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Nasal soft tissue mass, R>L with semiaggressive osteolytic lesions right maxillary bone
- Obstructive sinusitis frontal sinus bilaterally
- Cholelithiasis without mechanical obstruction
- Multiple absent teeth
- Normal thorax, no evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The 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 3.





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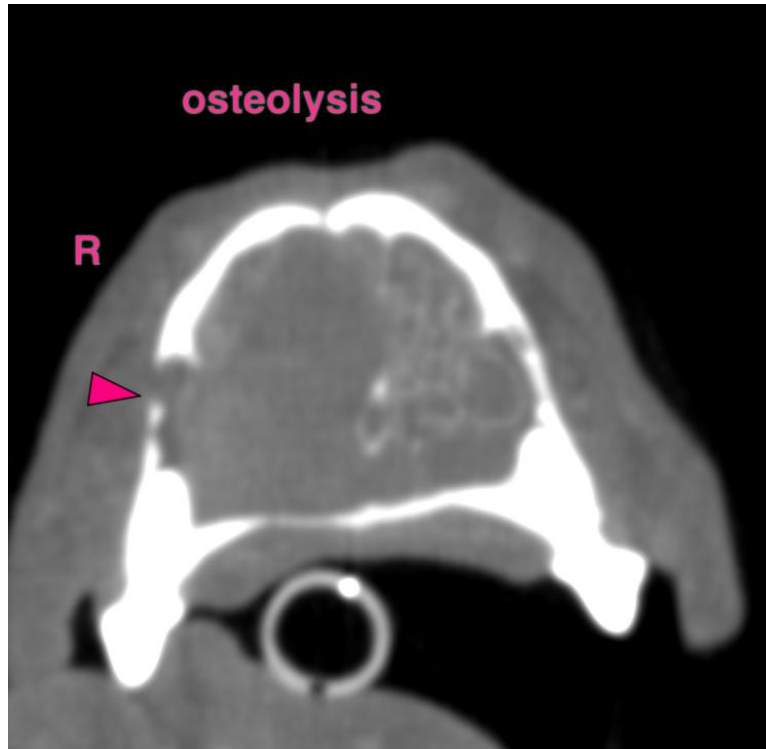
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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