



PATIENT

Charlie Strauss

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male

AGE

12 Years

WEIGHT

37.7 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

DG

HOSPITAL NAME

ASC Oceanside

REFERRING VET

Dr. Short

INVOICE

36547

DATE

4/10/26

PRESENTING CLINICAL SIGNS

History: R nasal cavity mass, noticed about a month ago

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

Originating from the right ala of the nose an ill-defined, uniform soft tissue attenuating and mild irregular contrast enhancing mass is seen – protruding into the right nasal opening and subcutaneous tissue at the same level. The soft tissue mass of the right ala of the nose is measuring approximately 3.6 x 2.6 x 4.2 cm. Caudally the mass is extending up into the most rostral segment of the dorsal nasal meatus. Rostrally the mass is crossing the midline and protruding into the dorsal aspect of the left nasal opening. 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 present a moderate thickened wall along with shell like mineralization of the wall.

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 mandibular lymph nodes are prominent.

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.

The esophagus is generalized moderately distended by gas.

COMPUTED TOMOGRAPHIC DIAGNOSIS



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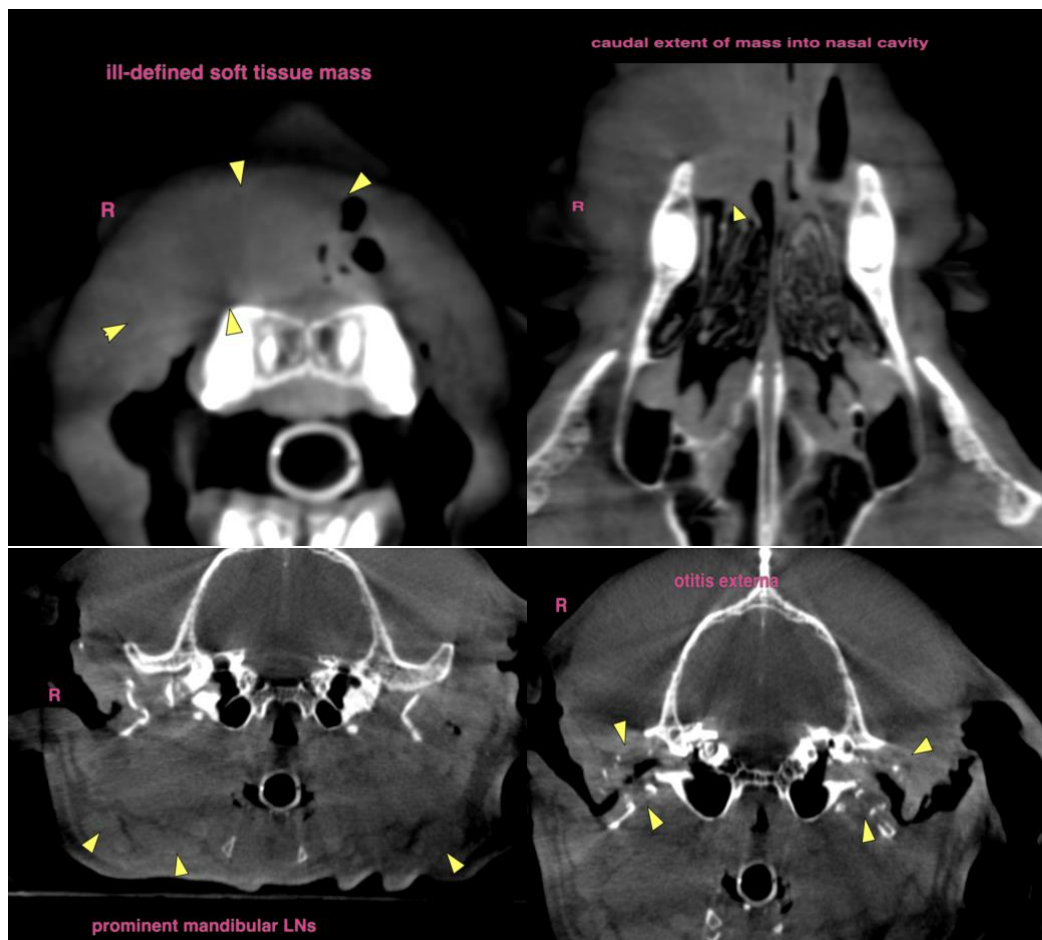
4/10/26

- Ill-defined soft tissue mass right ala of the nose with partial upper airway obstruction
- Bilateral chronic otitis externa with dystrophic mineralization
- Mild lymphadenopathy mandibular lymph nodes
- Megaesophagus – possible transient finding due to general anesthesia ± upper airway obstruction
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue mass of the right ala of the nose is consistent with primary soft tissue neoplasia – such as sarcoma, mast-cell tumor, melanoma, other. FNA sampling ± biopsy can be performed for specification. Surgical management may be complicated by the ill-defined margins and relative caudal extent up into the most rostradorsal segment of the nose.

The prominent mandibular lymph nodes are equivocal for reactive lymphoid hyperplasia versus metastatic spread.



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.

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