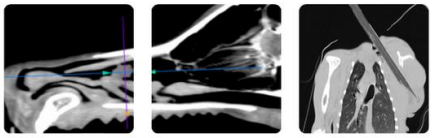


PATIENT

Buddy Wells

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

11Y

WEIGHT

86.4lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Armstrong

INVOICE

74587

DATE

4-14-26

PRESENTING CLINICAL SIGNS

Presenting for evaluation of protruding TEL, swelling and bleeding OD. Owner reports Buddy had a tooth extraction 3/18/26 due to concerns of a tooth root abscess causing the ocular signs. Buddy was treated with a course of clavamox, rimadyl & gabapentin after the dental. Owner has not seen any improvement. CBC/chem (3/18/26) unremarkable. Chest rads also taken on 3/18/26.
Abnormal PE/Chem/CBC/UA Results: CBC and Chem are WNL

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the skull, a plain CT study of the abdomen and post contrast CT of the thorax are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Triadan 108 is absent.

The caudal half of the right nasal cavity is obliterated by a uniform soft tissue attenuating and heterogeneous contrast enhancing mass. Destruction of the associated nasal conchal structures is seen. The perpendicular plate of the right palatine bone presents moth eaten osteolysis and the right nasal mass is protruding into the right orbital cavity. The right ocular bulb is displaced dorsolaterally and distorted. The right 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 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 mandibular salivary gland is in an aberrant position, medial to the left digastric muscle.

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 periarticular bones of both shoulder joints present moderate osteophyte new bone formation.

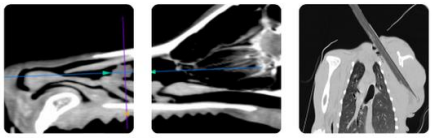
The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

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.

Multifocal throughout the lung parenchyma, randomly distributed, well-defined, soft tissue attenuating nodules are appreciated, measuring <6 mm in diameter.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.



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Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

Both coxofemoral joints present moderate osteophyte new bone formation.

Multifocal along the lumbar spine, moderate spondylosis formation is seen.

In the subcutaneous tissue at the right ventral aspect of the abdominal wall, cranial to the penis, a well-defined, ovoid shaped lipoma is seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Biologically aggressive primary right nasal soft tissue mass with osteolytic lesions of the right maxillary bone and right palatine bone
- Secondary right sided exophthalmos
- Structured nodular interstitial lung pattern
- Osteoarthrosis shoulder joint bilaterally
- Osteoarthrosis coxofemoral joints
- Spondylosis deformans
- Absent triadan 108
- Normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding CT study reveals a large soft tissue mass in the caudal aspect of the right nasal cavity that is extending into the right orbital cavity – explaining the presenting clinical signs. Differentials include adenocarcinoma, squamous cell carcinoma lymphosarcoma, other. FNA sampling of the soft tissue swelling in the orbital cavity or rhinoscopy including biopsy can be performed for specification. The Adam tumor stage is 3.

The structured nodular lung pattern is consistent with pulmonary metastatic spread.

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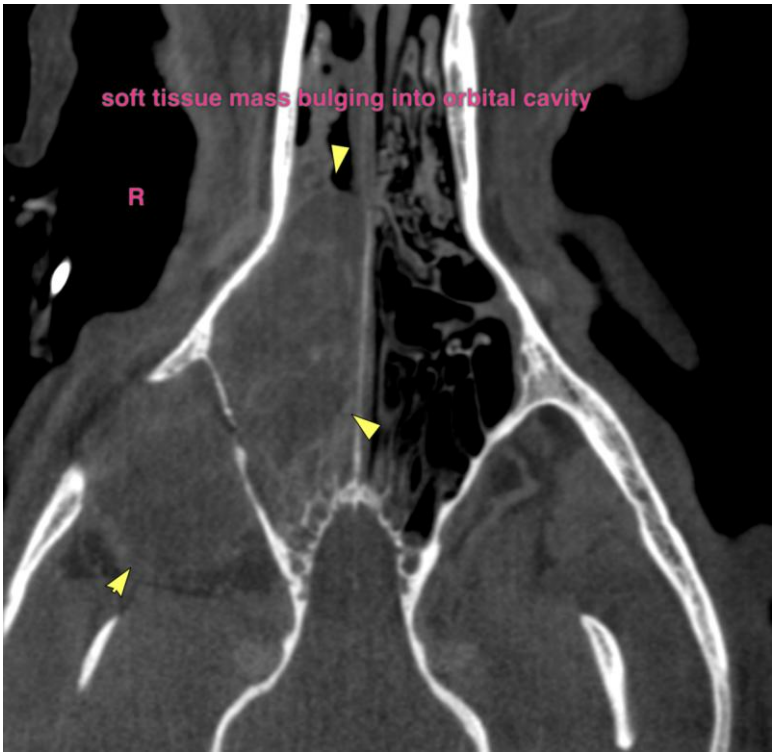

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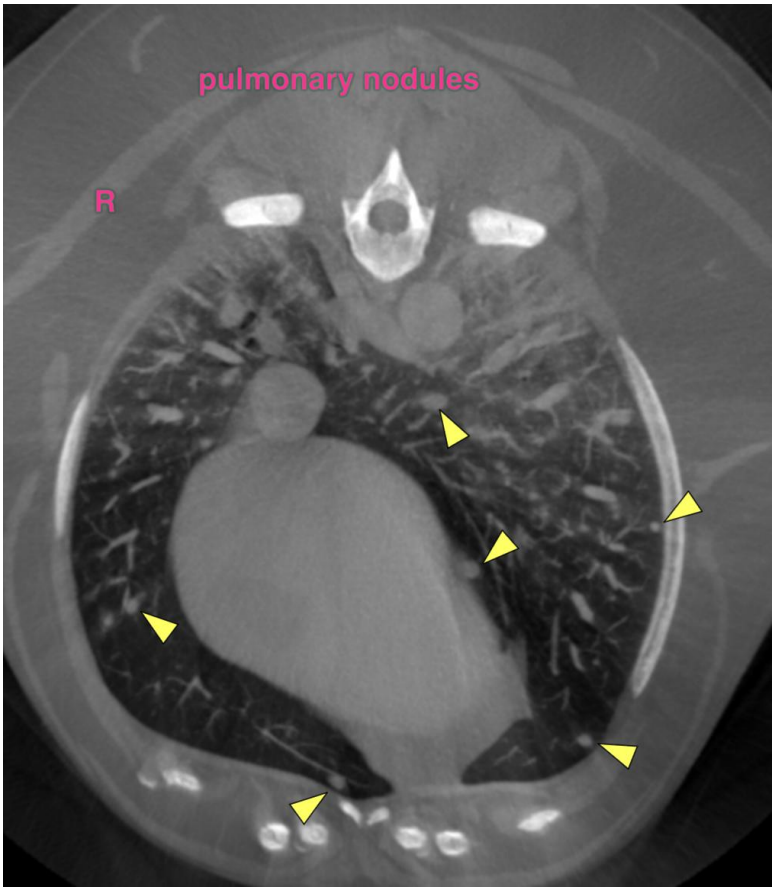

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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