



PATIENT

Riley Smith

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

11 Years

WEIGHT

30 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. Amanda Causey

HOSPITAL NAME

Animal Eye Guys

REFERRING VET

Dr. Alamo

INVOICE

16008

DATE

05/06/26

PRESENTING CLINICAL SIGNS

Exam 4/22 - Presenting for evaluation of TEL protrusion, redness and swelling OS that started last Monday. Owner reports Riley had swelling of her face on the left side as well, started on oral antibiotics (cefepodoxime) and the facial swelling has significantly improved but ocular signs have not. Yesterday started on Clavamox and prednisone. Owner is unsure about trauma. Riley had a routine dental cleaning + radiographs 3/10/26.

OD: holding eye open, few superior soft distichiae, no discharge, no hyperemia, clear cornea, no flare, normal iris, mid-range to mid-mydriatic pupil, nuclear sclerosis, punctate retinal hemorrhage dorsotemporal to optic disc OS: holding eye open, dorsolateral exophthalmos (mild), few superior soft distichiae, mild mucoid discharge, mild protrusion of mildly hyperemic NM with soft tissue swelling of ventromedial orbit improved but not yet resolved, clear cornea, no flare, normal iris, mid-range to mid-mydriatic pupil, nuclear sclerosis, nasal single dot blot retinal hemorrhage 1/10th optic disc diameter, normal optic disc. Ventral orbit to ventral pinna facial alopecia and crusted lesions improved with regrowth of hair but new ventral lesion with scabbing anterior to base of ear.

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

SKULL

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

In the most caudal aspect of the left nasal cavity, a uniform soft tissue attenuating and mild contrast enhancing amorphous mass is seen. Destruction of the associated nasal conchal structures along with osteolysis of the cribriform plate, medial wall of the left orbital cavity and rostroventral aspects of the osseous lining of the left frontal sinus is seen. The left nasal soft tissue mass is mildly protruding into the left orbital cavity.

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 medial of the left mandibular lymph nodes is mildly prominent

THORAX

Along the thoracic spine, multifocal spondylosis formation is seen.

Along the thoracic wall, multiple well-defined lipomas are seen.

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.



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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 with randomly distributed interspersed punctuate mineralization.

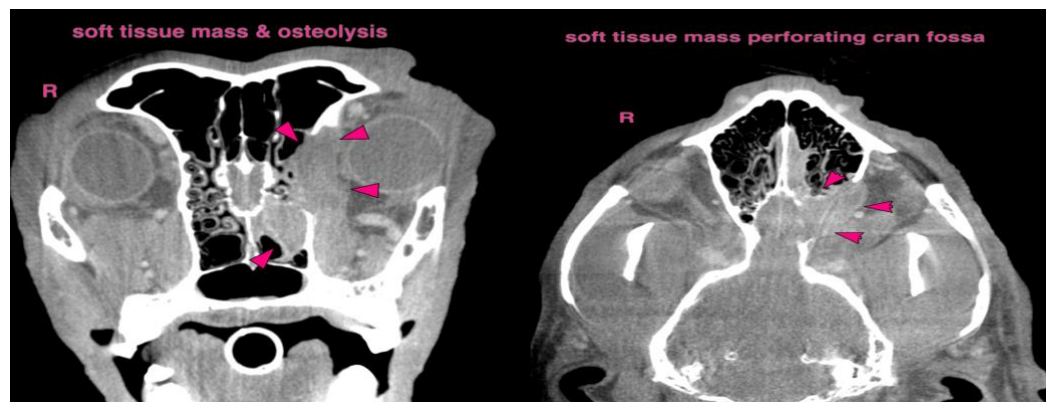
Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Biologically aggressive left caudal nasal soft tissue mass with polyostotic aggressive osteolytic lesions and perforation of the rostral cranial fossa
- Mild lymphadenopathy medial of the left mandibular lymph nodes
- Multiple lipomas along thoracic wall
- Pulmonary osteomas
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with primary soft tissue mass in the caudal aspect of the left nasal cavity/centered on the medial wall of the left orbital cavity – origin from the left nasal cavity is likely. Differentials include adenocarcinoma, squamous cell carcinoma lymphosarcoma, other. Rhinoscopy including biopsy or ultrasound guided FNA can be tried for specification. The Adam tumor stage is 4. The finding does explain the presenting clinical signs.





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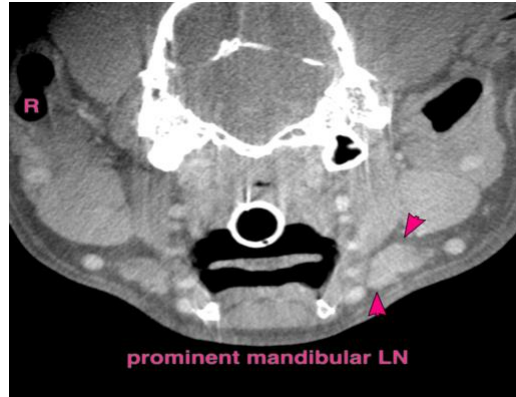
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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