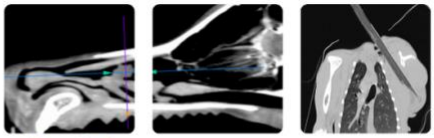


PATIENT

Ally Scouter

SPECIES

Canine

BREED

Doberman

SEX

Spayed Female

AGE

4 Years

WEIGHT

28.6 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. El-Taliawi

HOSPITAL NAME

Corona Animal Emergency Center

REFERRING VET

Dr. Omar El-Taliawi

INVOICE

16010

DATE

05/07/26

PRESENTING CLINICAL SIGNS

Firm mass between the eyes, sneezing, single episode of epistaxis. The mass was noted a month ago. MICROSCOPIC FINDINGS: BRIDGE OF NOSE: TISSUE AGGREGATES THAT SEEM TO INCLUDE EPITHELIAL AND MESENCHYMAL TISSUE WITH AGGREGATES OF MATRIX IN AREAS OF CHRONIC, MIXED INFLAMMATION COMMENTS: Because of the different components, the exact nature of this lesion is difficult to determine by cytology alone. The inflammatory response is nonspecific and can be associated with various infectious and noninfectious causes, trauma, foreign material, underlying neoplasia (no obviously atypical cells noted). Some areas, tissue aggregates are thick limiting evaluation, but the lesion seems to have epithelial and mesenchymal components. Subjectively, some epithelial type cells seem columnar. Any evidence of involvement of the nasal passages or sinuses? Several aggregates of dense matrix are visible. Any bony involvement evident on imaging? The epithelial and mesenchymal components exhibit mild atypia and could reflect supporting stroma, a reactive response. If this is a neoplastic process, both populations are fairly well differentiated. Interpret the findings based on your clinical impression and pursue further evaluation, including histopathology, as necessary. Histopathology indicated.

Abnormal PE/Chem/CBC/UA Results: Firm mass between the eyes. Non-painful. Otherwise, normal PE. Renal panel normal. Complete BW was not run here.

COMPUTED TOMOGRAPHIC STUDY 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.

The caudal half of the nasal cavity bilaterally is occupied by a soft tissue attenuating, amorphous mineralizing and heterogeneous strong contrast enhancing mass. Destruction of the associated nasal conchal structures is seen. The nasal & maxillary bone bilaterally as well as the cibriform plate level with the nasal mass present permeative osteolytic lesions. The nasal mass is protruding caudally into the rostral cranial fossa. The frontal lobes are distorted by the mass effect and a midline shift of the brain to the right level with the frontal lobes is appreciated. Dorsally the nasal mass is mildly protruding into the subcutaneous tissue along the caudodorsal aspect of the nose. The frontal sinus bilaterally 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 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 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.

PATIENT

Ally Scouter

SPECIES

Canine

BREED

Doberman

SEX

Spayed Female

AGE

4 Years

WEIGHT

28.6 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. El-Taliawi

HOSPITAL NAME

Corona Animal Emergency Center

REFERRING VET

Dr. Omar El-Taliawi

INVOICE

16010

DATE

05/07/26

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.

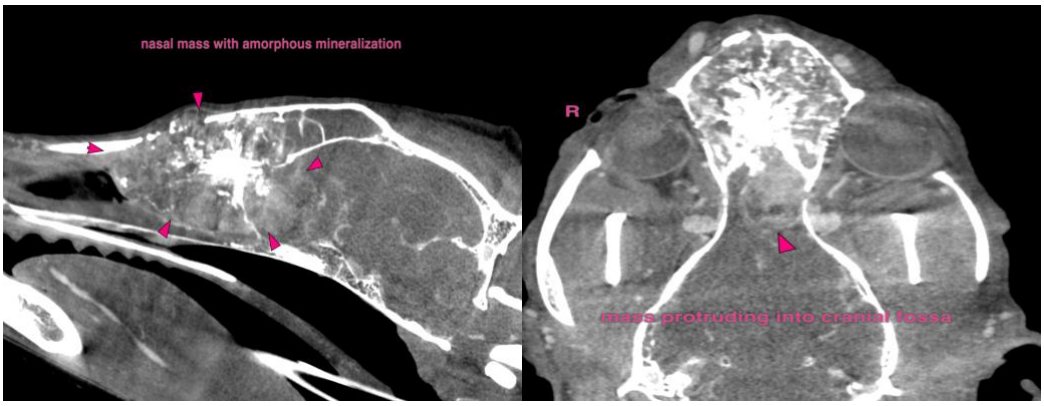
Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Biologically aggressive primary nasal neoplasia with amorphous mineralization, polyostotic aggressive osteolytic lesions and perforation of the cranial fossa
- Secondary obstructive sinusitis frontal sinus bilaterally
- Normal thorax, no evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are indicative for primary nasal neoplasia – due to the large mineralizing component, the odds for primary osseous neoplasia such as osteosarcoma or osteochondrosarcoma are high. Differentials include adenocarcinoma, squamous cell carcinoma lymphosarcoma, other. Nasal hamartoma may be a potential as well. Repeating biopsy – nasal approach may be used – would be ideal for confirmation. The Adam tumor stage is 4.



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