



## PATIENT

Brody Berger

## SPECIES

Canine

## BREED

Golden Doodle

## SEX

MN

## AGE

7Y

## WEIGHT

70.8lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Dr Raul Casas

## HOSPITAL NAME

State Avenue Vet  
Clinic

## REFERRING VET

Dr Raul Casas

## INVOICE

75281

## DATE

6-3-26

## PRESENTING CLINICAL SIGNS

- Nasal discharge: right nostril, serosanguinous, present 6–7 months, worsening, sometimes copious; exacerbated by rubbing right nostril against back

- Ocular discharge: intermittent, described as "eye boogers"

- Sneezing: possibly increased, not marked

- Snoring: new onset; mouth breathing noted

- No facial pain reported

- Eating and drinking: normal

- No vomiting, diarrhea, or coughing

- Multiple cutaneous masses noted by client

Current medications:

- Vitamin K (started ~2 days ago)

- Yunnan Baiyao (started ~2 days ago)

Abnormal PE/Chem/CBC/UA Results: Mild, intermittent ocular discharge, serosanguinous, wet nasal discharge right nostril, audible stertor/snoring, multiple cutaneous masses Chem, PT, PTT -wnl; Citrated Prothrombin Time (PT) 12.0 seconds, Citrated Partial Thromboplastin Time (PTT) 84.0 seconds

## COMPUTED TOMOGRAPHY OF THE SKULL

A high resolution plain CT study of the skull is provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

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

The right nasal cavity is obliterated by expansile, soft tissue attenuating material with interspersed amorphous mineralization. Destruction of the associated nasal conchal structures is seen. The nasal septum is deviated to the left and perforated – the right nasal mass is protruding into the left nasal cavity. The osseous lining of the right nasal cavity – including the cribriform plate and presphenoid bone – present multifocal aggressive osteolytic lesions with perforation of the cranial fossa. Caudolaterally the right nasal soft tissue mass is bulging into the right 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 submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Biologically aggressive primary right nasal soft tissue neoplasia with polyostotic aggressive osteolytic lesions of the osseous lining and perforation of the cranial fossa.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a primary right nasal soft tissue neoplasm, perforating the cranial fossa. Differentials include adenocarcinoma, osteosarcoma, squamous cell carcinoma lymphosarcoma, other. Rhinoscopy including biopsy can be performed for specification. The Adam tumor stage is 4.

The findings do explain the presenting clinical signs.



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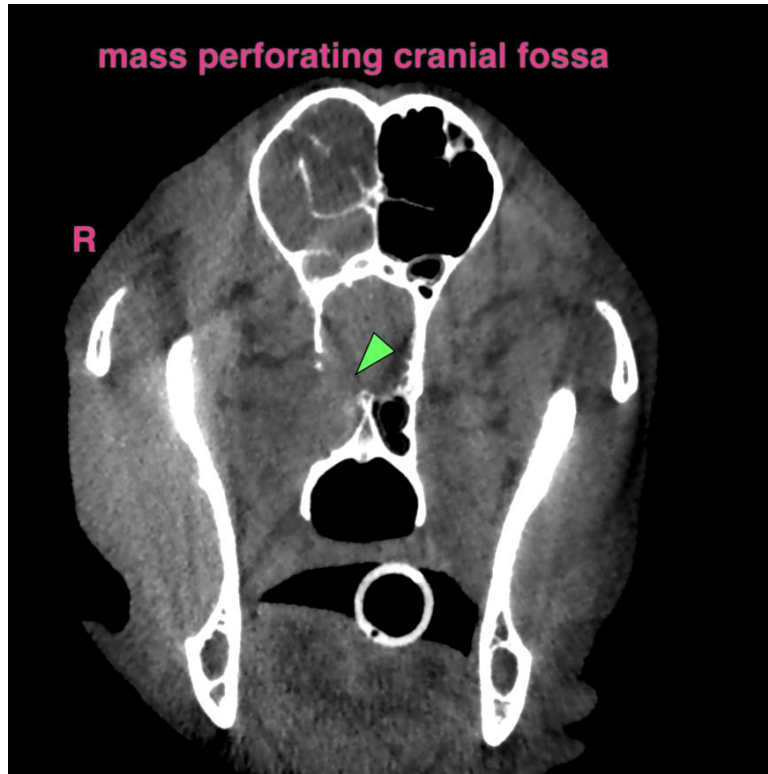
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)