



## PATIENT

Chloe Couch

## SPECIES

Canine

## BREED

Corgi – Pembroke  
Welsh

## SEX

FS

## AGE

12Y, 3M

## WEIGHT

23.8lbs

## INTERPRETED BY

Dr. Mauro Caldas MV,  
CBRV

## IMAGING PERFORMED BY

Dr Raul Casas

## HOSPITAL NAME

State Avenue Vet  
Clinic

## REFERRING VET

Dr Raul Casas

## INVOICE

75156

## DATE

5-26-26

## PRESENTING CLINICAL SIGNS

Chronic left-sided nasal discharge since February: initially bloody, now intermittent, sometimes mucous.

Previous left-sided dental extractions; no resolution of nasal discharge.

Prior treatments: Amoxicillin, clindamycin: no improvement. Doxycycline: mild improvement.

Prednisone: improved breathing; currently 1 pill left, not given today.

No yellow or green nasal discharge; no ocular discharge. Gagging episodes, likely secondary to post-nasal drip.

Increased respiratory effort during sleep; occasional gurgling. No vomiting, diarrhea, or coughing.

Eating and drinking normally; bright, alert, responsive; active and assertive with other dog.

Cytology of a nasal swab revealed significant populations of both cocci in clusters and diplococci. No culture was performed however. Perivulval mass removal with dental procedure.

Abnormal PE/Chem/CBC/UA Results: Lenticular sclerosis OU, upper respiratory stertor ALP 891, ALT 657, BUN 26, Glucose 158

CT (skull): performed under general anesthesia; mass identified in left nasal passage extending to nasopharynx with bone destruction. Rhinoscopy: performed; red, smooth-surfaced mass visualized in left nasal passage; biopsy samples obtained and submitted for histopathology.

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain images provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

An aggressive soft tissue mass is noted in the left nasal cavity with invasion into the right nasal cavity, nasal choana, and rostral nasopharynx with lysis on the hard palate, left nasal bone, left orbit and mild lysis on the left rostral cribriform plate measuring 6,4 x 2,1 x 3,9 cm size (long x wide x tall). Complete airway obstruction is seen. Dense fluid content is present in the left frontal sinus.

Tympanic bullae are normal.

Mandibular and retropharyngeal lymph nodes appear normal.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large aggressive mass in the left nasal cavity with rostral nasopharynx invasion and mild cribriform plate lysis.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Primary neoplasm (nasal carcinoma) is most likely. Fungal rhinitis cannot be ruled out but appears unlikely. Biopsies and thoracic image staging are recommended with oncological follow up based on histological finds.



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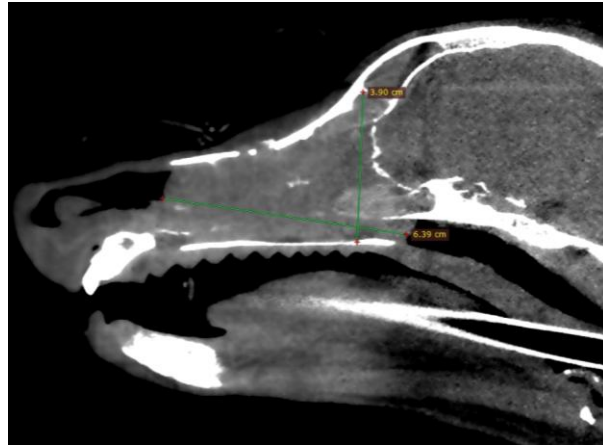
Dr Raul Casas

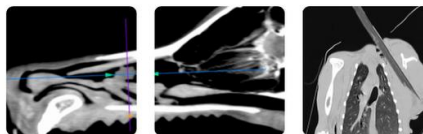
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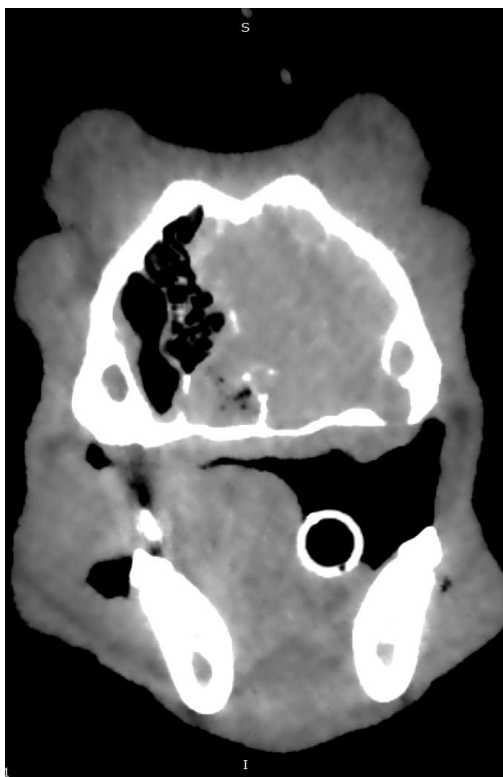
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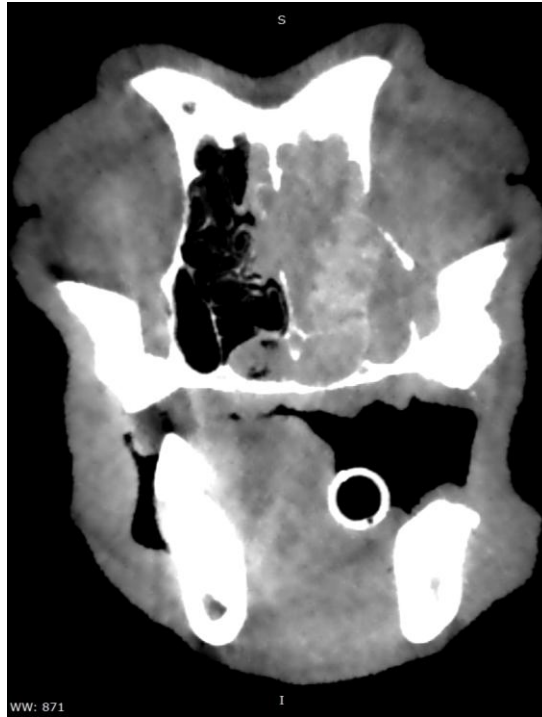
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Dr. Mauro Caldas MV, CBRV**

[info@sonopath.com](mailto:info@sonopath.com)