



**PATIENT PRESENTING CLINICAL SIGNS**

Shaq Williams Nasal discharge and congestion for 1 month. Did not respond to antibiotics or steroids. Bwk unremarkable and valley fever negative.

**SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE NASAL CAVITIES**

Canine Plain and post contrast studies available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**BREED**  
Lab Mix  
**SEX**  
Neutered Male  
A large irregular shaped and ill-defined contrast enhancing soft tissue mass is seen within the left nasal cavity. The mass is situated within the mid and caudal third of the left nasal cavity and measures approximately 7.5 x 3.5 cm. Multifocal permeative aggressive bone lysis of the palatal, left nasal, and maxillary bones is seen. There are multifocal interruptions of the nasal septum which allow for early extension of the mass into the right nasal cavity. The mass extends into the nasal fundus and causes complete obliteration of the nasal choana. The cribriform plate is intact. The caudal aspect of the left nasal cavity and left frontal sinus are filled with fluid attenuating contrast negative material. Regional turbinate destruction is noted throughout the extent of the mass. The mass presents moderate nonuniform contrast enhancement.

**AGE**  
10 Years  
Mild left medial retropharyngeal and left submandibular lymphadenomegaly are noted.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Soft tissue mass with aggressive biological behavior within the left nasal cavity with extension into the nasal fundus.
- Mild left medial retropharyngeal and submandibular lymphadenomegaly.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals a soft tissue mass with aggressive biological behavior within the left nasal cavity which extends into the nasal fundus and causes secondary left sided obstructive sinusitis and rhinitis. The findings are compatible with a malignant soft tissue neoplasia such as nasal adenocarcinoma, squamous cell carcinoma, lymphosarcoma, and less likely soft tissue sarcoma. Final diagnosis will require sampling for histology. Samples could be obtained by means of rhinoscopy if not performed already.

**REFERRING VET**  
Dr Magnussen  
The mild left sided submandibular and retropharyngeal lymphadenomegaly is equivocal for reactive hyperplasia versus early metastatic disease. Fine needle aspirations recommended for further definition.

**INVOICE**

56273

**DATE**

1-19-23

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Scottsdale Veterinary  
Clinic



**PATIENT**

Shaq Williams

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

Neutered Male

**AGE**

10 Years

**INTERPRETED BY**

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Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

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Clinic

**REFERRING VET**

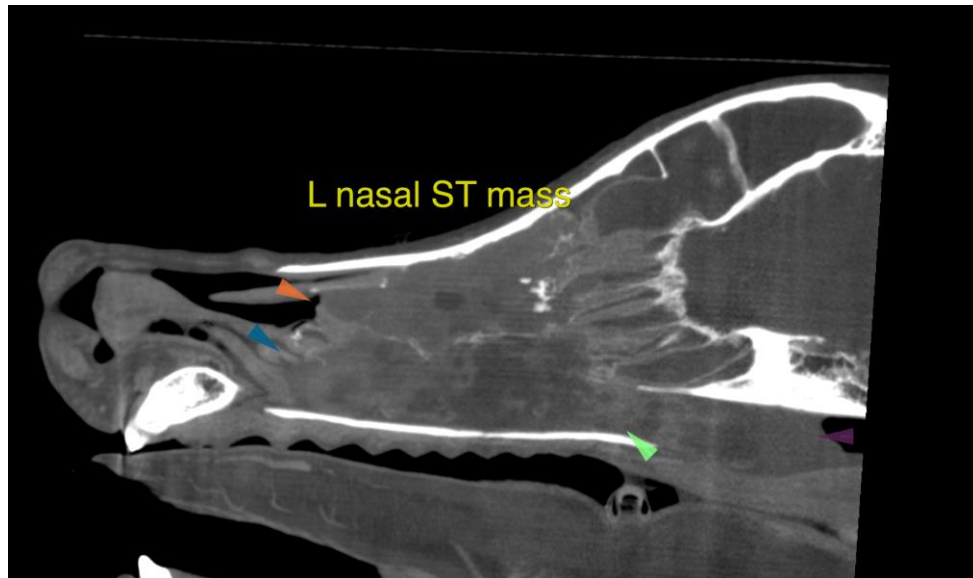
Dr Magnussen

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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.

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
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