



PATIENT PRESENTING CLINICAL SIGNS

Frost Emmanuel
Acevedo

- Patient was referred for CT Head Study for left nostril epistaxis and lethargic. Head radiographs - left nostril are opacity.
- Prednisone 10mg BID, Epinephrine intra-nasal PRN and Vit K 50mg BID

SPECIES

Canine

- Abnormal PE/Chem/CBC/UA Results: CBC --- NEU mild increased (13.14) and EOS mild to moderate decreased (0.04) CHEM --- unremarkable Snap 4Dx --- all negative

BREED

Americal Bully

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

MN

The CT study reveals an approximately 4 by 3.5 by 2.5 cm sized mass centered in the mid third of the left nasal cavity with extension into the rostrum and caudal thirds. The cribriform plate remains intact. Destruction of the nasal turbinates, left nasal, maxillary and palatine bones is seen with extension of the mass onto the dorsum of the nose. Interruptions of the nasal septum are seen.

AGE

7yr

The right nasal cavity remains largely normal.

An ill-defined 4 by 1cm sized soft tissue structure with small fluid pockets is located medial to the normal position of the left mandibular salivary gland and the left sublingual region.

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

The left mandibular salivary gland is not seen.

The left retropharyngeal and parotid lymph nodes are mildly enlarged with reactive appearance.

HOSPITAL NAME

Veterinary Image
Center

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchyma attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

Mild bilateral masticatory muscle atrophy is noted.

REFERRING VET

Dr. L. Ricci, DVM

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Locally aggressive left nasal cavity mass
- Left perilingual soft tissue lesion with fluid pockets
- Absence of the left mandibular salivary gland
- Reactive lymphadenopathy of the left retropharyngeal and parotid lymph nodes

INVOICE

23661

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

DATE

1-23-26

The CT study reveals a locally aggressive left nasal cavity mass with paranasal bone destruction and paranasal extension. Neoplasia such as carcinoma is considered most likely. Sarcoma, round cell



PATIENT neoplasia and destructive rhinitis are considered less likely but cannot be completely excluded. Further definition by means of sampling for histology and culture is recommended.

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The left perilingual soft tissue lesion may represent residue of the mandibular salivary gland or a sialocele with reactive tissue inflammation. FNA biopsy could be considered for further definition.

SPECIES The regional lymph node changes are compatible with reactive lymphadenitis. Early metastatic disease cannot be completely excluded. FNA is recommended for a definitive diagnosis if not performed already.

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HOSPITAL NAME

Veterinary Image
Center

REFERRING VET

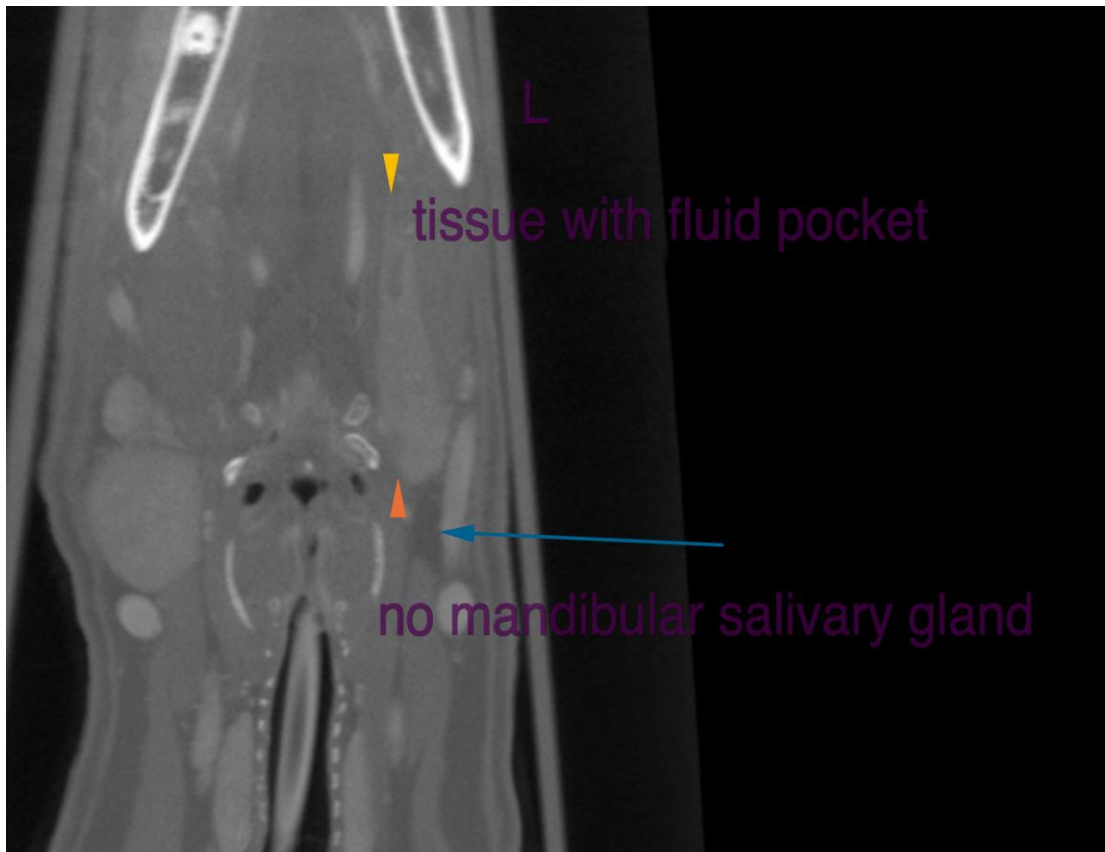
Dr. L. Ricci, DVM

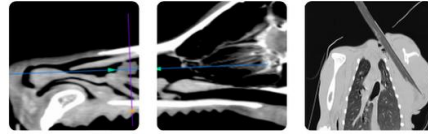
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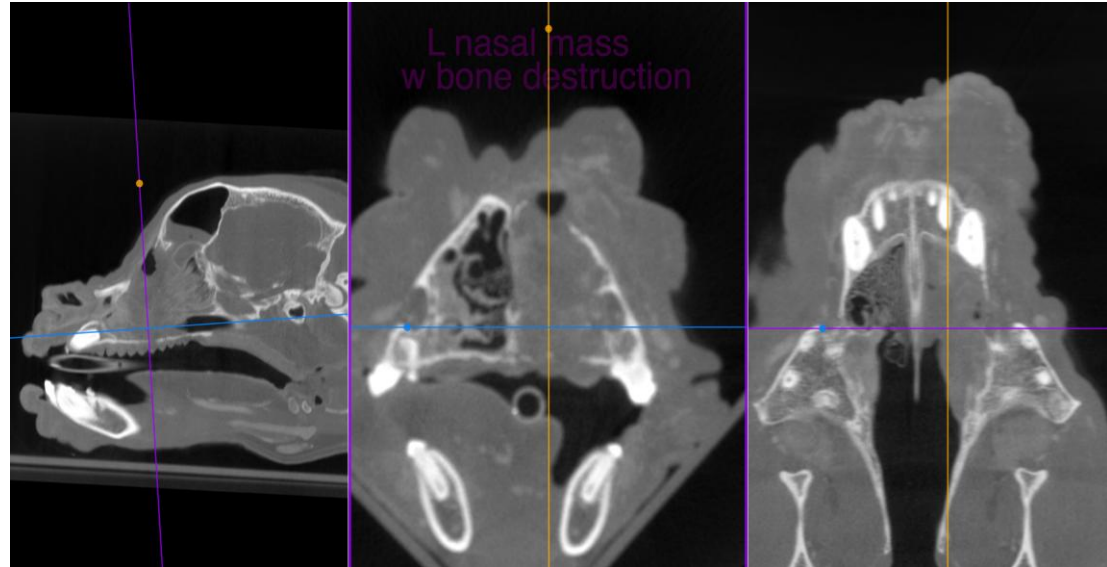
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
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