



**PATIENT**

Rosie Conklin

**PRESENTING CLINICAL SIGNS**

Owner states that she started over a month with congestion and cant hardly breath. Per Owner She gasps for air when she sleeping she open her mouth and gasps for air. Rdvm did a culture swap on both nostrils , they flushed her nostrils it helped for 4 days only. Patient had a dental done and they found nothing wrong with her teeth.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, & ABDOMEN**

Plain and post contrast studies of the head, post contrast studies of the thorax and abdomen available for review.

**BREED**

Rottweiler

**COMPUTED TOMOGRAPHIC FINDINGS**

**Head**

**SEX**

FS

A large irregular shaped soft tissue attenuating mass with strong heterogeneous contrast enhancement is seen in the mid and caudal aspect of the left nasal cavity. The mass measures approximately 8.0 cm in length and 5.0 cm in diameter. Polyostotic aggressive osteolysis of the neighboring bones is seen allowing for extension into the left orbita, right nasal cavity, and oral cavity. There is early lysis of the left ventral aspect of the cribriform plate allowing for intracranial extension of the mass. The left frontal sinus is filled with fluid attenuating contrast negative material.

**AGE**

10 Years

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external auditory meatuses present within normal limits.

**HOSPITAL NAME**

Critical Vet  
Care/Suncoast  
Veterinary

The left medial retropharyngeal lymph node presents mild symmetric enlargement. The hilum fat sign is maintained.

The salivary glands present within normal limits.

The visible dentition is within normal limits.

**REFERRING VET**

Dr. Byron Young

**Thorax**

Bilateral intertubercular groove exostoses and shoulder osteoarthritis is seen with evidence of supraspinatus tendinopathies which is all unrelated to the reason of clinical presentation.

**INVOICE**

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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 are uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

**DATE**

1-24-22

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.

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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.

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**Abdomen**

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

**BREED**

Rottweiler

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

**SEX**

FS

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

**AGE**

10 Years

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

**INTERPRETED BY**Nele Eley, DVM  
Dr. med. Vet. DipECVDI**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Soft tissue mass of the left nasal cavity with aggressive biological behavior and extension into the right nasal cavity, left orbita, oral cavity, and cranial vault.
- Secondary obstructive left frontal sinusitis.
- Mild ipsilateral retropharyngeal lymphadenomegaly.
- No evidence of pulmonary metastatic disease.
- Normal age related abdomen.

**HOSPITAL NAME**Critical Vet  
Care/Suncoast  
Veterinary**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings are compatible with malignant neoplasia of the nose such as adenocarcinoma, other carcinoma, lymphosarcoma, fibrosarcoma, or other. Final diagnosis would require sampling for histology. The tumor growth is extensive and involves the oral cavity, left orbita, right nasal cavity, as well as the cranial vault. Long term prognosis is unfortunately poor.

**REFERRING VET**

Dr. Byron Young

The lymph node changes are suggesting reactive hyperplasia; however, early metastatic disease cannot be ruled out entirely. Consider fine needle aspiration for further definition.

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**REFERRING VET**

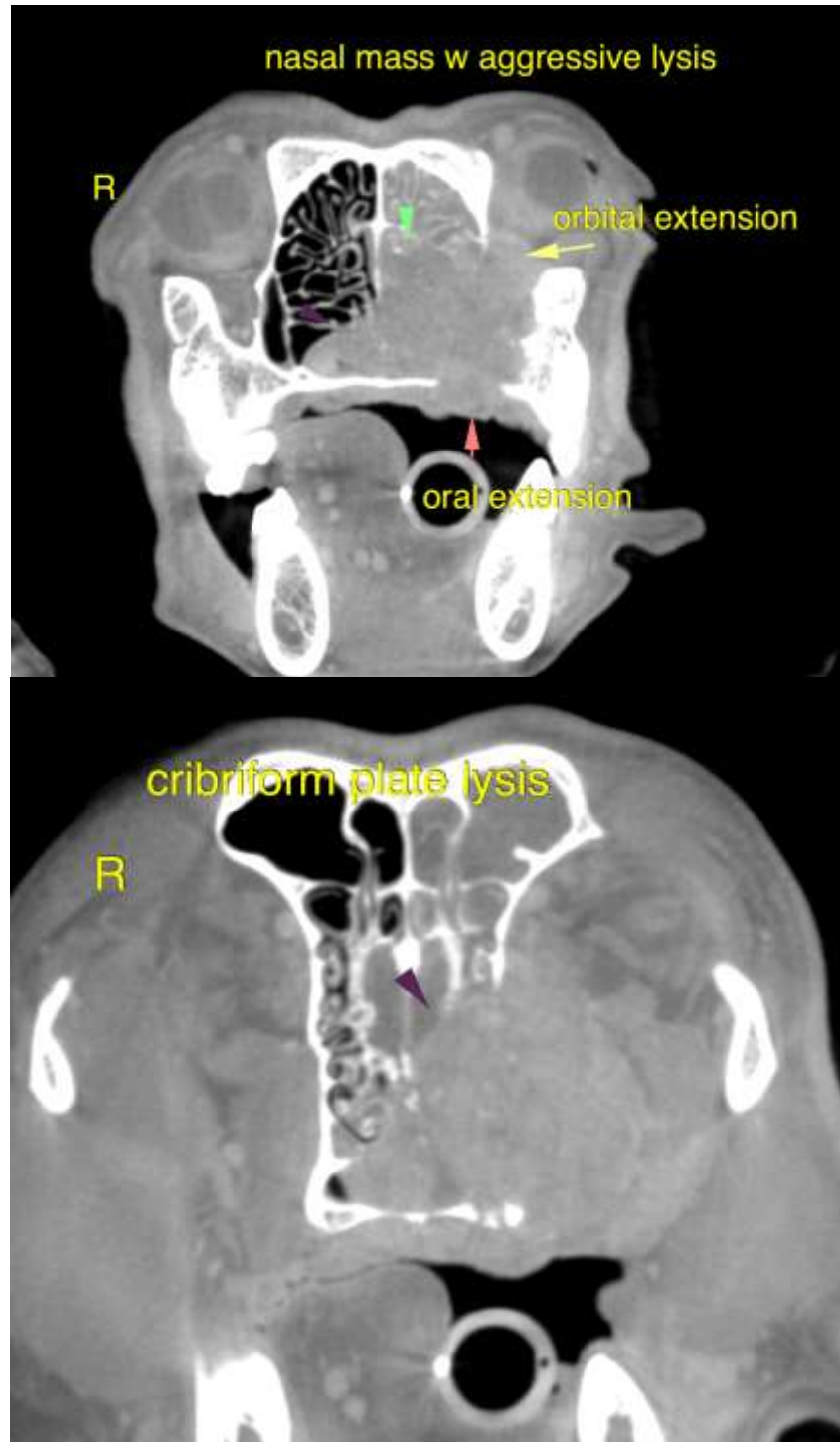
Dr. Byron Young

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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.

**SPECIES**

Canine

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