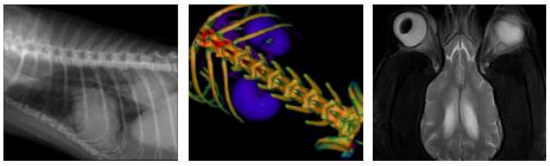
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Deacon Hofman

SPECIES

Canine

BREED

English Setter

SEX

MN

AGE

4 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Marsh Hospital

REFERRING VET

Dr. Milwicki

INVOICE

56344

DATE

1-24-23

PRESENTING CLINICAL SIGNS

Injury to right orbit, swelling above right eye lid. Current Meds: Meloxidyl and Neo/Poly/Dex opthl drops, Gabapentin and Trazodone for procedure.

ULTRASONOGRAPHIC STUDY OF THE RIGHT EYE, RETROBULBAR SPACE, & COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies available for review.

ULTRASONOGRAPHIC FINDINGS

The ultrasonographic study of the right eye reveals a large cavitated retrobulbar lesion with hypoechoic fluid with a moderate amount of debris which is encapsulated by hyperechoic vascularized tissue with multiple septations. A significant mass effect onto the right eye is seen. No infiltration of the ocular tissues is noted and no internal echoarchitectural abnormality of the right eye is seen. No significant peripheral inflammation is seen circumferential to the cavitary lesion. The cavitary lesion measures approximately 5 cm in height, 5 cm in length, and 3 cm in diameter. Part of this cavitary lesion protrudes beyond the margins of the bony orbita including the zygomatic arch. There also is access to the lesion's cavities in the temporal frontal window which ultimately would be used to aspirate the fluid within the cavitary lesion.

The left eye was scanned for comparison and debris/flare versus partial retinal detachment are seen in the posterior aspect of the vitreous. Ophthalmologic examination recommended.

COMPUTED TOMOGRAPHIC FINDINGS

The CT study reveals presence of a solid perfused soft tissue mass within the caudodorsal aspect of the right nasal cavity as well as within the frontal sinuses which causes multifocal polyostotic aggressive bone lysis and connects with the retrobulbar cavitary lesion. The soft tissue mass margins are ill-defined. The mass measures a total length of approximately 9 cm, a height of 2.5 cm, and a width of 4 cm. Aggressive osteolytic changes of the right nasal, bilateral frontal bones including their internal laminae, and the dorsal aspect of the right cribriform plate are seen. The aggressive osteolytic changes do also involve the right bony orbita and allow for extension of the mass into both frontal sinuses as well as into the right orbita.

Regional turbinate destruction is noted within the right nasal cavity.

The right medial retropharyngeal lymph node presents minimal symmetric enlargement. The left retropharyngeal lymph node and the bilateral submandibular lymph nodes present within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass with aggressive biological behavior within the right nasal cavity and bilateral frontal sinuses with polyostotic aggressive osteolysis and extension of a cavitating component of the mass into the right retrobulbar space.
- Minimal right medial retropharyngeal lymphadenomegaly.

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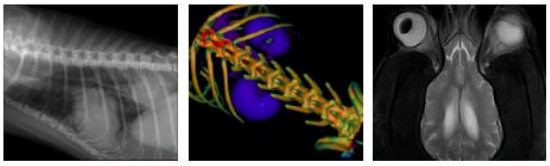

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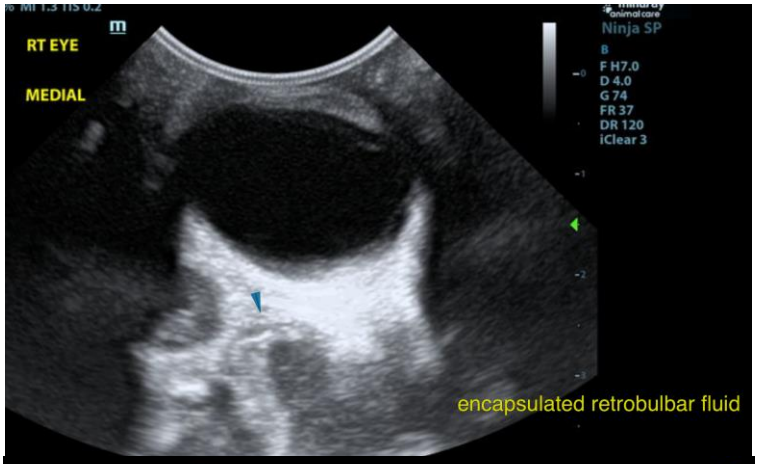
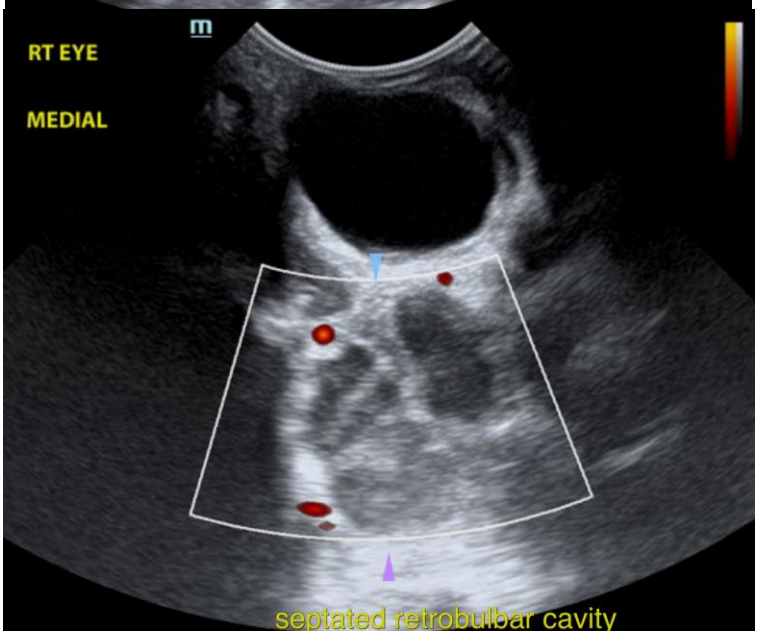
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are highly suggestive of a malignant soft tissue neoplasia within the right nasal cavity and both frontal sinuses which perforates into the right orbita with a cavitating, mostly fluid filled, component. Polyostotic aggressive bone lysis is seen and does involve the bilateral frontal bones as well as the right cribriform plate. Differential diagnosis includes adenocarcinoma, other carcinoma, and lymphosarcoma primarily. Final diagnosis will require sampling.

Sampling was limited to the cavitary component within the right orbita at this point. The diagnostic yield may be low here and the sampling may have to be repeated in order to obtain tissue samples. The component of the mass inside the frontal sinuses could be sampled under ultrasonographic guidance through the defects in the external lamina of the frontal bones. Endoscopic sampling of the mass within the dorsal aspect of the right nasal cavity would be an alternative approach to that.





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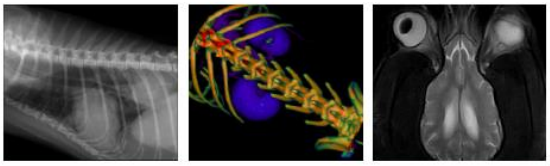

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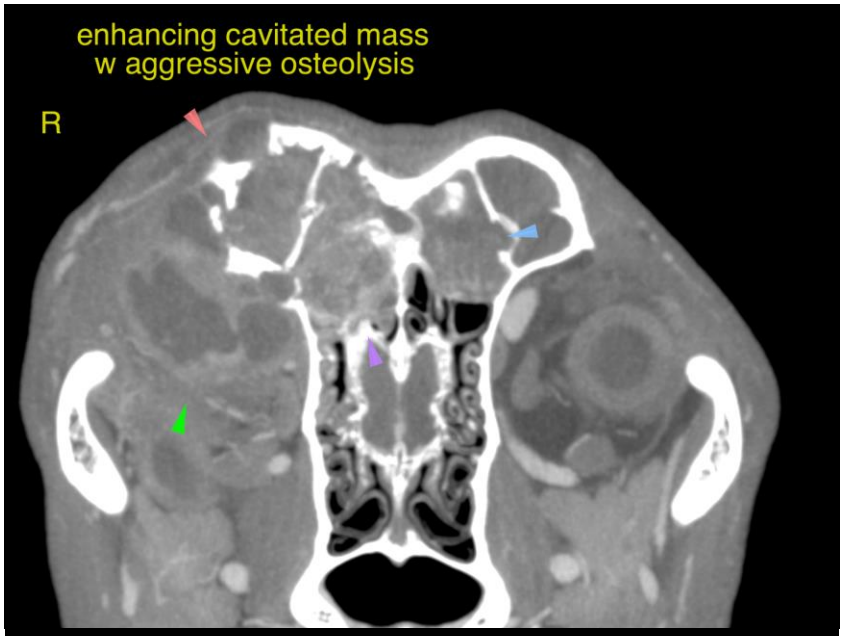

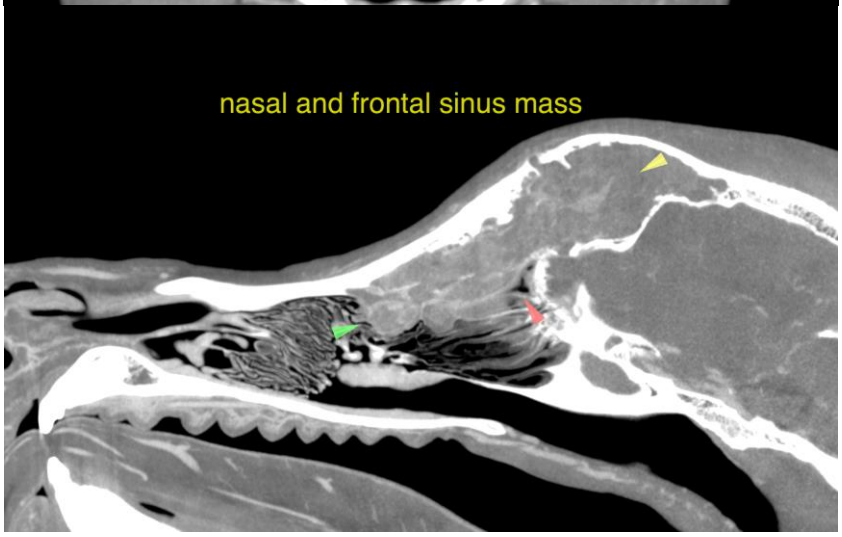

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com