



PATIENT

Rango Khananisho

SPECIES

Canine

BREED

Shepherd

SEX

MN

AGE

3Y

WEIGHT

82

INTERPRETED BY

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

IMAGING PERFORMED BY

Brianna

HOSPITAL NAME

Tempe Lake Veterinary
Hospital

REFERRING VET

Dr. Sembach

INVOICE

73175

DATE

1-5-26

PRESENTING CLINICAL SIGNS

Oct 2025, stertor and mucopurulent nasal discharge. 1/5/26 worsening stertor and decreased nasal airflow through left side. Oral exam WNL and physical exam WNL.

Abnormal PE/Chem/CBC/UA Results: Respiratory PCR negative in octoberb 25 Coccidiosis titer-negative in october 25 CBC- WNL 1/5/26 Chemistry- WNL 1/5/26

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A 6 x 3 cm sized, soft tissue attenuating, ovoid mass with relatively smooth margination occupies the mid and caudal third of the left nasal cavity and extends caudally into the nasal fundus. The mass demonstrates small central cavitation with fluid attenuating contrast negative appearance and strong heterogeneous contrast enhancement within the remainder of the mass. Focal destruction of the nasal turbinates and nasal septum are noted. Osseous involvement includes lysis of the pterygoid and palatal bones as well as early lysis of the medial aspect of the left bony orbit and ventral aspect of the left cribriform plate. Fluid attenuating material is accumulating caudal to the mass in the left nasal cavity and within the left frontal sinus.

The regional submandibular and retropharyngeal lymph nodes present within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left caudal nasal soft tissue mass with aggressive features and extensive bone involvement as well as central necrosis.
- Normal CT presentation of the regional lymph nodes.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a mass with locally aggressive biological behavior in the caudal aspect of the left nasal cavity with nasal fundus extension and early lysis of the left bony orbit and left cribriform plate. Differential diagnosis includes primary nasal neoplasia such as carcinoma and less likely other neoplasia, which is considered most likely given the bone lysis and focal destruction, as well as fungal infection with granuloma formation such as with aspergillus, cryptococcus, or other fungal species, which appears possible, especially with turbinate and septal lysis. Other aggressive inflammatory infectious processes are considered less likely. The mass is locally aggressive with osseous lysis and early orbital extension consistent with destructive neoplastic or fungal disease. Biopsy and histopathology are recommended to establish a definitive diagnosis. Full staging including FNA of the regional lymph nodes and thoracic imaging may be warranted depending on the biopsy results.



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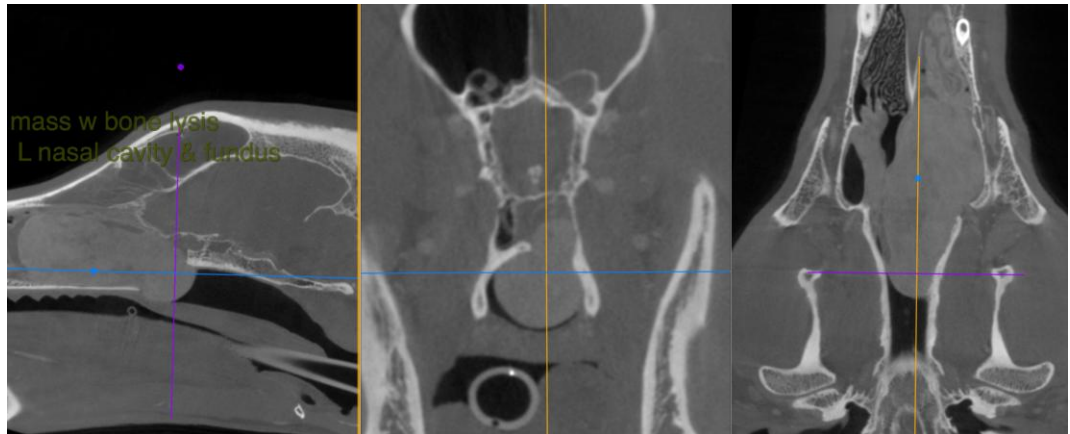
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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