



PATIENT

Nicolas Aldarondo

SPECIES

Canine

BREED

Mixed Retriever

SEX

Neuter

AGE

12

WEIGHT

42lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

HVSFA

HOSPITAL NAME

Hospital Veterinario
San Francisco de Asis

REFERRING VET

Dr. Olivencia

INVOICE

72804

DATE

12-1-25

PRESENTING CLINICAL SIGNS

The patient is being referred for a CT scan to further evaluate the muzzle region due to suspicion of a possible mass. The goal of the study is to identify or rule out any underlying mass, structural abnormality, or pathology that may not be evident on physical examination or other diagnostic imaging modalities.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Plain and post contrast studies of the head and post contrast study of the thorax are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head

A large, irregular shaped, and ill-defined, soft tissue attenuating mass of approximately 9 x 3 x 4 cm is situated within the left nasal cavity with extensive paranasal extension. Mixed attenuation and strong nonuniform enhancement are noted within the mass. Marked turbinate and bone destruction including palatal and maxillary bones, nasal septum, cribriform plate, skull base, and left orbital bone are seen. Extension into the nasal fundus, right nasal cavity, cranial vault, and left orbit are noted. The nasopharynx is partially effaced.

Moderate irregular enlargement of the retropharyngeal lymph nodes with heterogeneous contrast enhancement is noted.

The submandibular lymph nodes present within normal limits.

A 0.5 cm sized subcutaneous nodule is located ventrally between the mandibles.

Thorax

A 1.0 cm sized subcutaneous nodule is seen ventral to the right scapula.

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.

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.

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large soft tissue mass within the left nasal cavity with paranasal and intracranial extension presenting aggressive biological behavior.
- Bilateral retropharyngeal lymphadenopathy suggesting metastatic disease.
- Subcutaneous nodules nonspecific.



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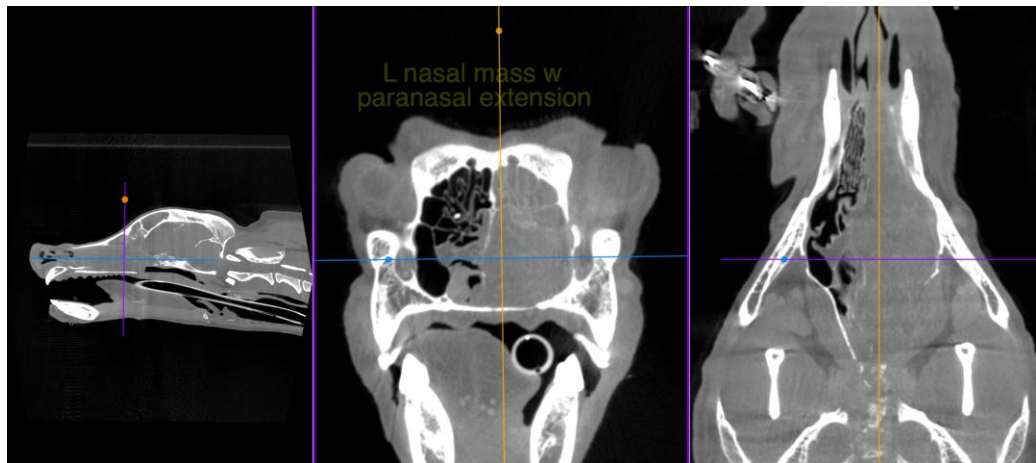
- No thoracic metastasis identified.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are consistent with an aggressive nasal neoplasia such as adenocarcinoma, squamous cell carcinoma, transitional carcinoma, and less likely lymphoma, or sarcoma with intracranial and orbital invasion. The degree of bone destruction and mass extension indicates advanced local disease.

Bilateral retropharyngeal lymph node involvement is concerning for regional metastasis. Evidence of thoracic metastasis is not seen at the time of the examination.

Biopsy of the nasal mass is required for definitive diagnosis. FNA of the retropharyngeal lymph nodes due to suspicious metastasis is recommended as well. The long term prognosis is poor unfortunately. Oncology consultation, however, could be considered to discuss palliative treatment options.





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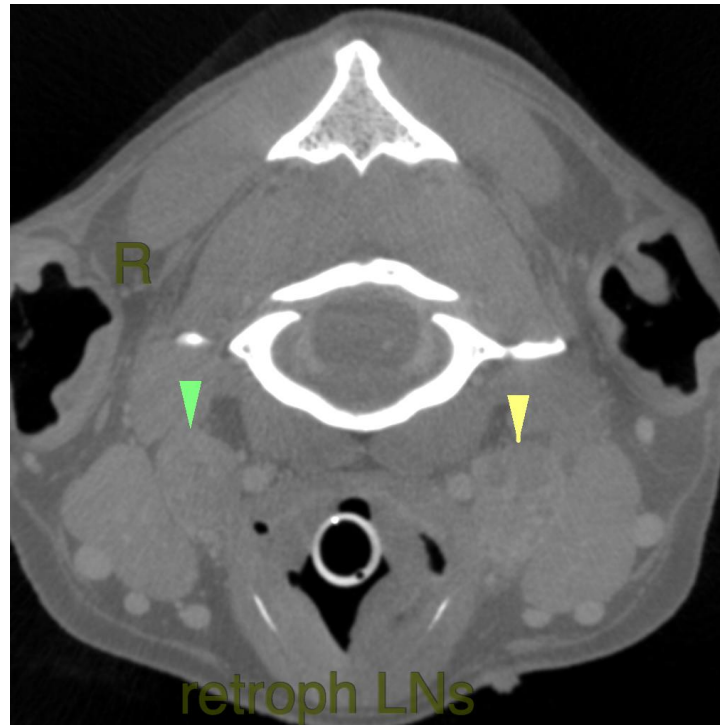
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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