

**PATIENT**

Queen Vhela

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

FS

**AGE**

3Y

**WEIGHT**

16kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Mobile Pet Imaging

**HOSPITAL NAME**

Mobile Pet Imaging

**REFERRING VET**

Armstrong

**INVOICE**

72800

**DATE**

12-1-25

**PRESENTING CLINICAL SIGNS**

- Previously seen by Dr. Ortega on 10/24 for epistaxis - Bleeding episodes have been occurring for several months - This morning at 7 AM, patient had severe epistaxis episode - Client gave crushed ice cubes and cold water which temporarily stopped bleeding, but resumed when patient warmed up - Persistent respiratory sounds (stertor) for weeks - Eating normally, maintaining appetite and activity level - No recent trauma or excessive activity - Bleeding primarily from right nostril - Client using humidifier and honey for respiratory congestion - Previous diagnostics performed on 10/24 including CBC, chemistry panel, urinalysis, T4, mucosal bleeding time, and hemophilia panel  
**Assessment**  
**Problem List:** - Epistaxis - r/o nasal polyp, nasopharyngeal mass, coagulopathy, foreign body  
**Diagnostics 10/24:** - CBC: RBC, hematocrit, hemoglobin within normal limits; WBC 25.3 (H) with neutrophilia and monocytosis - Chemistry panel: All within normal limits - Platelet count: 270,000 (normal) - Urinalysis: Mild calcium oxalate crystals noted - Mucosal bleeding time: <1 minute (normal) - Hemophilia panel (10/23): PT 4.2 seconds (normal 5.0-9.0), von Willebrand factor 67% (normal 70-180%, borderline low), Factor VIII 34% (normal 50-200%), Factor IX 168% (normal 50-150%)  
**Recommended:** - CT scan scheduled for Monday, December 1st  
**Treatment Plan/Medications:** Rx: Yunnan Baiyao capsules: 1 capsule PO q12h for hemostasis - Emergency tablets provided for severe bleeding episodes  
**Abnormal PE/Chem/CBC/UA Results:** Severe upper resp stridor/congestion, all else wnl. Clear nasal discharge. left side during anesthesia.

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD**

Plain and post contrast studies are available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

A large, irregularly shaped, and ill-defined, soft tissue attenuating mass measuring approximately 9 x 3 x 2.4 cm is seen predominantly in the right nasal cavity. Extensive regional turbinate destruction is noted. The mass extends from the nasal planum and bridge of the nose into the caudal nasal fundus with involvement of the left nasal cavity. Obstruction of the upper airways is noted. Aggressive osteolysis of the palatal, maxillary, and nasal bones as well as of the nasal septum is seen. The mass extends onto the bridge of the nose beyond the limits of the nasal cavities and into the left nasal cavity. The cribriform plate is intact.

Moderate fluid accumulation is present in the bilateral frontal sinuses.

The submandibular and retropharyngeal lymph nodes are within normal limits.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Large aggressive soft tissue mass in the right nasal cavity with extension into the left nasal cavity.
- Normal CT presentation of the regional lymph nodes.
- Bilateral obstructive frontal sinusitis.

**INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings are compatible with a malignant nasal neoplasia with paranasal extension and aggressive bone destruction. Differential diagnosis includes adenocarcinoma, chondrosarcoma, squamous cell carcinoma, or less commonly lymphoma.



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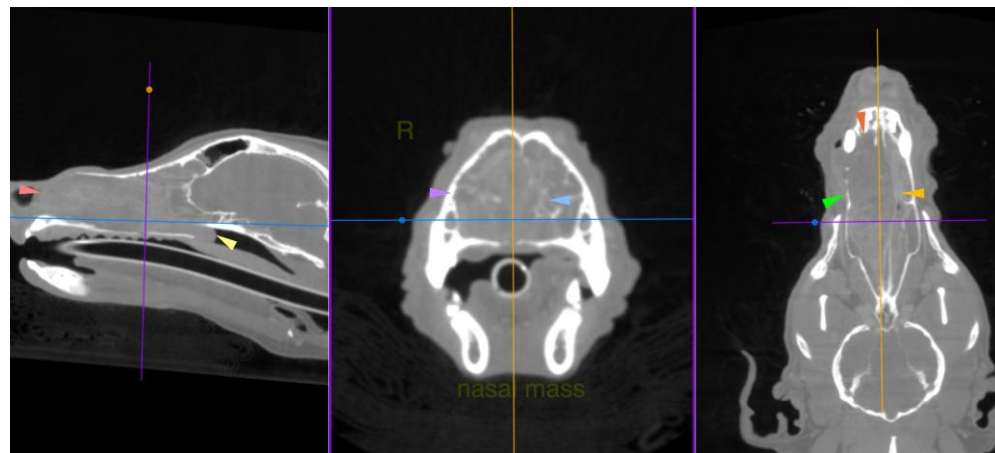
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Evidence of regional lymph node metastasis is not seen.

Histopathologic conformation via excisional biopsy or rhinoscopy guided sampling can be considered. Evidence of intracranial extension is not seen at this point which renders the prognosis slightly more positive despite the extensive size and growth of the tumor and overall guarded prognosis.



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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