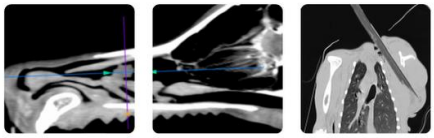

PATIENT

Olivia Raglianti

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

10Y

WEIGHT

23.6lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Scott

HOSPITAL NAME

Tenafly Vet Center

REFERRING VET

Scott

INVOICE

73083

DATE

12-22-25

PRESENTING CLINICAL SIGNS

Olivia presented today for chronic sneezing and bloody nasal discharge from the L nostril that started in early November. On the slide test there was no air flow seen from the L nostril both times (medical records show this was also seen on 11/24/25). Olivia previously tried a 7 day course of prednisolone, clavamox, and a dental cleaning with neither having any significant impact on the clinical symptoms seen. Lung sounds clear on both sides, otherwise normal behavior at home according to O.

COMPUTED TOMOGRAPHIC STUDY OF THE DENTAL ARCADES

Plain study available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Within the mid and caudal third of the left nasal cavity, there is an approximately 3.5 x 2 cm sized ill-defined soft tissue attenuating mass. The mass is associated with marked destruction of the nasal turbinates and extends into the nasal fundus. Aggressive osteolysis of the surrounding nasal bones and left bony orbit is present. Suspicion of extension toward the left orbit exists; however, the orbital contents are not fully included in the field of view. The cribriform plate appears to be intact.

Multiple dental resorptive changes are present involving the 207.

Root remnants of the 205 and 206 are seen.

Evidence of a dentonasal fistula is not noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large aggressive left caudal nasal cavity mass with turbinate destruction, aggressive osteolysis, and suspected extension towards the left nasal fundus and left orbit.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging appearance is highly suspicious for a malignant nasal neoplasia such as adenocarcinoma, squamous cell carcinoma, undifferentiated carcinoma, or less commonly sarcoma or round cell neoplasia.

The dental resorptive lesions are likely incidental and not directly associated with the nasal pathology.

Definitive tissue sampling of the left caudal nasal mass is strongly recommended guided by rhinoscopy to establish a histopathologic diagnosis.

Thoracic imaging and regional lymph node FNA can be performed to assess for potential metastatic disease.

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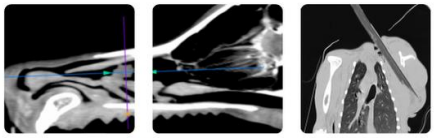

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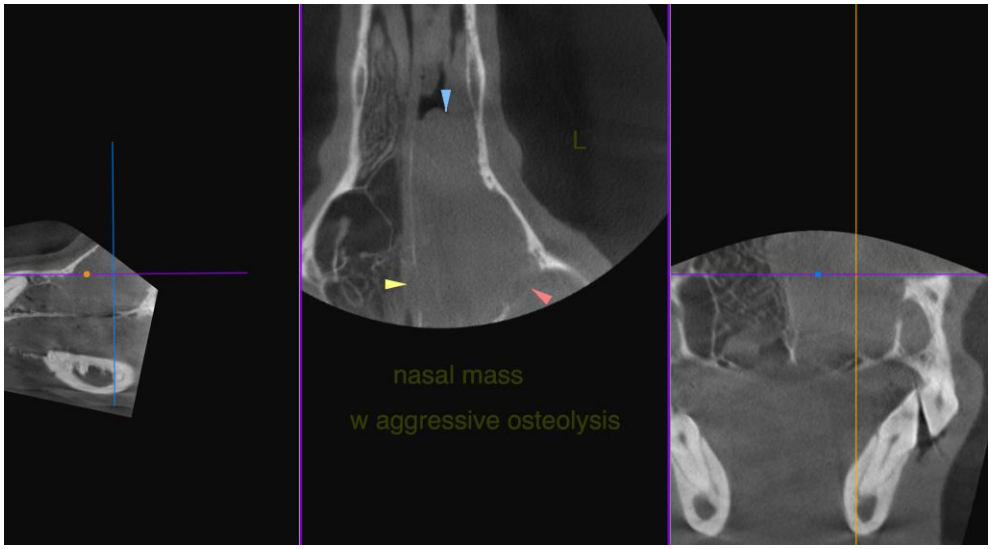

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
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