



PATIENT

Niki Nichols

SPECIES

Canine

BREED

Yorkie

SEX

MN

AGE

14Y

WEIGHT

9.6lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Laura Baumert

HOSPITAL NAME

Wilson Veterinary
Hospital

REFERRING VET

Dr. Nick Vitale

INVOICE

73825

DATE

2-18-26

PRESENTING CLINICAL SIGNS

- Nasal congestion noted 9/2025. Started on Clindamycin-no improvement noted. 10/2025- L sided nasals discharge noted, dental cleaning done. No improvement noted. 12/2025- L sided nasal discharge worsening- started on Baytril- no improvement noted. Advanced imaging recommended.
- Biopsy taken from L nasal passage after scan.

Abnormal PE/Chem/CBC/UA Results: BUN 34 (7-27) Lipase 2155 (200-1800) Remainder of chemistries, CBC and Lytes unremarkable

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

There is an ill-defined soft tissue attenuating mass in the mid third of the left nasal cavity measuring approximately 36 x 13 x 23mm. The lesion demonstrates heterogeneous nonuniform contrast enhancement. Aggressive turbinate destruction with regional osteolysis of the nasal, maxillary, palatal bones, and nasal septum is seen. The mass extends dorsally onto the nasal bridge, medially across the nasal septum, and ventrally into the oral cavity. The cribriform plate remains intact at this time.

Mild enlargement of the bilateral submandibular lymph nodes is seen.

Incidental mineralization is associated with the whisker follicles.

Bilateral external ear canal soft tissue thickening consistent with otitis externa is seen.

Multifocal moderate to severe periodontal disease and alveolar bone atrophy are seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Aggressive left nasal mass meeting neoplastic criteria.
- Mild regional lymphadenomegaly.
- Severe multifocal periodontitis.
- Moderate bilateral otitis externa.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging features strongly favor primary nasal tumor. Nasal adenocarcinoma, squamous cell carcinoma, undifferentiated carcinoma and less likely lymphoma, sarcoma, or fungal disease are potential differential diagnoses. At present there is no evidence of intracranial invasion.

The mild lymph node enlargement is likely to be reactive. Early metastatic disease could be ruled out by means of FNA.

Histopathology of the obtained biopsy is required for definitive diagnosis and tumor typing. Definitive radiation therapy is one potential treatment of choice if confirmed neoplastic.



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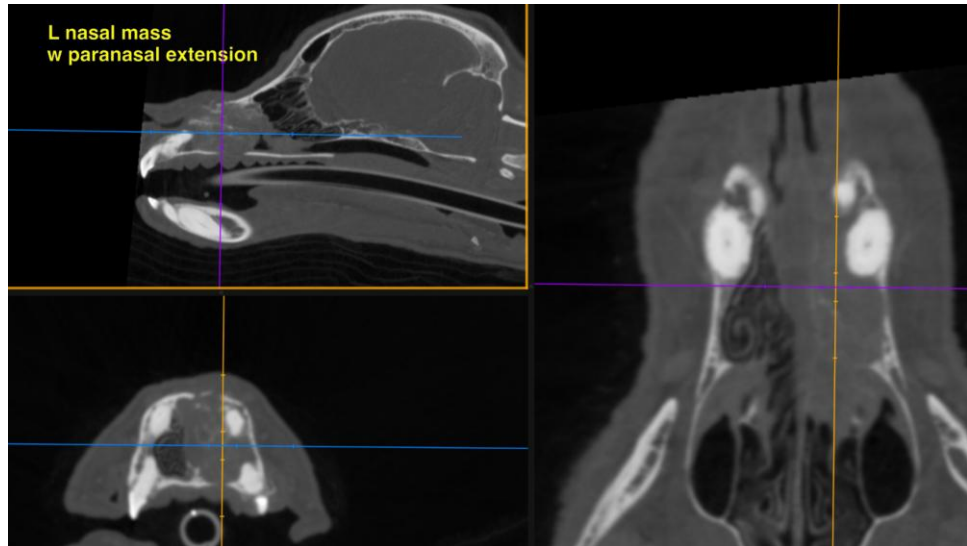
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.
info@sonopath.com