



PATIENT

Penelope Thompson

SPECIES

Canine

BREED

Rottweiler Mix

SEX

FS

AGE

12

WEIGHT

45

INTERPRETED BY

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

IMAGING PERFORMED BY

Steph

HOSPITAL NAME

Petroglyph Animal
Hospital

REFERRING VET

Eric Randall, DVM

INVOICE

73850

DATE

2-19-26

PRESENTING CLINICAL SIGNS

- 2 month history of epistaxis of the left nasal cavity
- Biopsies performed at time of CT

COMPUTED TOMOGRAPHIC STUDY OF THE NASAL CAVITIES

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The CT study reveals an irregular shaped and ill-defined soft tissue attenuating mass within the left nasal cavity. The mass is measuring approximately 7 x 2.5 x 2.5 cm. Marked aggressive destruction of the nasal turbinates and extensive osteolysis involving the adjacent osseous structures including the left maxillary bone, nasal bone, nasal septum, and medial wall of the left orbit is seen and allows for caudal extension into the nasal fundus and extension across the midline with involvement of the right nasal cavity as well as extension into the left ventromedial orbital space. Rostrally the mass extends to the level of the left nostril correlating with accessibility for sampling. The cribriform plate remains intact, however, the mass is directly adjacent to the cribriform plate. Severe nonuniform contrast enhancement is noted within the mass.

The submandibular and retropharyngeal lymph nodes present within normal limits at this time.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Aggressive left nasal cavity mass with left orbital invasion, contralateral extension, and nasal fundus, and left nostril extension.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with malignant nasal neoplasia. Primary differential considerations include nasal carcinoma and less likely sarcoma or round cell neoplasia. The findings are not typical for fungal rhinitis. Evidence of intracranial invasion is not seen at this stage yet. Histopathology of submitted biopsies is required for definitive diagnosis and tumor classification. Oncology consultation is recommended including the results of the pending histopathology to discuss definitive radiation therapy and/or adjunctive systemic therapy depending on tumor type. Thoracic staging is recommended to assess for pulmonary metastasis.



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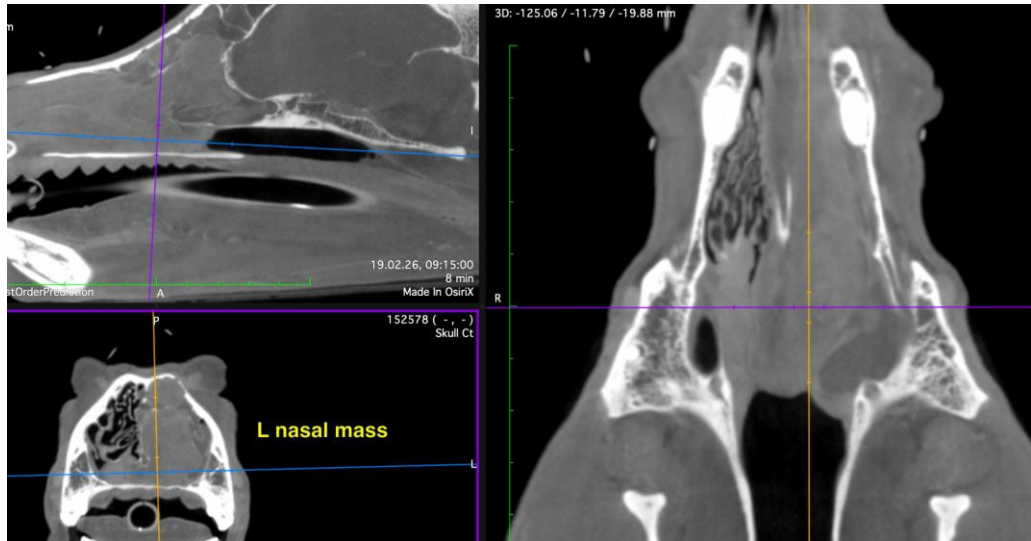
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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