



PATIENT

Kahlua Beauchamp

SPECIES

Canine

BREED

Pomeranian

SEX

SF

AGE

12Y

WEIGHT

11.3lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

José L. Alvarado Bruno,
CVT - CT Scan Technician

HOSPITAL NAME

Veterinary Image Center

REFERRING VET

Dr. Y. Martinez, DVM

INVOICE

73601

DATE

2-3-26

PRESENTING CLINICAL SIGNS

History:

- Recurrent seizures since the previous day; patient referred by the primary care veterinarian. The patient has a known history of epilepsy and is currently receiving phenobarbital and levetiracetam (Keppra). The patient presented with cluster seizures and an episode consistent with status epilepticus.

Abnormal PE/Chem/CBC/UA Results: CBC --- WBC: 43.86 K/ μ L \uparrow and NEU: 40.26 K/ μ L \uparrow
CHEM --- ALT: 616 U/L \uparrow , ALP: 1,911 U/L \uparrow , GGT: 25 U/L \uparrow Blood Work Recheck: ALT: 348 U/L \uparrow
(improving), ALP: 1,864 U/L \uparrow (improving), LIPA: 3,120 U/L \uparrow and LEUCOCYTOSIS: (improving)

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The CT study reveals a large aggressive left sided nasal and intracranial mass with cribriform plate destruction, frontal bone and orbital invasion, intraaxial brain involvement, and significant mass effect with midline shift toward the right. The mass causes destruction and perforation of the cribriform plate, frontal bone, and left bony orbit. There is strong heterogeneous contrast enhancement. Lesion margins are ill-defined. Mass measurements are approximately 27 x 28 x 17mm. Intraaxial parenchymal infiltration of the left frontal lobe is present. The surrounding brain parenchyma appears to be compressed by local mass effect.

Severe bilateral periodontal disease most pronounced at triadans 107-110 and 207-210 is noted.

Mild bilateral submandibular and retropharyngeal lymphadenomegaly is present most consistent with a reactive process.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large aggressive left sided nasal and intracranial mass with extensive intraaxial brain involvement.
- Severe periodontal disease.
- Mild regional lymphadenopathy - likely reactive.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals an aggressive left sided nasal and intracranial mass with cribriform plate destruction, frontal bone and orbital invasion, as well as intraaxial brain involvement. Primary differential diagnosis is esthesioneuroblastoma (olfactory neuroblastoma) given the origin and the caudal nasal cavity/cribriform plate and aggressive bone destruction as well as strong heterogeneous contrast enhancement and intracranial extension. Other differentials such as sinonasal carcinoma, lymphoma, and invasive fungal disease are considered by far less likely based on the imaging characteristics. Neurologic and medical management of seizures and intracranial pressure can be considered. Definitive diagnosis via biopsy if clinically appropriate and safe can be considered through rhinoscopy.



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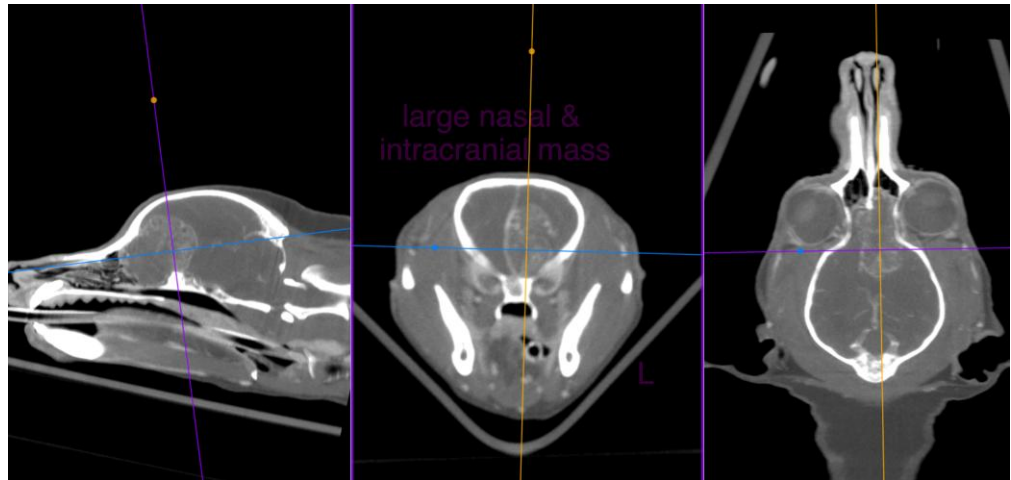
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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