



PATIENT

Gia Mendoza

SPECIES

Canine

BREED

Australian Shepherd

SEX

FS

AGE

8 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Scottsdale Veterinary
Clinic

REFERRING VET

Dr. Engleschall

INVOICE

56599

DATE

2-6-23

PRESENTING CLINICAL SIGNS

Chronic history of mucopurulent nasal discharge, rhinoscopy performed 12/20/2020 showed multiple fungal plaques, significant turbinate atrophy bilaterally and left nasal stenosis secondary to chronic granulomatous inflammation, has had multiple clotrimazole infusion for Aspergillus fungal rhinitis. History of Valley Fever. Gets Hyperbaric oxygen therapy and acupuncture regularly. Current meds: Fluconazole 100mg BID, Gabapentin 100mg BID, Carprofen 75mg- 1/2 BID, Duralactin, Cytoint inj prn, multiple supplements

COMPUTED TOMOGRAPHIC STUDY OF THE NASAL CAVITIES

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Extensive turbinate destruction is seen within both nasal cavities. There are multiple interruptions of the nasal septum. The mid and caudal third of the left nasal cavity however are filled with an ill-defined soft tissue mass of approximately 5 x 3 cm. Polyostotic aggressive bone lysis of the ventral cribriform plate and left bony orbita is seen and does allow for extension of the mass into the cranial vault as well as into the left orbita. There is a mild extraaxial mass effect onto the left frontal lobe of the brain. The mass also extends into the nasal choana. Both frontal sinuses present severe hyperostosis and are filled with fluid attenuating material.

The left submandibular lymph node presents mild symmetric enlargement.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe chronic bilateral destructive rhinosinusitis with frontal sinus hyperostosis.
- Soft tissue mass within the left nasal cavity with aggressive biological behavior and intracranial as well as left orbital extension.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with destructive and most likely fungal rhinosinusitis.

The soft tissue mass within the left nasal cavity may represent a fungal granuloma. However, soft tissue neoplasia such as adenocarcinoma, squamous cell carcinoma, soft tissue sarcoma, or less likely round cell neoplasia cannot be ruled out entirely as a differential diagnosis. Tissue sampling for histology is recommended if not performed already.

The mild enlargement of the left submandibular lymph node is equivocal for reactive hyperplasia versus early metastatic disease. Fine needle aspiration recommended.



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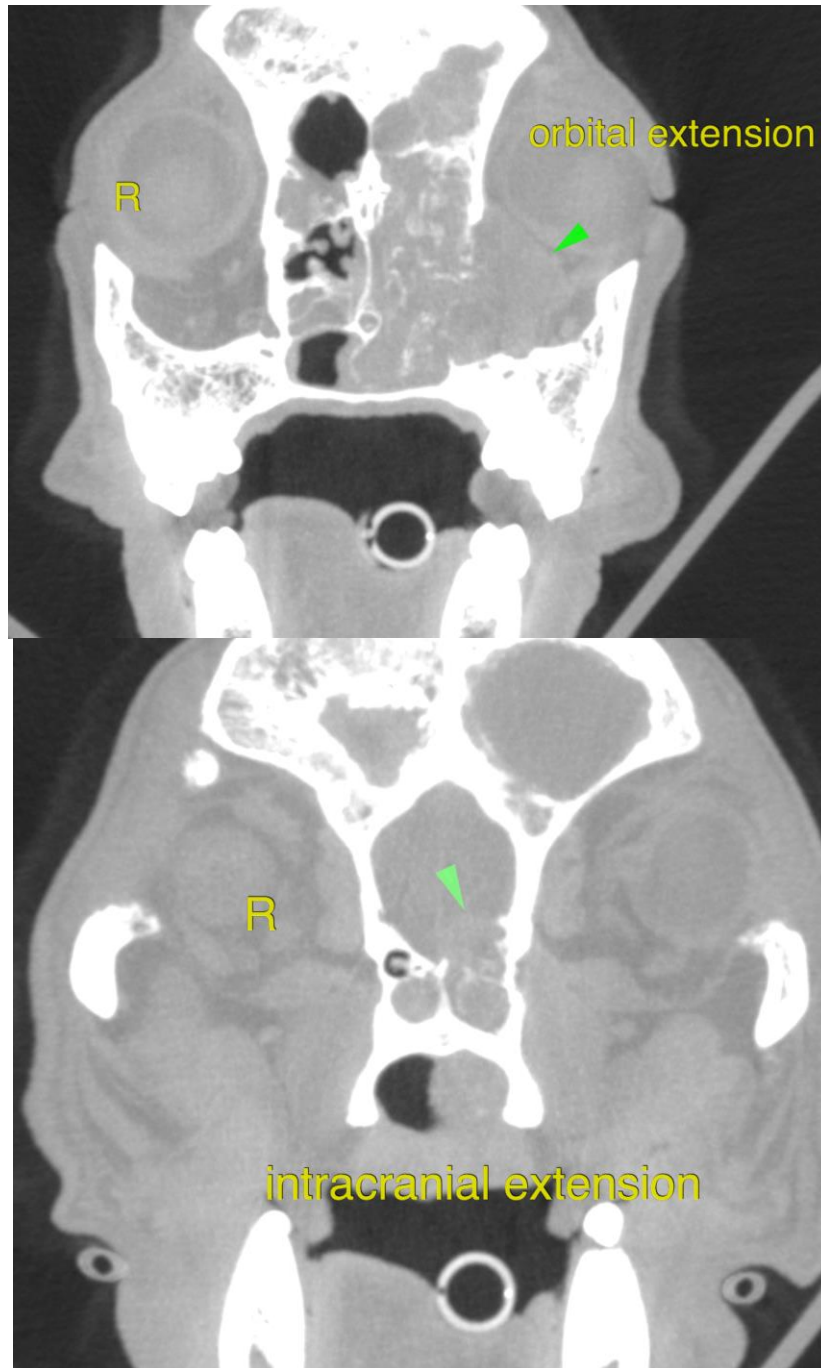
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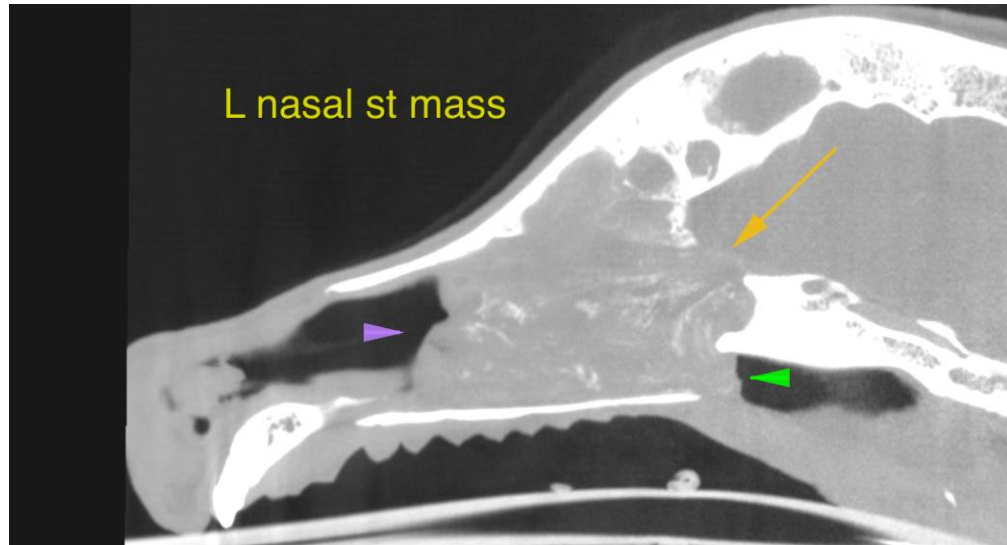
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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