



PATIENT

Rufus Sarnowski

SPECIES

Canine

BREED

Boston Terrier

SEX

Male Neutered

AGE

11 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

REFERRING VET

Dr. Joseph
D'Abbraccio

INVOICE

56595

DATE

2-6-23

PRESENTING CLINICAL SIGNS

Mass in the right nostril, growing rapidly from Friday 2/3/23 to today. Over the weekend, he started coughing and sneezing with discharge from his nose. Not able to sleep well, very uncomfortable.

Abnormal PE/Chem/CBC/UA Results: Rule out SCC vs. adenocarcinoma vs. melanoma vs. other

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, & ABDOMEN

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head

The CT study reveals an irregular shaped and ill-defined soft tissue attenuating mass on the floor of the right nasal cavity which extends into the right nostril as well as into the nasal fundus. The mass measures approximately 7.5 cm in length, 2 cm in height, and 2 cm in width. Regional turbinate destruction is noted accentuating the ventral nasal concha of the right nasal cavity. The mass presents bilateral extension within the nasal fundus but is limited to the right nasal cavity. Heterogeneous enhancement is seen on the post-contrast study. The cribriform plate is intact.

The regional lymph nodes present within normal limits.

Multifocal periodontal disease is seen in an incomplete dentition accentuating the triadan 109.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

No evidence of pulmonary nodules or masses is seen. Multifocal peribronchial interstitial infiltrates and multifocal atelectatic changes are noted.

Redundancy of the thoracic esophagus with generalized esophageal dilation is seen.

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. The nephrogram of both kidneys is mildly heterogeneous.

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The left adrenal gland presents a hypoenhancing slightly expansile nodule of 8 x 20mm. The right adrenal gland presents within normal limits.

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

Mild dilation of the common bile duct without evidence of obstruction is seen.

There is mild generalized enlargement of the pancreas with slightly ill-defined margins.

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The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

Moderately compressive organized intervertebral disc extrusion and vacuum phenomenon are noted between T11 and T12.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass with aggressive biological behavior within the ventral aspect of the right nasal cavity with nasal fundus and right nostril extension.
- No evidence of metastatic disease to the regional lymph nodes, mediastinal lymph nodes, or lung.
- Left adrenal gland nodule.
- Multifocal peribronchial interstitial infiltrates.
- Suspect pancreatitis.
- Multifocal chronic periodontitis.
- Chronic moderately compressive intervertebral disc protrusion T11/12.

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Dr. med. Vet. DipECVDI**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****HOSPITAL NAME**Catskill Veterinary
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The CT study reveals a malignant soft tissue neoplasia within the right nasal cavity which extends into and occupies the right nostril. Bilateral nasal fundus extension is noted as well. Nasal adenocarcinoma and squamous cell carcinoma are primary differential diagnoses. Round cell neoplasia and soft tissue sarcoma are less likely but cannot be ruled out entirely. Final diagnoses will require sampling for histology.

REFERRING VETDr. Joseph
D'Abbraccio

The CT study did not reveal evidence of metastatic disease within the regional lymph nodes, mediastinal lymph nodes, or lung.

The changes of the lung can partially be explained by atelectasis. However, chronic eosinophilic or irritant bronchopneumopathy and infectious bronchitis cannot be ruled out.

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Differential diagnosis for the left adrenal gland nodule include functional/nonfunctional adenoma, adenocarcinoma, pheochromocytoma, myelolipoma, metastases, and incidentaloma. At this time, there is no evidence of vascular invasion.

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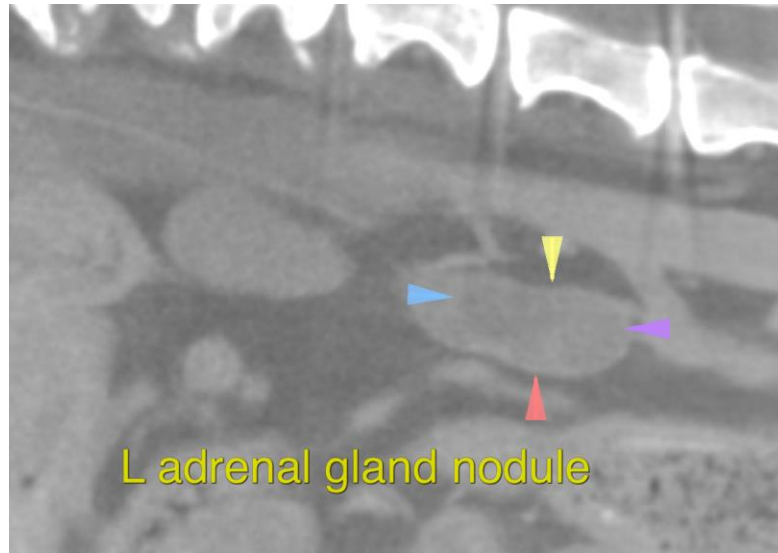
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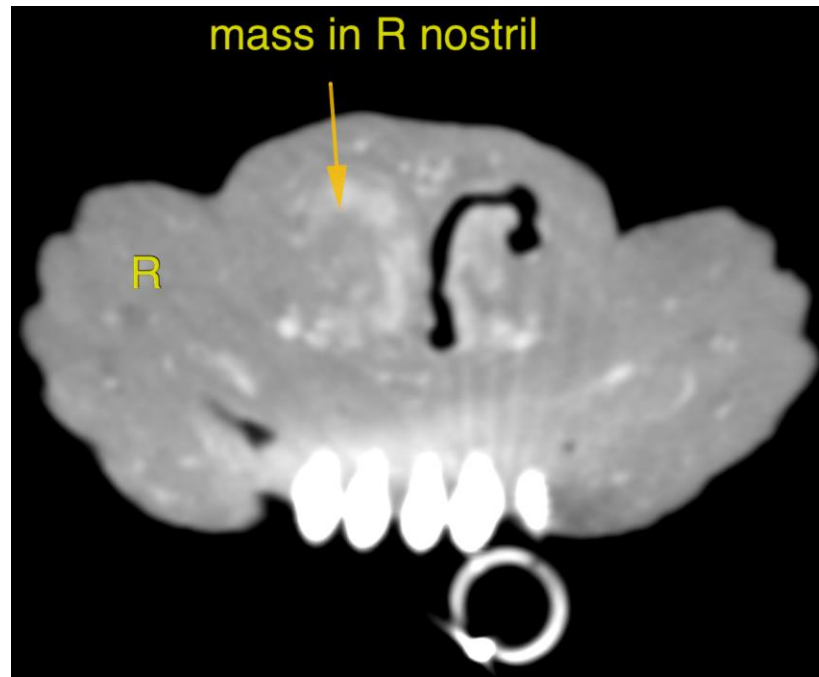
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
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