



## PATIENT

Max Murray

## SPECIES

Canine

## BREED

English Setter

## SEX

MN

## AGE

9Y

## WEIGHT

25.4kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Mountain West  
Veterinary Specialists

## HOSPITAL NAME

Mountain West  
Veterinary Specialists

## REFERRING VET

Andrew Burton

## INVOICE

74395

## DATE

3-30-26

## PRESENTING CLINICAL SIGNS

Pet has had been breathing through his mouth for about 1 month. Pet went to urgent vet and diagnosed with a GDV. Pet was transferred here for hospitalization. During his stay he has been having discharge from nose and wheezing noise while breathing. Suspected nose tumor and recommended CT.

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

A large, irregular shaped, and ill-defined, soft tissue attenuating mass measuring approximately 6.5 cm in length, 4.0 cm in width, and 3.5 cm in height with extension across the midline towards the left side is seen. Aggressive osteolysis of the right nasal bone, right maxillary bone, and right palatinal bone are seen. The mass also destroys nasal turbinates extensively as well as the nasal septum. Heterogeneous strong contrast enhancement is seen within the mass. There is no evidence of intracranial extension at this point.

Mild enlargement of the right submandibular and retropharyngeal lymph nodes is noted.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Aggressive destructive right nasal mass with left sided extension compatible with neoplasia.
- Mild ipsilateral submandibular and retropharyngeal lymphadenopathy – likely reactive or early metastatic.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging findings indicate locally aggressive nasal mass with extensive bone destruction which accounts for the patient's chronic nasal discharge, stertor, and mouth breathing. Differential considerations include adenocarcinoma or squamous cell carcinoma which are most common. Chondrosarcoma or other sarcomatous neoplasia is considered less likely. Fungal granuloma can never be ruled out but is considered highly unlikely.

The lymph node changes are mild and suggest reactive change even though early metastatic disease cannot be ruled out entirely.

Definitive diagnosis will require biopsy of the mass, ideally endoscopic, to guide treatment. Thoracic imaging and FNA of the lymph nodes can be considered for complete staging as well.



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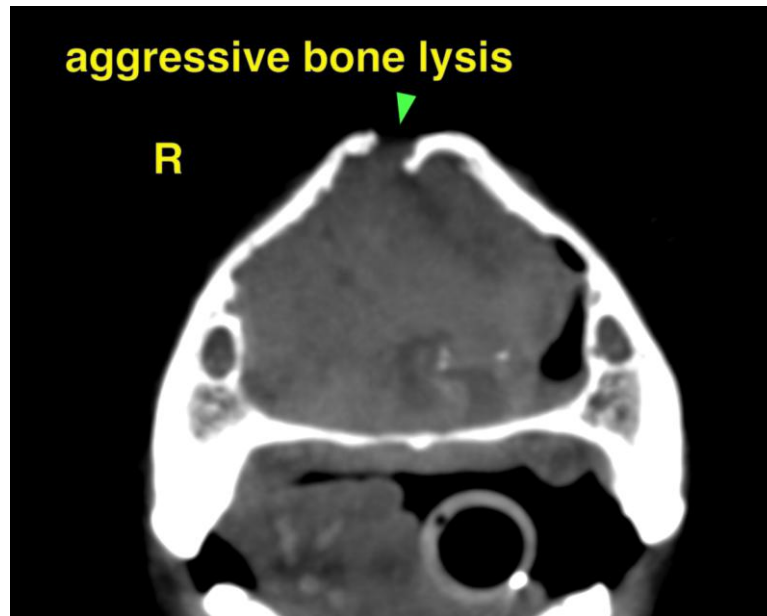
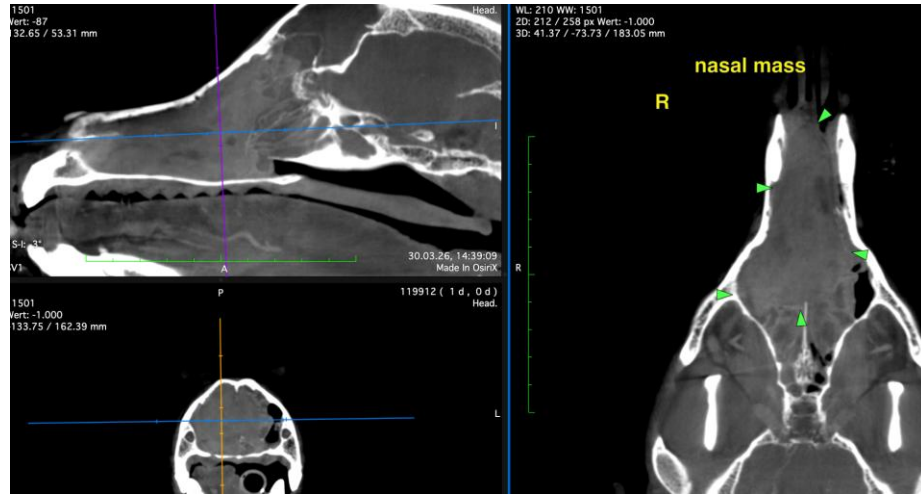
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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