



PATIENT

Phoenix Bond

SPECIES

Canine

BREED

LaPerm

SEX

MN

AGE

11Y

WEIGHT

4.22kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Janice

HOSPITAL NAME

Bridgwater Veterinary
Hospital and Wellness
Centre

REFERRING VET

Dr. A. Sran

INVOICE

74480

DATE

4-6-26

PRESENTING CLINICAL SIGNS

- -Chronic unilateral nasal discharge + chronic otitis
- DDX::
- -Nasopharyngeal polyp
- -Chronic rhinitis/sinusitis-may be due to allergy
- -Neoplasia
- -Dental disease with sinus involvement

Abnormal PE/Chem/CBC/UA Results: CBC-WNL -Chemistry- urea mild up otherwise WNL -TT4 - normal -Xrays - normal

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

An irregular shaped, ill-defined, 3 x 3 x 2 cm sized, soft tissue attenuating mass occupies the caudal left nasal cavity with extension into the nasal fundus. Associated destruction of turbinates and adjacent nasal bones is seen. Nonuniform enhancement is noted within the mass. Fluid is noted within the left frontal and left presphenoidal sinus.

The right tympanic bulla contains a moderate amount of fluid.

A small 10 x 3mm sized polypoid mass is seen in the medial aspect of the right ear canal.

Mild bilateral submandibular and retropharyngeal lymphadenomegaly is noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Aggressive left sided nasal mass with turbinate and bone destruction with secondary involvement of paranasal sinuses.
- Right otic changes with otitis media and polypoid mass within the right ear canal.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The nasal mass is locally aggressive. Differential diagnoses include nasal neoplasia, nasal carcinoma, and less likely lymphoma or other neoplasia. Chronic severe/fungal rhinitis is considered by far less likely.

Right sided otitis media with small ear canal polyp is seen.

The bilateral lymphadenomegaly is mild and representing reactive changes or less likely early regional metastasis.

Tissue diagnosis by means of rhinoscopy with biopsy is recommended. At this point there is no evidence of intracranial extension of the nasal mass yet.



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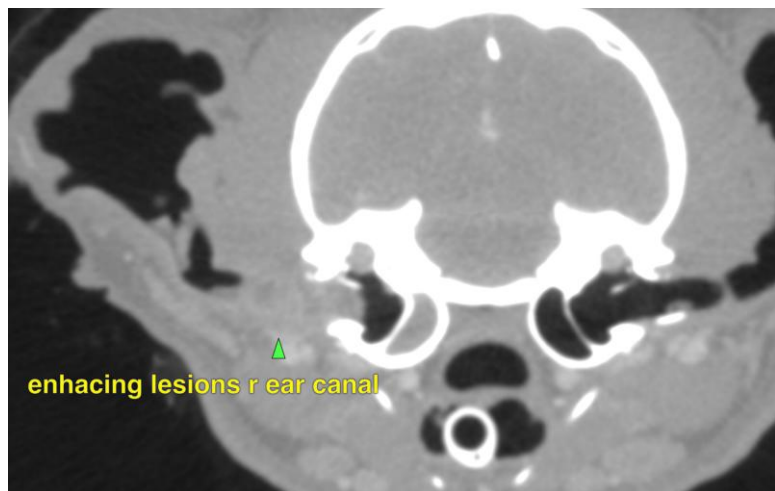
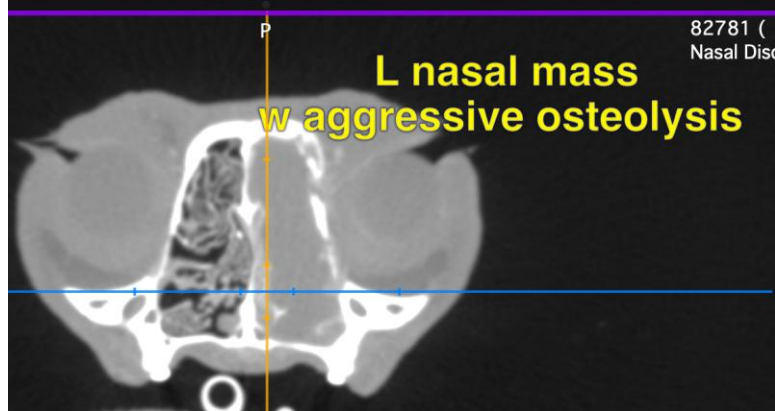
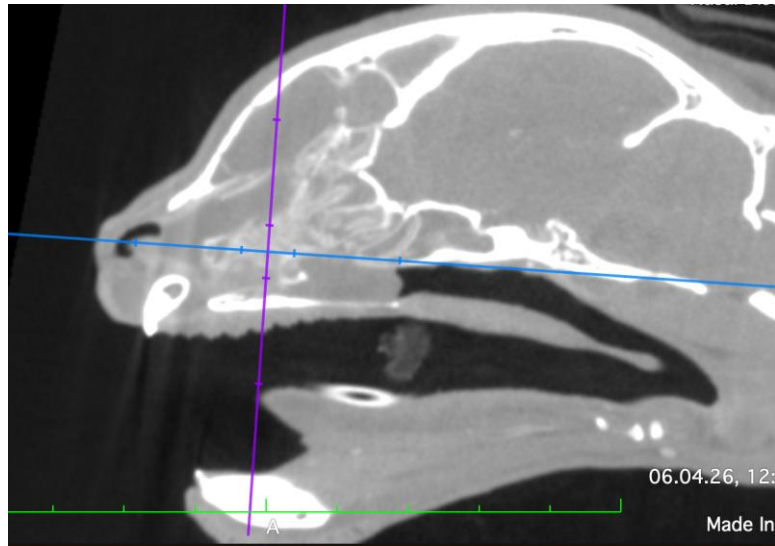
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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