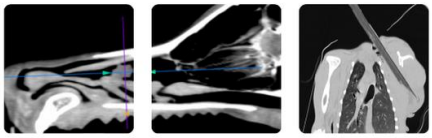

PATIENT

Abel Maung

SPECIES

Canine

BREED

Bull Mastiff

SEX

Male Neutered

AGE

10Y

WEIGHT

38kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Novoa

INVOICE

75020

DATE

5-18-26

PRESENTING CLINICAL SIGNS

Abel started sneezing about 2.5 weeks ago. Owner would also notice blood droplets on the floor at home, and that the bleeding was coming from his left nostril. While being evaluated in the hospital (5/14/26), Abel had a sneezing fit and blood clots came out of his right nostril. Using a glass slide, nasal airflow seems to be decreased on the left and normal on the right. Previous Bloodwork (5/6/26) showed: CBC: 0.80 10^9/l (1.0-4.8), HGB 20.2 g/dl (12.0-18.0), MCH 26.9 pg (19.5-24.5). Chem: ALP 163 U/L (20.0-150.0), ALT 249 U/L (10.0,118.0), GLU 117 mg/dL (60.0-110.0), K+ 3.6 mmol/L (3.7-5.8). Since starting current therapy (Denamarin - 2 tablets PO SID, Yunnan baiyao - 2 capsules PO SID, Chlorpheniramine 4mg - 2 tablets PO BID) blood has resolved but daily sneezing is unchanged. Abel otherwise feels well at home with no other changes.Primary concern is for an underlying nasal tumor, with infection (atypical/fungal), inflammation, foreign body and dental disease possible but considered less likely. Head CT is required to confirm the diagnosis.
Abnormal PE/Chem/CBC/UA Results: PE: T 101.2 F, HR 120, RR 30, MM Pink, CRT <2 seg. H/L: WNL. Nuclear Sclerosis OU, Dental Calculus (2/4), Nasal congestion. Sneezing and bleeding through the left nostril.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The CT study reveals an irregular shaped and ill-defined, soft tissue attenuating mass within the left nasal cavity measuring approximately 7 cm in length, 2.5 cm in width, and 3 cm in height. The lesion contains multifocal mineralized components and demonstrates heterogeneous contrast enhancement. Extensive destruction of the nasal turbinates with aggressive osteolysis of the left maxillary and nasal bones, left palatinal bone, nasal septum, and left bony orbita are seen. The cribriform plate is intact. The mass extends across the nasal septum into the right nasal cavity and further extends caudally into the nasal fundus as well as into the medial aspect of the left orbita. No intracranial extension is identified on the study.

Severe enlargement of the left retropharyngeal lymph node is identified measuring approximately 3 cm and presenting ill-defined margins and heterogeneous contrast enhancement, which is highly suspicious for metastatic involvement.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large left nasal cavity mass with aggressive biological behavior and extension into the right nasal cavity, nasal fundus, and left orbital region.
- Severe left retropharyngeal lymphadenopathy highly suspicious for metastatic disease.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging appearance of the mass is consistent with malignant nasal neoplasia. Differential considerations include nasal adenocarcinoma, other carcinoma, chondrosarcoma, osteosarcoma, or other aggressive sinonasal neoplasia. The presence of mineralization may favor a neoplasia with osseous or chondroid components, however, can occur with other malignant nasal neoplasia as well. Extensive turbinate destruction, transseptal spread, orbital extension, and metastatic appearing ipsilateral retropharyngeal lymphadenopathy indicate biologically aggressive disease. Fungal rhinitis is considered substantially less likely even though not excluded in endemic areas.

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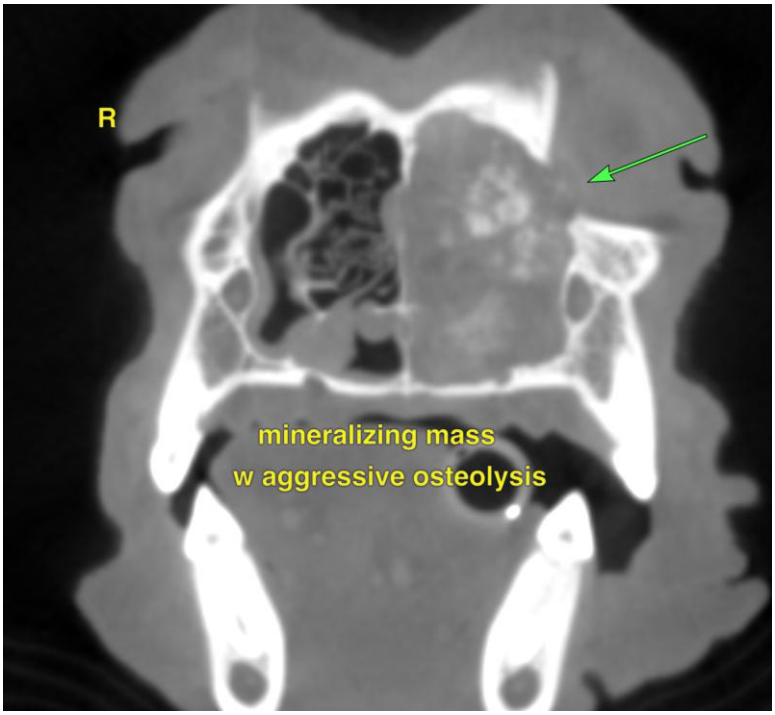
Consider endoscopy with sampling for biopsy and histopathology as well as FNA/cytology of the left retropharyngeal lymph node for definitive diagnosis.



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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