



**PATIENT**

Egg Grajewski

**SPECIES**

Canine

**BREED**

Rat Terrier

**SEX**

FS

**AGE**

12 Years

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Critical Vet  
Care/Suncoast  
Veterinary

**REFERRING VET**

Dr. Young

**INVOICE**

58858

**DATE**

6-15-23

**PRESENTING CLINICAL SIGNS**

Egg presents for a consult for a CT/Rhino. She has an acute episodes of sneezing and bloody discharge mixed with mucus. Owner reports that she had a seizure like episode that came along with her sneezing. Owner reports that she does not have diarrhea or vomiting when episodes occur. , she arches her back and extends her feet. This is the first time this has ever happened . Egg has a history of eating things that she shouldn't, hx of IBD. The RDVM put her on Pred and Doxy, the nose bleeding seemed to subside but the mucus has not.

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, THORAX, & ABDOMEN**

Plain and post contrast studies available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**Head & Neck**

An ill-defined irregular shaped soft tissue attenuating mass of approximately 2 cm length, 1 cm width, and 1.5 cm height is seen in the caudoventral aspect of the right nasal cavity. Regional turbinate destruction is noted as well as thinning of the hard palate, bony nasal septum, maxillary, and nasal bones. The cribriform plate is intact. At this time, there is no evidence of intracranial extension. Mild nasal fundus extension is noted. The rostral third of the right nasal cavity and the right frontal sinus are filled with fluid attenuating contrast negative material. The left nasal cavity presents within normal limits.

The regional lymph nodes present within normal limits.

Both lobes of the thyroid gland are seen and present within normal limits.

**Thorax**

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.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

**Abdomen**

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

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Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

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

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

**BREED**

Rat Terrier

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

**COMPUTED TOMOGRAPHIC DIAGNOSIS****SEX**

FS

- Soft tissue mass with aggressive biological behavior within the right nasal cavity.
- Obstructive right sided rhinosinusitis.
- No evidence of metastatic disease to the regional lymph nodes, lung, or abdomen.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings are compatible with malignant soft tissue neoplasia within the right nasal cavity. Erosive rhinitis cannot be ruled out entirely as a differential diagnosis but is considered highly unlikely. Final diagnosis will require sampling for histology. General differential diagnosis includes nasal adenocarcinoma, other carcinoma, lymphosarcoma, and soft tissue sarcoma. At this time, there was no evidence of metastatic disease.

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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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