



**PATIENT**

Vaquero Gonzales

**PRESENTING CLINICAL SIGNS**

Sneezing and intermittent epistaxis for one month or so. Did not respond to two courses of antibiotics and steroids.

Abnormal PE/Chem/CBC/UA Results: ALT 226 and ALP 254

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD**

Plain and post contrast studies available for review.

**BREED**

Australian Shepherd  
Mix

**COMPUTED TOMOGRAPHIC FINDINGS**

The CT study reveals a large irregular shaped and ill-defined soft tissue attenuating mass within the left nasal cavity. The mid and caudal third of the left nasal cavity are filled with soft tissue with ill-defined margins and heterogeneous contrast enhancement. Extensive turbinate destruction and aggressive bone lysis are seen. The mass extends into the nasal fundus as well as into the cranial vault by interrupting the left lateral cribriform plate. A mild mass effect onto the left frontal lobe is noted and interruption of the nasal septum with extension of the mass into the right nasal cavity is seen within the rostral and mid third of the nasal cavity. The left frontal sinus is filled with fluid attenuating contrast negative material.

**SEX**

M

**AGE**

10 Years

The regional lymph nodes present within normal limits.

Borderline enlargement of the pituitary gland is seen.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Soft tissue mass with aggressive biological behavior within the left nasal cavity with extension into the nasal fundus, right nasal cavity, and cranial vault.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings are compatible with malignant soft tissue neoplasia of the left nasal cavity. Nasal adenocarcinoma is considered most likely. Other carcinoma, lymphosarcoma, and soft tissue sarcoma cannot be ruled out as potential differential diagnoses. Note the presence of polyostotic aggressive bone lysis which allows for extension of the mass into the right nasal cavity as well as into the cranial vault. Severe upper airway obstruction is caused by the mass level with the nasal choana. At this time, there is no evidence of regional lymph node metastases.

**HOSPITAL NAME**

Petroglyph Animal  
Hospital

**REFERRING VET**

Ali

**INVOICE**

58999

**DATE**

6-26-23



**PATIENT**

Vaquero Gonzales

**SPECIES**

Canine

**BREED**

Australian Shepherd  
Mix

**SEX**

M

**AGE**

10 Years

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Petroglyph Animal  
Hospital

**REFERRING VET**

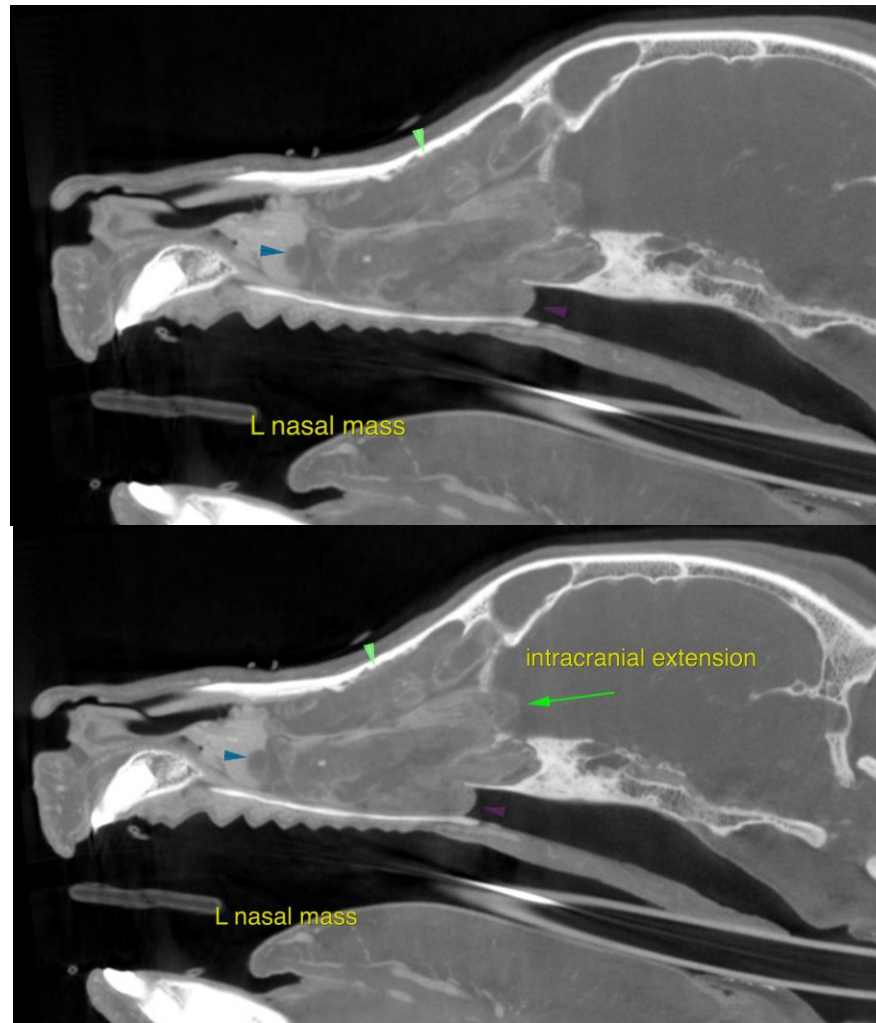
Ali

**INVOICE**

58999

**DATE**

6-26-23



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**  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
[info@sonopath.com](mailto:info@sonopath.com)