



**PATIENT PRESENTING CLINICAL SIGNS**

Ditka Hennessy Increased upper respiratory sounds and nasal discharge that was first noted one month ago.

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX**

**SPECIES**

Plain and post contrast studies of the head and post contrast study of the thorax available for review.

Canine

**COMPUTED TOMOGRAPHIC FINDINGS**

**BREED**

**Head**

Boston Terrier

A large irregular shaped and ill-defined mass is seen within the right nasal cavity. The mass is soft tissue attenuating with extensive heterogeneous contrast enhancement and measures approximately 4 cm in length, 3 cm in height, and 2 cm in width. Extensive regional turbinate destruction is noted as well as polyostotic aggressive bone lysis of the right maxillary, right nasal, and palatal bones as well as the cribriform plate and right bony orbita which allows for extension of the mass into the medial and ventral aspect of the right orbita, nasal fundus, left nasal cavity, as well as the cranial vault. A mild extraaxial mass effect onto the right frontal lobe is noted. There is upper airway obstruction. The right frontal sinus is filled with fluid attenuating contrast negative material.

**SEX**

MN

**AGE**

11 Years

Multiple teeth present severe periodontal changes which, however, does not appear to be associated with the nasal pathology other than presence of bone lysis of the alveolar crest of the right maxilla.

The right submandibular and right medial retropharyngeal lymph nodes present mild symmetric enlargement with maintained short to long axis ratios and contrast enhancement pattern.

**INTERPRETED BY**

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

**Thorax**

T5/6 presents a Schmorl's node. Deep cervical as well as caudal thoracic spondyloses are seen.

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.

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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.

**REFERRING VET**

Borecky

The lung parenchyma presents the expected architecture and attenuation behavior. Occasional age related incidental pulmonary osteomas are seen.

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

**DATE**

6-6-22



**PATIENT      COMPUTED TOMOGRAPHIC DIAGNOSIS**

Ditka Hennessy

- Soft tissue mass with aggressive biological behavior and extension into the cranial vault, right orbita, left nasal cavity, and nasal fundus within the right nasal cavity.
- Extraaxial mass effect onto the right frontal lobe of the brain.
- Mild right medial retropharyngeal and submandibular lymphadenomegaly.
- No evidence of pulmonary metastatic disease.
- Multifocal periodontal disease.
- Spondyloses.
- Schmorl's node T5/6.

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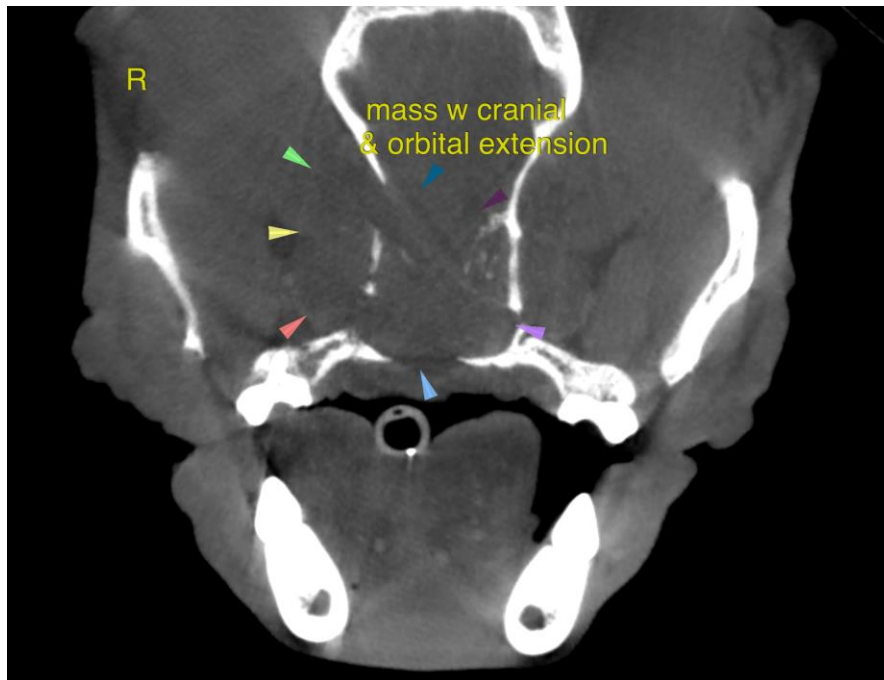
**DATE**

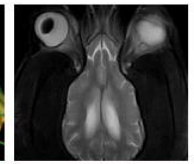
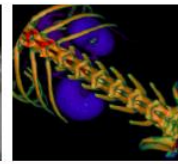
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**INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings are compatible with malignant soft tissue neoplasia within the right nasal cavity with intracranial extension, extension into the right orbita, left nasal cavity, and nasal fundus. Differential diagnosis includes adenocarcinoma, other carcinoma, lymphosarcoma, and less likely soft tissue sarcoma. Esthesioneuroblastoma emerging from the fila olfactoria of the olfactory bulb is a theoretical potential too. Final diagnosis would require sampling for histology. Unfortunately, the tumor is extensive at this point and the long term prognosis is poor.

The lymph node changes are equivocal for reactive hyperplasia versus early metastatic disease. Fine needle aspiration could be considered for further definition.





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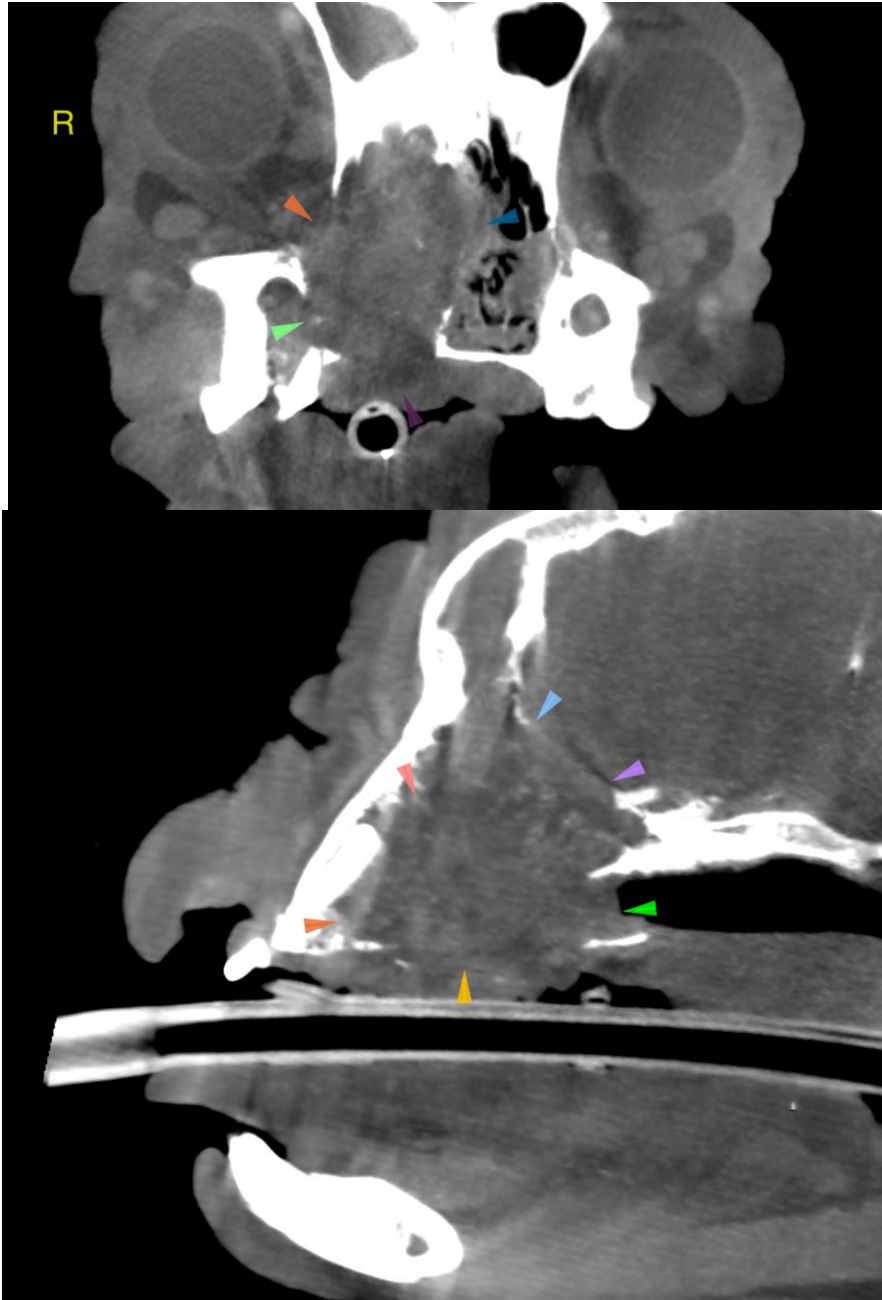
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**PATIENT** The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Ditka Hennessy

**SPECIES**

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.

Canine

**BREED**

**Nele Eley (Ondreka)**, DVM, Dr. med. vet., DipECVDI  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.  
Nele.Eley@sonopath.com

Boston Terrier

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