



PATIENT

Chico Broadbent

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

7 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Neel Veterinary
Hospital

REFERRING VET

Dr. Deepan Kishore

INVOICE

53909

DATE

8-31-22

PRESENTING CLINICAL SIGNS

Chico has an extensive intranasal mass. Nasal wheezing/sneezing/ bloody discharge first noted in 2020. CT to review the extent of mass growth.

Abnormal PE/Chem/CBC/UA Results: 8/31/22 RBC 2.72M/uL hematocrit 19.4% Hemoglobin 6.7 g/dL WBC58.03 K/uL Neutrophils 46.47K/uL Monocytes 6.99 K/uL Platelets 550 K/uL MPV13.8fL Plateletcrit 0.76%

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head

A large irregular shaped and ill-defined soft tissue mass is seen within the nasal cavities. The mass measures approximately 4.5 cm in length, 3.5 cm in height, and 3.0 cm in width. The mass fills most of the left and right nasal cavity and extends onto the left dorsum of the nose into the left and right orbita as well as into the oral cavity. Frontal bone lysis allowing for intracranial extension of the mass with an extraaxial mass effect onto the right frontal lobe is seen as well. Severe polyostotic aggressive osteolysis of both frontal, nasal, maxillary, palatal, and orbital bones is seen.

The left medial retropharyngeal lymph node is moderately enlarged with heterogeneous contrast enhancement.

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.

Mild dorsoventral flattening of the trachea is seen.

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large nasal neoplasia with aggressive biological behavior and intracranial bilateral orbital and intraoral extension.
- Left medial retropharyngeal lymphadenomegaly suggesting metastatic criteria.



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- No evidence of pulmonary metastatic disease.
- Mild tracheal collapse.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The CT study reveals a malignant soft tissue neoplasia within the nasal cavities which extends into the cranial vault and exerts an extraaxial mass effect onto the brain. Bilateral orbital extension, extension onto the dorsum of the nose, and into the oral cavity is seen as well. Differential diagnosis includes nasal adenocarcinoma, other carcinoma, and round cell neoplasia as primary differential diagnoses. Final diagnosis of the tumor type would require sampling which could be obtained by means of direct sampling in this case owing to the extensive exposure of the tumor beyond the limits of the nasal cavity.

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Fine needle aspiration of the left medial retropharyngeal lymph node is recommended too in order to further verify the CT findings and to rule in or out metastatic disease to the lymph node.

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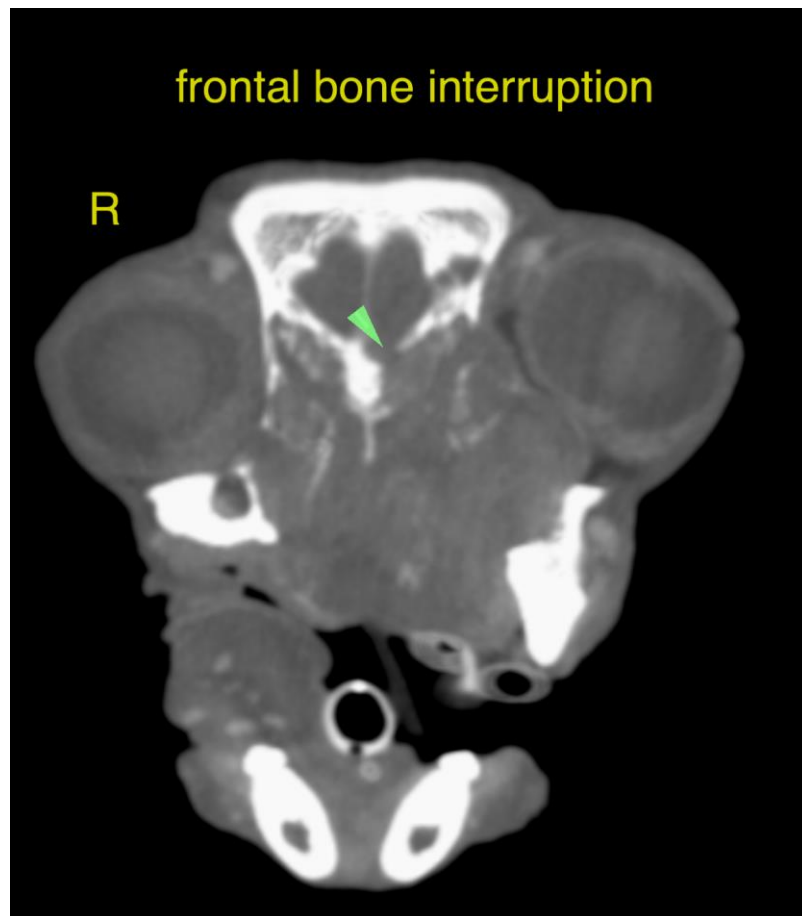
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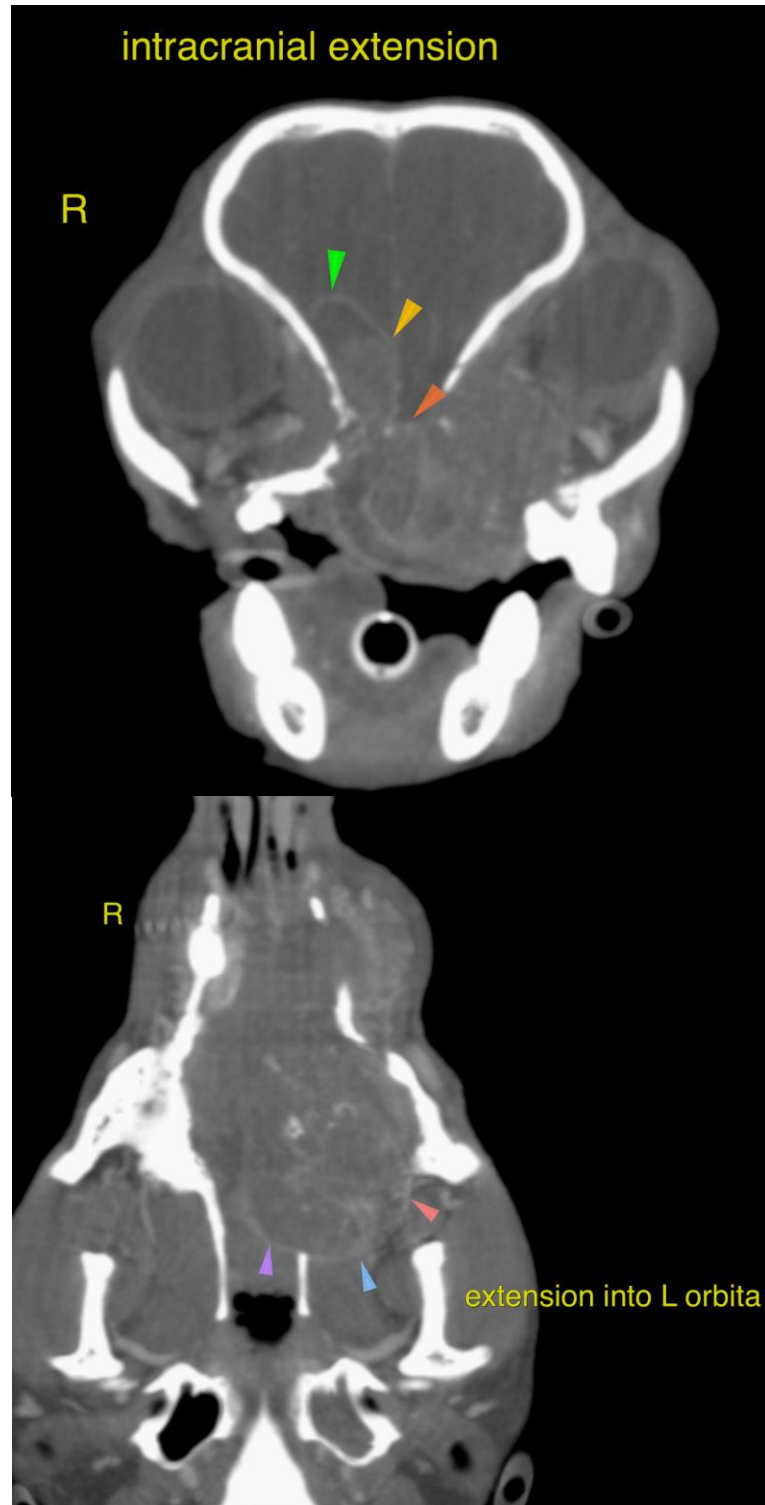
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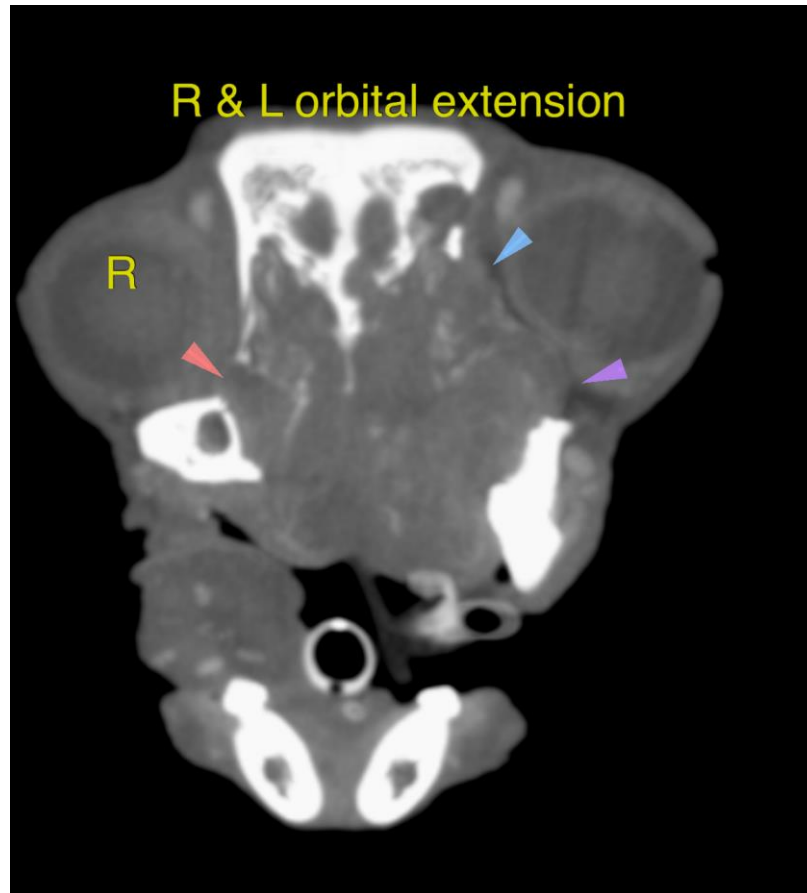
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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