



**PATIENT PRESENTING CLINICAL SIGNS**

Abbey Patterson

Abbey presented with a 2-3 week history of nasal congestion, sneezing, bilateral serous nasal discharge and right sided epistaxis. She has a history of coughing. A heart murmur was heard and she was treated with Lasix 12.5 mg 1/4 tablet BID and enalapril 2.5 mg 1/2 tablet SID. Chest radiographs and an echocardiogram were not performed. The owner reports improvement in her cough since starting heart failure medications. She still coughs but not as much as before. The owner reports wheezing, nasal congestion sounds, occasional snoring and sometimes breathing through her mouth while sleeping. Doxycycline was started on 9/13/21. Temaril-P (1/2 tab BID 4 days, 1/4 tab BID 3 days) was refilled on 9/22/21. Epistaxis stopped after starting the steroids again. Owner says that she seems off balance sometimes and believe it is associated with the steroid. Radiographs were taken of her head show increased opacity in the right nasal cavity. Eating and drinking well. Energy levels otherwise normal for her age. Owner tries to keep her quiet due to her heart concerns.

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

SF

**AGE**

15 Years

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Abnormal PE/Chem/CBC/UA Results: Bloodwork is dated 9/22/21. CBC - PCV = 49.6, WBC = 12110, neutrophils = 8360, lymphocytes = 1220, monocytes = 1390. Platelets = 457,000. Chemistry - ALT = 322, BUN = 35, Creat = 1.3, all else normal. PT/aPTT not provided but are reported normal. Brief echocardiogram: mitral regurgitation is confirmed. The left atrium is normal to mildly enlarged. Rhinoscopy: The nasopharynx is imaged using a 120-degree reverse rigid scope and uvula retractor. The nasopharynx is open and clean. There is no evidence of nasopharyngeal masses, foreign bodies or discharge. Choanae appear normal bilaterally. Nasal passageways are imaged bilaterally using a 2.7 and 1.9 mm 0-degree scope without flushing. Afrin is instilled in nasal cavities bilaterally. Dorsal, middle, ventral and common nasal passageways are imaged. The ventral passageway is imaged to the level of the nasopharynx. Nasal mucosa is smooth and pink. Turbinates are not thickened. Serohemorrhagic discharge is present in the right nasal cavity. Nasal discharge is not present in the left nasal cavity. Left sided turbinates and nasal passageways appear normal. Mass tissue fills nasal passageways on the right side beginning rostral to the ventral turbinates. The mass is removed endoscopically using an ENT shaver and biopsy instruments. Sufficient mass tissue is removed to leave a large cavitation and patent airways into the nasopharynx. Hemorrhage is controlled using a monopolar suction electrode.

**HOSPITAL NAME**

VetMed Consultants

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

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

**REFERRING VET**

Aaron Chamberlain

**COMPUTED TOMOGRAPHIC FINDINGS**

**Head**

The dentition is incomplete. Severe multifocal periodontal disease is noted. The position of the tooth roots of the Triadans 104 and 204 is ectopic within the nasal cavities.

**INVOICE**

47568

A large ill-defined irregular shaped soft tissue attenuating mass with mild nonuniform contrast enhancement is seen in the right nasal cavity. The mass measures approximately 2.7 cm in length and 13mm in width. Polyostotic aggressive osteolysis of the right nasal, maxillary, palatal bones, nasal septum, and right bony orbita is seen. Early invasion of the left nasal cavity and medial aspect of the right orbita is noted. The cribriform plate is intact. There is severe regional turbinate destruction.

**DATE**

9-27-21

Both temporomandibular joints present congruent joint spaces with even subchondral bone



**PATIENT** surfaces and are considered within normal limits.

Abbey Patterson The tympanic bullae are aerated, the mucosal lining is not seen, and the bony wall is smooth and thin. The external ear canals are within normal limits.

**SPECIES** The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement.  
Canine The ventricular system is non-dilated and symmetric.

**BREED** The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio of < 0.5. The attenuation and contrast enhancement pattern are uniform.

Chihuahua

**Thorax**

**SEX** 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.  
SF

The cardiovascular structures including the pulmonary vasculature are within normal limits.

**AGE** Multifocal bronchial dilation is noted.

15 Years The lung parenchyma presents the expected architecture and attenuation behavior.

**INTERPRETED BY** Gastroesophageal reflux is noted.

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The stomach is post-prandial.

A 6mm sized gallbladder stone is seen.

**HOSPITAL NAME**

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

VetMed Consultants

- Soft tissue mass within the right nasal cavity with aggressive biological behavior and upper airway obstruction.
- Severe multifocal periodontal disease.
- No evidence of pulmonary metastatic disease.
- Multifocal bronchial dilation.
- Gallbladder calculus.
- Gastroesophageal reflux.

**REFERRING VET**

Aaron Chamberlain

**INVOICE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

47568 The CT findings are compatible with a malignant nasal neoplasia such as lymphosarcoma, adenocarcinoma, other carcinoma, fibrosarcoma, or other. Final diagnosis will require histology. No evidence of regional lymph node metastatic disease and no evidence of pulmonary metastatic disease was noted at this point.

**DATE**

9-27-21 Multifocal bronchial dilation is noted which may be enhanced artificially by positive pressure breath hold. This finding could be verified with radiographs.



**PATIENT**

Abbey Patterson

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

SF

**AGE**

15 Years

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

VetMed Consultants

**REFERRING VET**

Aaron Chamberlain

**INVOICE**

47568

**DATE**

9-27-21





**PATIENT**

Abbey Patterson

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.

**SPECIES**

Canine

**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  
Nele.Eley@sonopath.com

**BREED**

Chihuahua

**SEX**

SF

**AGE**

15 Years

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

VetMed Consultants

**REFERRING VET**

Aaron Chamberlain

**INVOICE**

47568

**DATE**

9-27-21