

**PATIENT**

Roxy Villaverde

**PRESENTING CLINICAL SIGNS**

Soft, fluid filled swelling ventral to OS. Left sided epistaxis.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD**

Plain and post contrast studies available for review.

**BREED**

Shepherd Mix

**COMPUTED TOMOGRAPHIC FINDINGS**

An approximately 8 x 3.5 cm sized irregular shaped and ill-defined soft tissue attenuating mass is seen within the left nasal cavity. The mass does not respect the limits of the left nasal cavity. Regional turbinate destruction is noted. The mass extends into the right nasal cavity, nasal fundus, and onto the dorsum of the nose. Polyostotic aggressive bone lysis including the left nasal, maxillary, and left palatal bones is seen. Interruptions of the nasal septum are noted. The left frontal sinus is filled with fluid attenuating contrast negative material. The cribriform plate is intact. No relevant dental disease is seen.

**SEX**

FS

The left submandibular lymph nodes appear to be mildly enlarged. The retropharyngeal lymph nodes are not seen.

**AGE**

6 Years

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Soft tissue mass with aggressive biological behavior within the left nasal cavity with extension onto the dorsum of the nose, into the right nasal cavity, and nasal fundus.
- Left submandibular lymphadenomegaly.
- Obstructive left frontal sinusitis.

**INTERPRETED BY**Nele Eley, DVM  
Dr. med. Vet. DipECVDI**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings are compatible with a malignant neoplasia of the left nasal cavity. Differential diagnosis includes adenocarcinoma, other carcinoma, round cell neoplasia, and less likely soft tissue sarcoma. Final diagnosis will require sampling. The findings are not compatible with inflammatory/infectious or foreign matter related disease. No significant dental changes that could be responsible for the nasal changes is seen.

**HOSPITAL NAME**Scottsdale Veterinary  
Clinic**REFERRING VET**

Dr. Buscema

The lymph node changes are equivocal for reactive hyperplasia versus early metastatic disease. Fine needle aspiration is recommended for further definition.

**INVOICE**

53939

**DATE**

9-5-22



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**REFERRING VET**

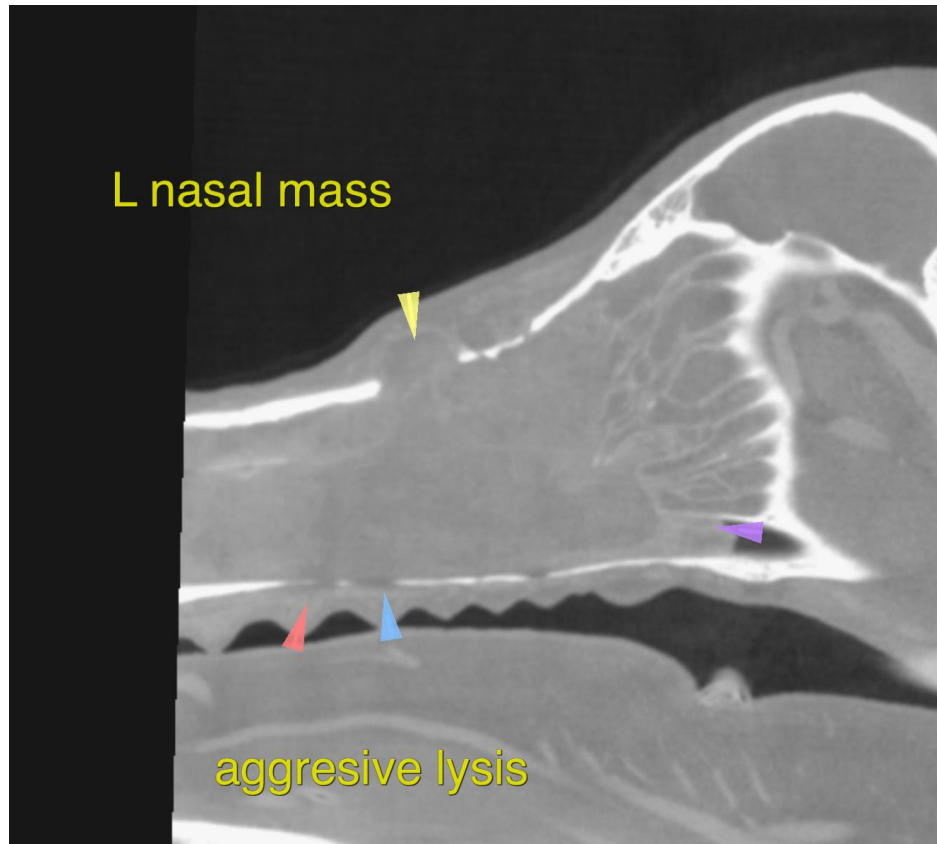
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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