



**PATIENT PRESENTING CLINICAL SIGNS**

Rita Rebstock Epistaxis left nostril

**SPECIES COMPUTED TOMOGRAPHY OF THE HEAD**

Canine Pre/post contrast studies of the head provided for review.

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

Labrador Retriever The neurocranium shows normal findings. Bony structures of the skull and the skull foramina of the cranial nerves are laterally symmetrical and inconspicuous.

Both tympanic bullae are completely ventilated with a regular tympanic bulla wall.

External ear canals are ventilated in all sections, walls of the external ear canals, the adjacent temporomandibular joints and the nasopharyngeal meatus have no particular findings.

SEX FS

The right nasal cavity, conches and frontal sinus appear normal. The left ventral nasal concha presents mild atrophy and shortening of the turbinate with mild fluid accumulations. The left frontal sinus shows a small amount of fluid-/soft tissue dense material.

AGE

15 Years

The orbital contents are laterally symmetrical without evidence of a retrobulbar lesion. The maxillary/mandibular teeth have no particular findings.

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

Post contrast images show no pathological enhancement.

Soft tissues of the neck present a thyroid mass on the right with clearly defined margins and a mineral dense spot within the thyroid gland. Maximum diameters measure 4.07 x 2.47 cm. The right retropharyngeal lymph node rostral to the gland is mildly enlarged. are symmetrical and of homogeneous density, especially the medial retropharyngeal lymph nodes.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Unspecific signs of a mildly erosive rhinitis/sinusitis on the left
- Right thyroid mass with mild retropharyngeal lymph adenomegaly

**REFERRING VET**

Borecky

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT findings of the left nasal cavity and frontal sinus are consistent with an unspecific inflammatory process. Neoplasia is not suspected. Foreign material is not detected but cannot be fully excluded. Signs of an oro-nasal fistula are missing. Rhinoscopy (rule out foreign material, biopsy and swap) could be performed next.

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Although differentiation of benign and malignant thyroid neoplasia is not possible with CT, thyroid carcinoma appears likely. The unilateral appearance, size, partial mineralization and inhomogeneous

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texture would go along with that assumption. Initial retropharyngeal metastatic spread is possible. If resection is considered complementary CT/x-rays of the chest are recommended.

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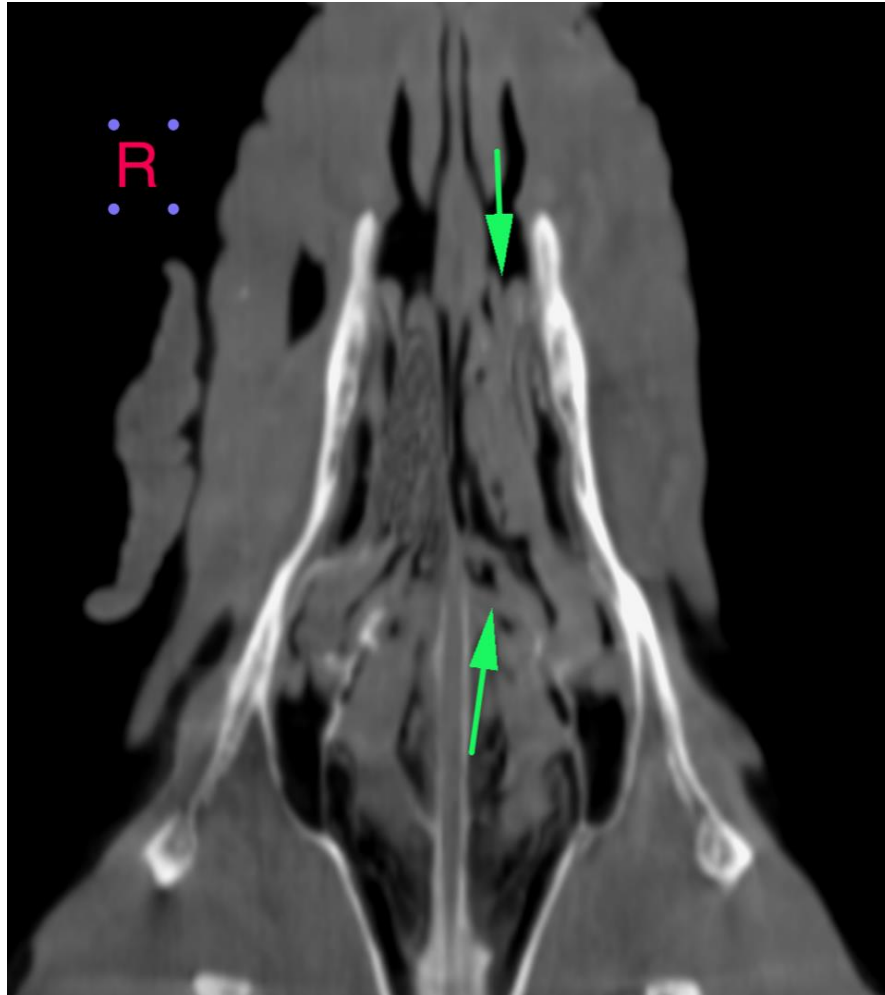
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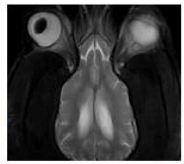
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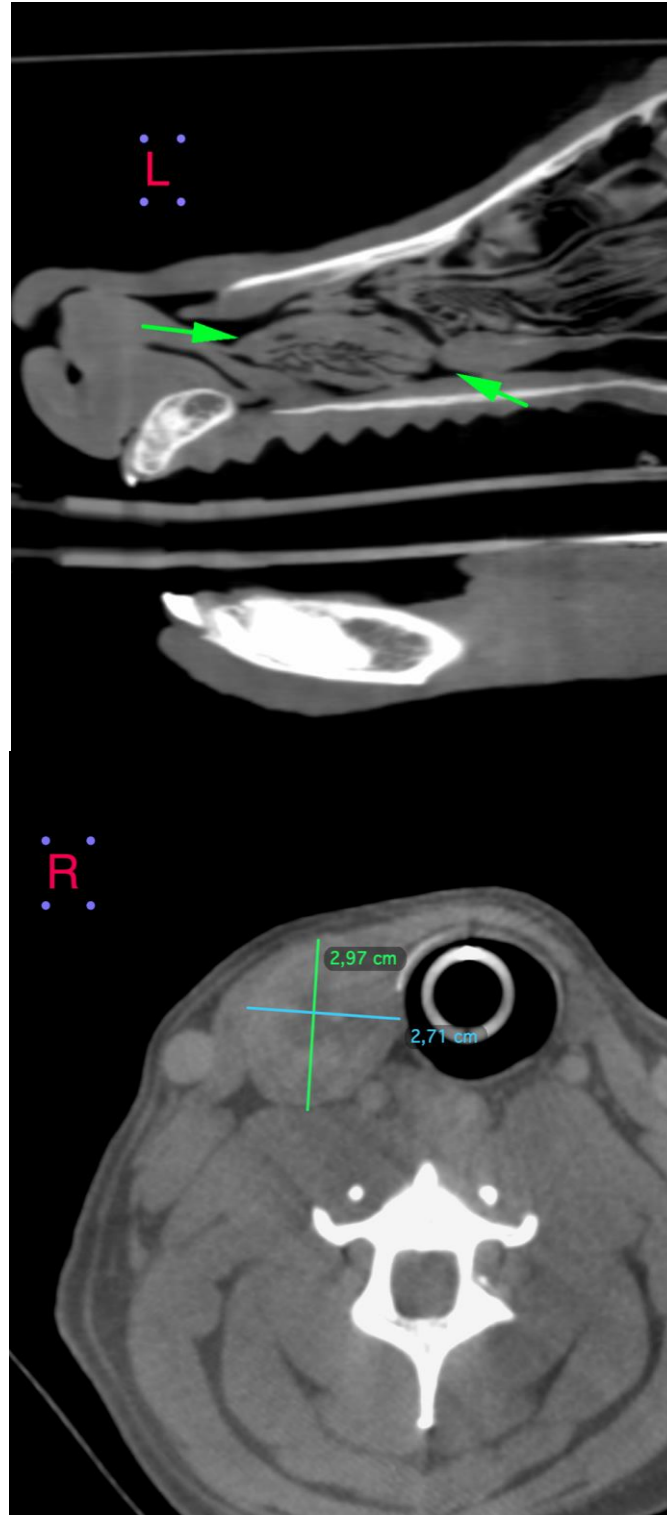
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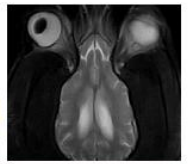
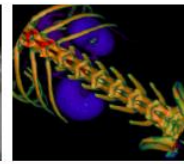
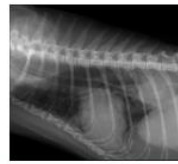
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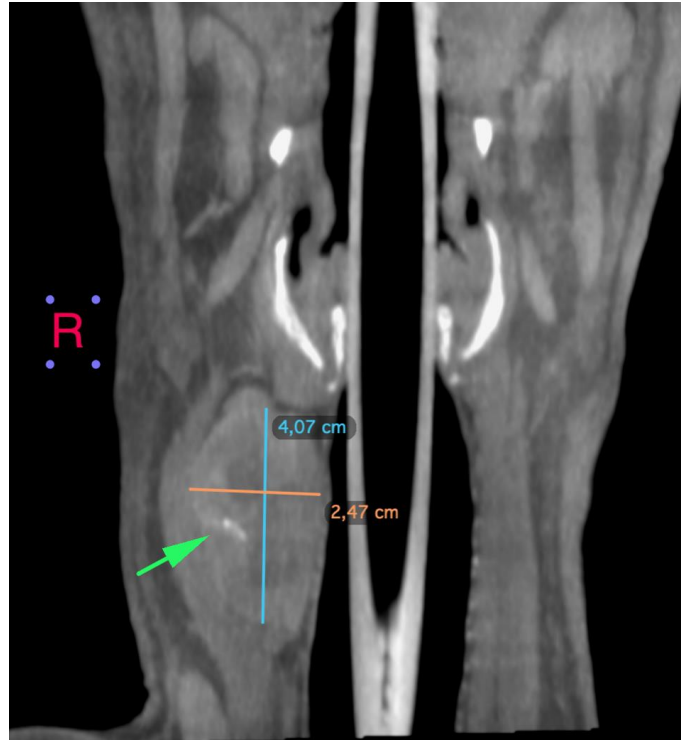
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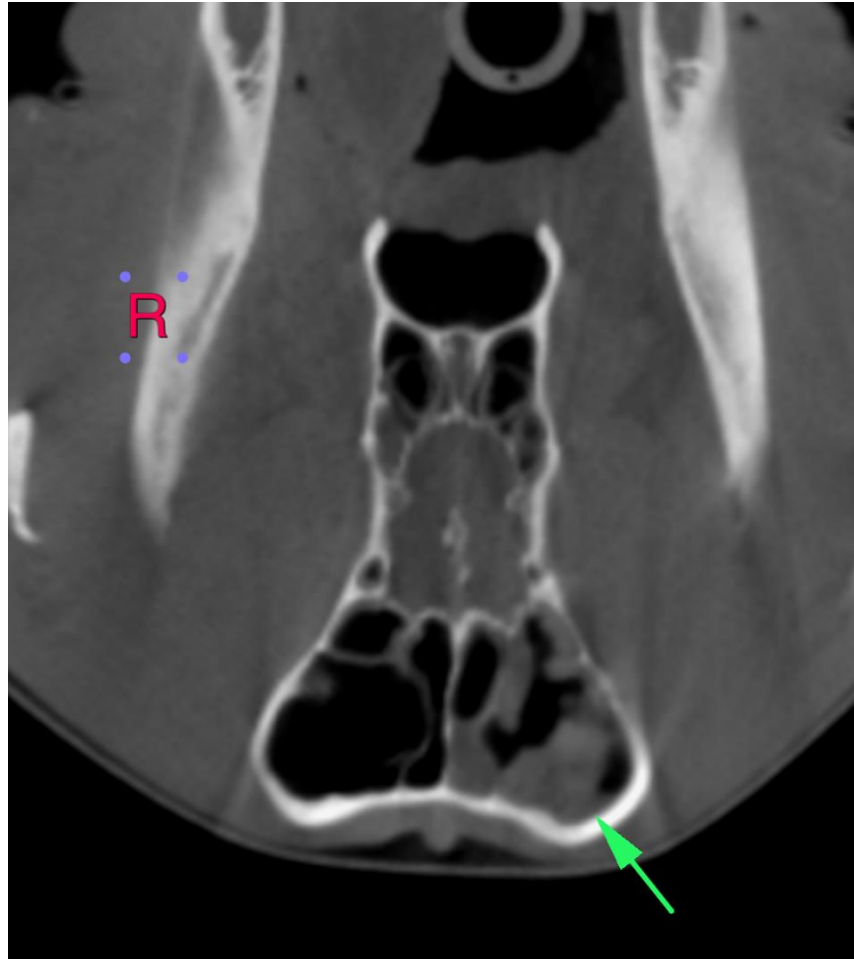
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging**  
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