


PATIENT PRESENTING CLINICAL SIGNS

Apollo Rudy
 Apollo presented to NVH on 12/19/22 for left sided nasal discharge and swelling of the left eye. Owner reported that Apollo has had difficulty breathing through his nose for some time. Apollo was sent home with oral Doxycycline, Ketoconazole, and Cerenia nasal drops. No improvement on those medications. Bloodwork on 1/18/23 no significant findings. Heart worm 4DX snap negative. ECG normal

Canine
 Abnormal PE/Chem/CBC/UA Results: Neutrophils 12.35 K/uL PDW 8.0 fL

BREED COMPUTED TOMOGRAPHIC STUDY OF THE HEAD AND NECK

Rottweiler/Mix
 A high resolution pre- and post-contrast CT study of the head and neck is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX
 NM
 There is a soft tissue attenuating mass within the left nasal cavity. The mass extends rostrally to the level of the left maxillary canine and caudally to the level of the cribriform plate and left frontal sinus. The mass is heterogeneously enhancing and causes extensive left sided nasal turbinate destruction, mass effect, and right-sided invasion is seen. There is poorly defined lysis of the left dorsal cribriform plate, however with no evidence of meningeal enhancement. The soft tissue attenuating mass/fluid material within the mass is seen completely obstructing the left nasal cavity.

AGE
 5 Years
 There is fluid/soft tissue attenuation within the left frontal sinus that does not appreciably enhance on the post-contrast image series. There is ipsilateral orbital, temporal, and frontal septal bone thinning and lysis.

INTERPRETED BY

Tilde Rodrigues Froes,
 DMV, MSc., Dr. Med
 Vet., Dipl. CBraRVet

Within the right nasal cavity, there is non-enhancing and mildly enhancing fluid/soft tissue attenuation with mild evidence of concurrent turbinate destruction.

There is hypoattenuating soft tissue swelling dorsal to the left frontal bone.

No evidence of left sided retrobulbar invasion is seen. No signs of exophthalmia or buphthalmia.

HOSPITAL NAME

Neel Veterinary
 Hospital

Within the choana and rostral nasopharynx, non-enhancing and mildly enhancing fluid/soft tissue attenuation is almost completely obstructing the airway passage.

There is mild enlargement of the right and left medial retropharyngeal lymph nodes. The mandibular lymph nodes are normal.

REFERRING VET

Deepan Kishore

The tympanic cavities are normal.

No other abnormalities are identified.

INVOICE COMPUTED TOMOGRAPHIC DIAGNOSIS

56229 • Aggressive nasal mass with extensive turbinate lysis, left-sided cribriform lysis, left sided orbital lysis, and right frontal sinusitis. The changes likely represent a neoplastic process such as squamous cell nasal carcinoma, or sarcoma.

DATE • Concurrent bilateral secondary rhinitis and/or neoplastic extension, L>R.
 • Right nasal cavity fluid accumulation and/or hemorrhage with mild contralateral invasion.

1-18-23



PATIENT

Apollo Rudy

- Almost complete obstruction of the choana and nasopharynx by fluid accumulation or mass extension.
- No evidence of ipsilateral retrobulbar invasion.
- Mild retropharyngeal lymphadenopathy, reactive or neoplastic.

SPECIES

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INVOICE

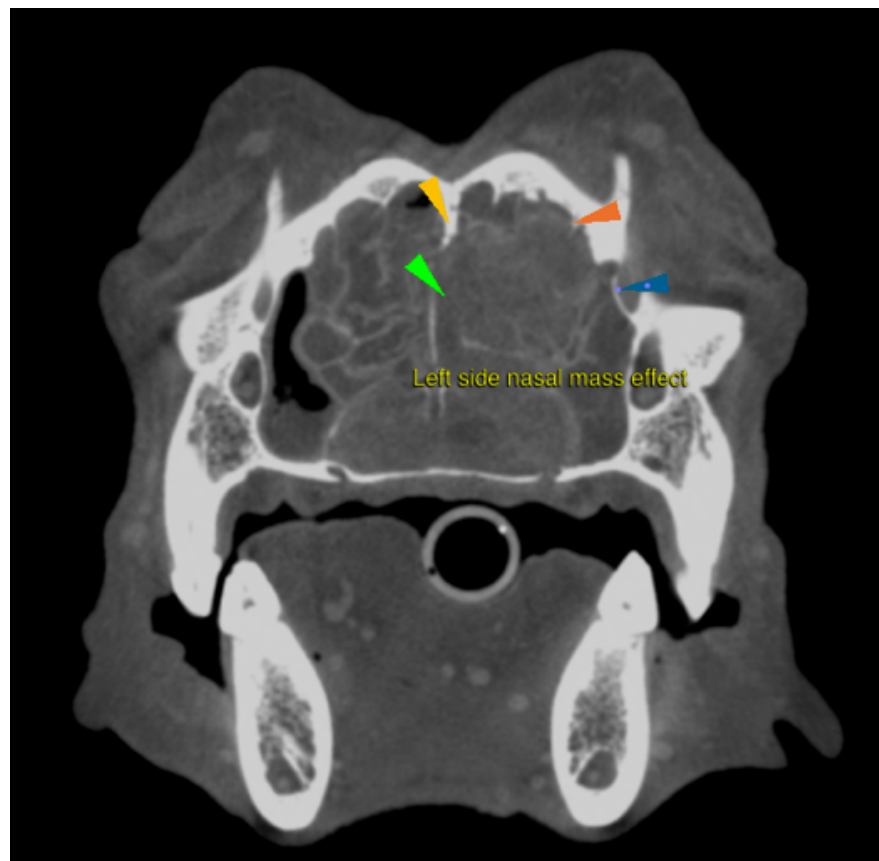
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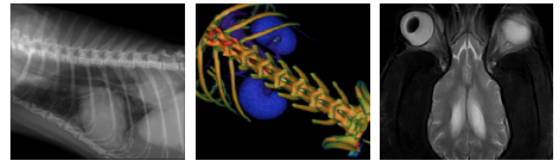
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals an aggressive osteolytic mass in the nasal cavity predominately on the left side. Differential diagnosis includes squamous cell carcinoma, sarcoma, osteosarcoma, chondrosarcoma. Biopsy is needed for a definitive diagnosis. The mass is not resectable. The long-term prognosis is poor.





PATIENT

Apollo Rudy

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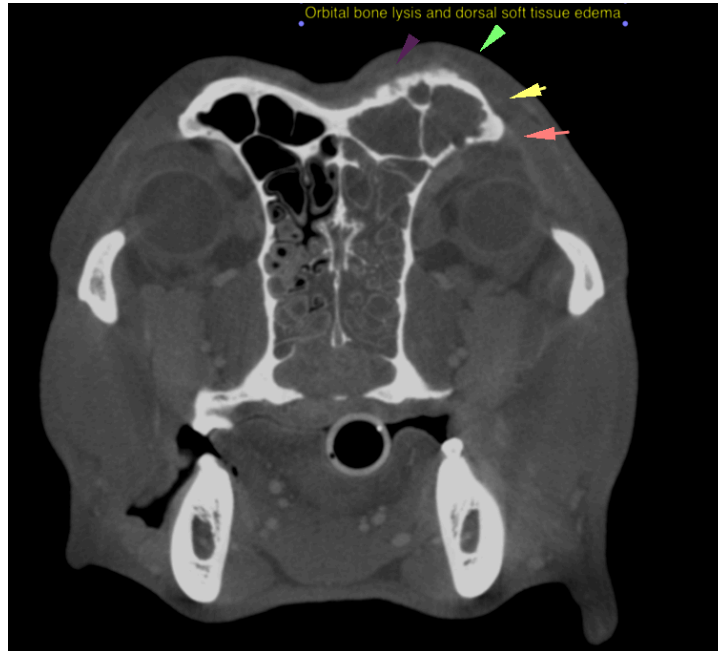
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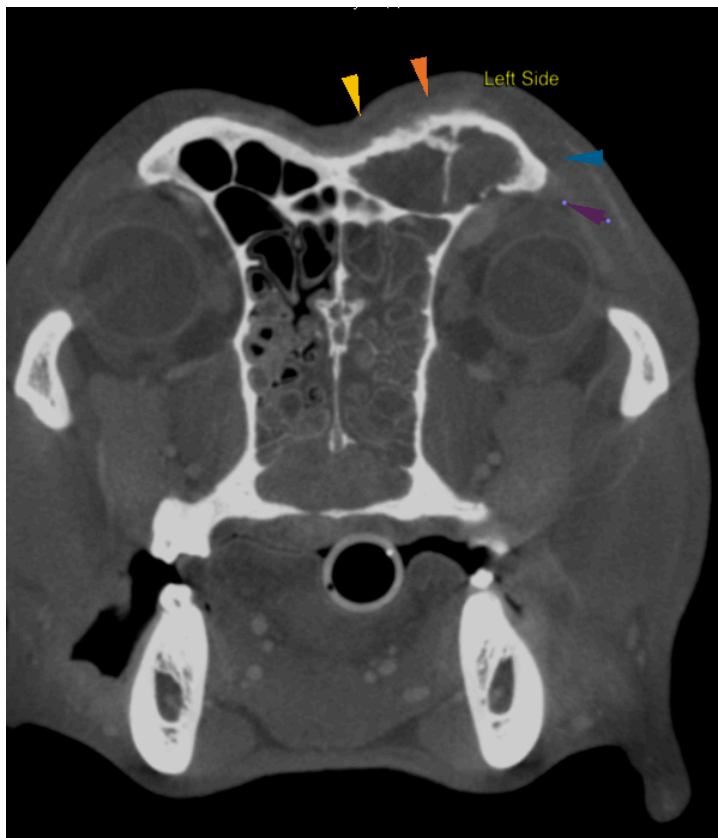
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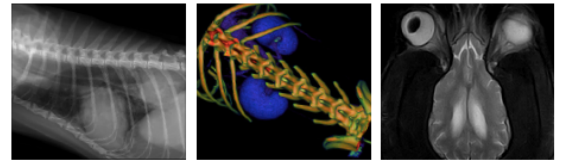
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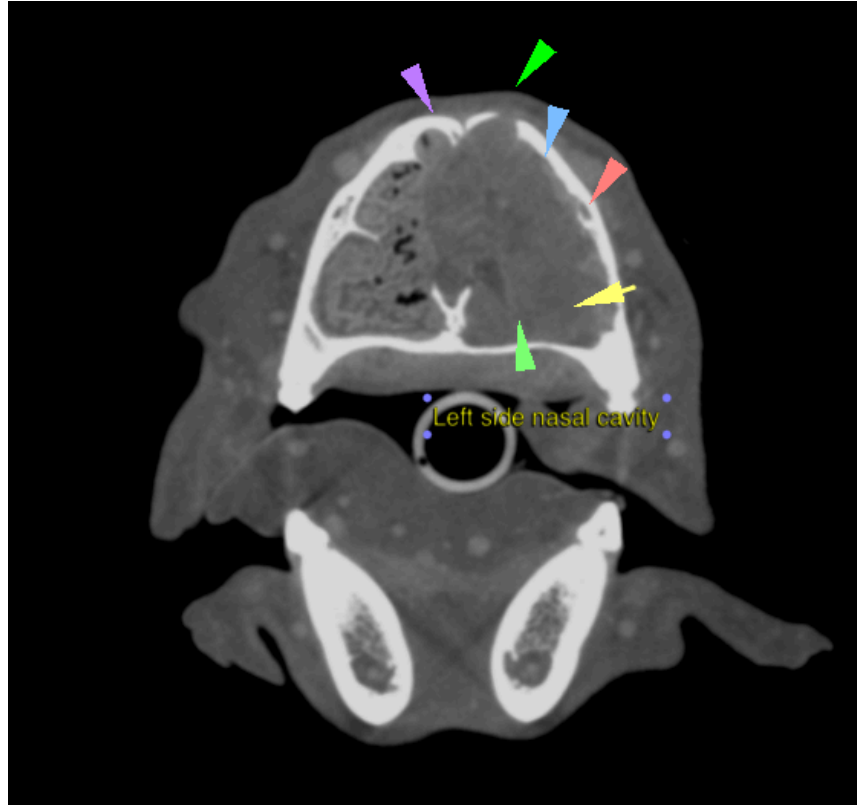
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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