



PATIENT

Mallie Jones

SPECIES

Canine

BREED

Border Collie

SEX

Male

AGE

8Y, 8M

WEIGHT

23.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Harwood

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Amy Harwood

INVOICE

73214

DATE

1-7-26

PRESENTING CLINICAL SIGNS

In as had nasal bleeding from R nostril on Xmas Eve and Xmas day. Was sneezing at this time as well. No sneezing or nasal bleeding since Xmas day. Face symmetrical and comfortable on palpation. Nostril fine, unable to see any abnormalities

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & NECK

A pre- and post-contrast CT study of the head are provided for review totaling 2 series. One pre-contrast series of the head bone algorithm. One post-contrast series of the head, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD & NECK

A moderate-sized, partially marginated hypoattenuating soft tissue mass is present in the caudal portion of the nasal cavity, arising from the region of the cribriform plate. There is focal interruption of the cribriform plate, with associated meningeal contrast enhancement, indicating intracranial interface involvement. The mass causes focal osteolysis of the caudal nasal septum and basal lamina of the ethmoid bone. The lesion extends caudally and protrudes into the choana.

The mass measures approximately 1.7 × 1.5 × 1.4 cm.

Rostrally, there is multifocal, dispersed nasal fluid accumulation.

The caudal nasopharynx is within normal limits.

The frontal sinuses are unremarkable.

The remaining portion of the brain parenchyma is unremarkable.

The tympanic bullae and external auditory canals are within normal limits.

The globes and retrobulbar spaces are unremarkable.

All teeth are present. There is focal alveolar bone resorption adjacent to the roots of Triadan 210.

The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal and mandibular lymph nodes are within normal limits.

The mandibular, parotid, and zygomatic salivary glands are unremarkable.

The thyroid glands, hyoid apparatus, cricoid cartilage, cervical trachea, and cervical esophagus are unremarkable.

A tiny subcutaneous soft tissue nodule is identified dorsally at the level of C5, measuring approximately 0.48 cm.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Presence of a caudal nasal cavity mass originating at the level of the cribriform plate, characterized by hypoattenuation, regional osseous destruction of the ethmoid region, interruption of the cribriform plate, and associated meningeal enhancement, with extension into the choana. Primary differential diagnoses include nasal neoplasia, such as adenocarcinoma, squamous cell carcinoma, lymphoma, or other malignant nasal tumors. A neuroendocrine tumor should also be considered given the lesion's location. Granulomatous fungal rhinitis is considered less likely but cannot be excluded due to the degree of osseous destruction.
- Multifocal rostral nasal fluid accumulation, possibly associated with concurrent nonspecific rhinitis.
- Focal alveolar bone resorption adjacent to Triadan 210, compatible with localized periodontal disease.
- A small dorsal cervical subcutaneous soft tissue nodule at the level of C5, nonspecific in appearance; differential diagnoses include a benign cutaneous or subcutaneous lesion, such as a granuloma or a small soft tissue neoplasm.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are highly suggestive of an aggressive caudal nasal cavity process, characterized by bone lysis, cribriform plate disruption, and meningeal enhancement. These features are most consistent with nasal neoplasia, particularly given the location and focal intracranial interface involvement. Although fungal rhinitis is less likely, it remains a differential consideration due to the destructive nature of the lesion and should be definitively ruled out.

Nasal biopsy, preferably via rhinoscopy, is recommended for definitive diagnosis. Given the cribriform plate involvement, caution is advised during biopsy planning.





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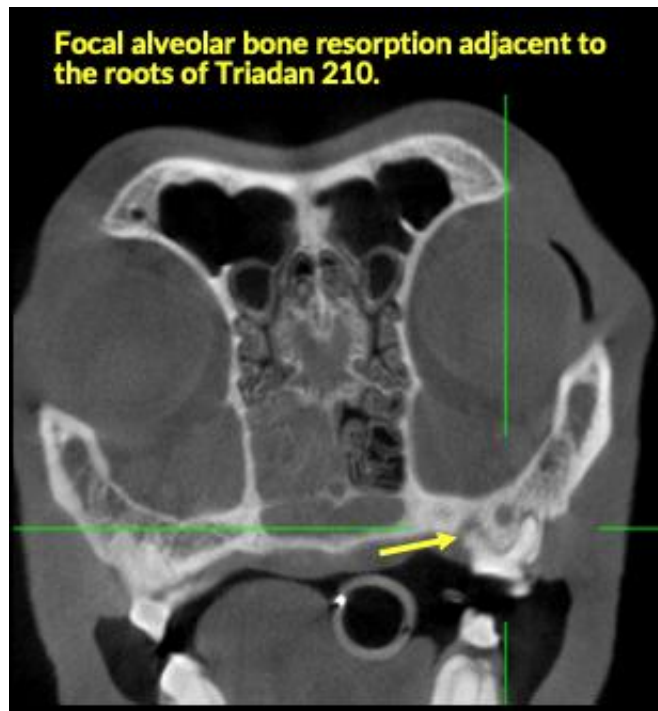
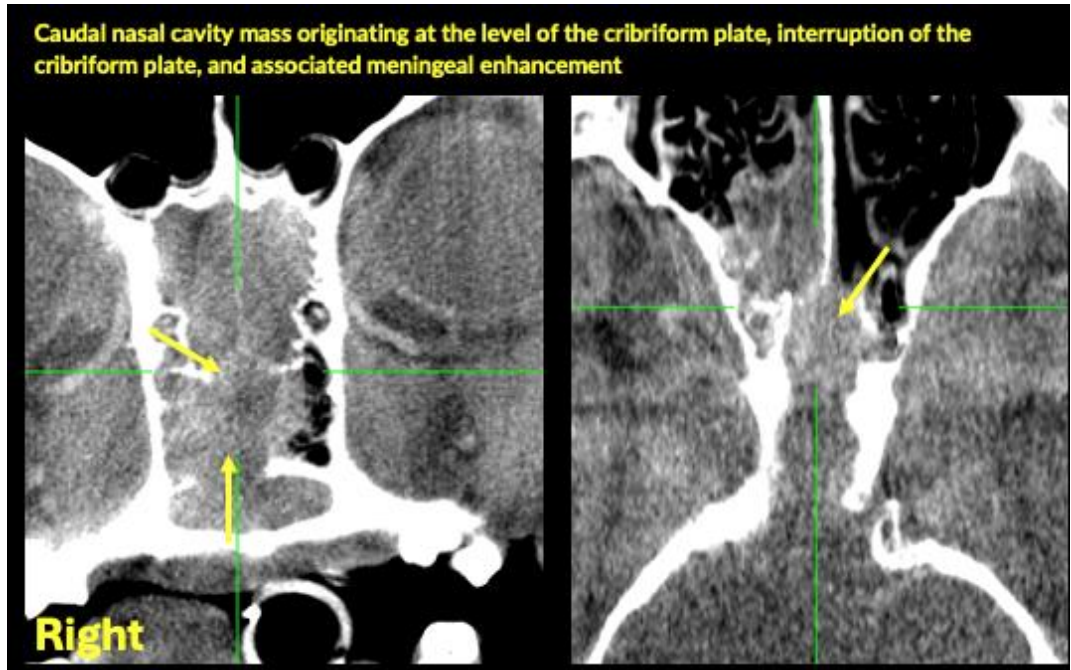
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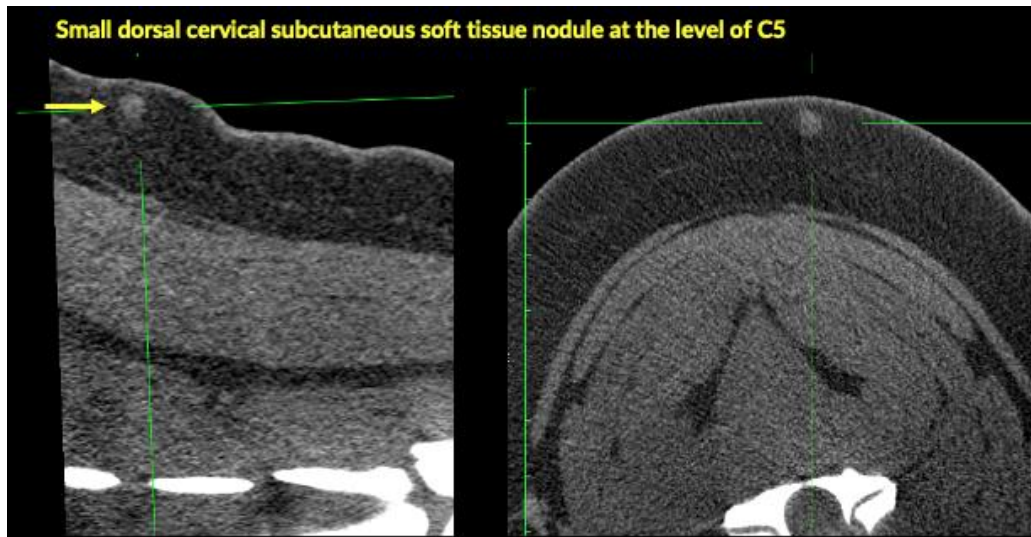
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com