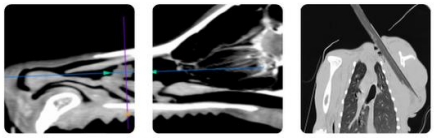


Teleradiology
Educational Teleconsultation Services™

PATIENT

Mango McCabe

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

11Y

WEIGHT

35kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Amanda Causey

HOSPITAL NAME

Veterinary Specialty Hospital

REFERRING VET

Dr. Roque-Torres, DVM, MS, DACVIM

INVOICE

73229

DATE

1-8-26

PRESENTING CLINICAL SIGNS

Patient has had persistent nasal discharge and wheezing despite antibiotic therapy. Dental radiographs were normal.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, THORAX AND ABDOMEN

A pre- and post-contrast CT study of whole-body are provided for review totaling 4 series. One pre-contrast series of the whole-body, soft tissue algorithm. One post-contrast series of the head & neck, soft tissue algorithm. One post-contrast series of the whole-body, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD & NECK

A large, amorphous, elongated soft tissue–attenuating mass is present within the right nasal cavity, extending caudally from the level of Triadan 105 to the level of the cribriform plate. The mass results in regional loss of turbinate architecture. At the level of the maxillary recess, the lesion protrudes through the choana.

There is mild osteolysis of the horizontal plate of the palatine and of the right perpendicular plate of the palatine bone. The mass measures at least 5.3 × 4.4 cm.

The left nasal cavity is unremarkable.

The cribriform plate remains intact.

The right frontal sinus is filled with hypoattenuating material. The left frontal sinus is air-filled and unremarkable.

No evidence of intracranial mass effect or falx cerebri shift is identified.

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

The globes and retrobulbar spaces are within normal limits.

Triadan 104 is absent.

The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal and mandibular lymph nodes are unremarkable.

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

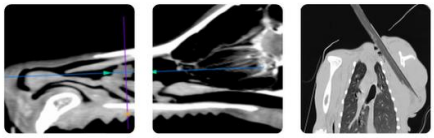
The hyoid apparatus, cricoid cartilage, and thyroid glands are unremarkable.

The cervical esophagus and trachea are unremarkable.

THORAX

The trachea and main bronchi are within normal limits.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.



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The pulmonary parenchyma shows normal attenuation with no evidence of micronodules, nodules, or masses.

The bronchial tree exhibits normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vessels are normal, and post-contrast opacification is adequate.

The pleural space, diaphragm, ribs, and thoracic wall are unremarkable.

The thoracic esophagus is unremarkable.

ABDOMEN

The liver is homogenously soft tissue attenuating and uniformly contrast enhancing with normal size and shape. The gallbladder, cystic duct and common bile duct are within normal limits.

The kidneys are normal in size, shape, contour, and attenuation pre- and post-contrast. The renal pelvis and ureters are within normal limits.

The urinary bladder is moderately filled by homogeneously hypoattenuating fluid material admixed with hyperattenuating contrast material. Normal wall thickness.

The spleen is homogenously soft tissue attenuating, and uniformly contrast enhancing, with normal size and shape.

The gastrointestinal tract is normally distended and anatomically distributed, with no evidence of mural mass effect.

The colon and rectum contain gas admixed with heterogeneously soft tissue–attenuating fecal material, with normal wall thickness.

The pancreas, abdominal lymph nodes, and adrenal glands are within normal limits.

The serosal fat demonstrates normal attenuation.

The prostate is within normal limits.

There are multifocal incomplete and complete bridging vertebral endplate changes consistent with spondylosis deformans.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large, aggressive soft tissue mass within the right nasal cavity, associated with regional turbinate destruction and osteolysis of the palatine bones. Differential diagnoses include nasal neoplasia (e.g., adenocarcinoma, squamous cell carcinoma, lymphoma) and less likely, fungal granulomatous rhinitis.
- Hypoattenuating material within the right frontal sinus, concurrent sinusitis.
- Triadan 104 is absent.
- No evidence of thoracic or abdominal metastatic disease.
- Multifocal vertebral spondylosis deformans.

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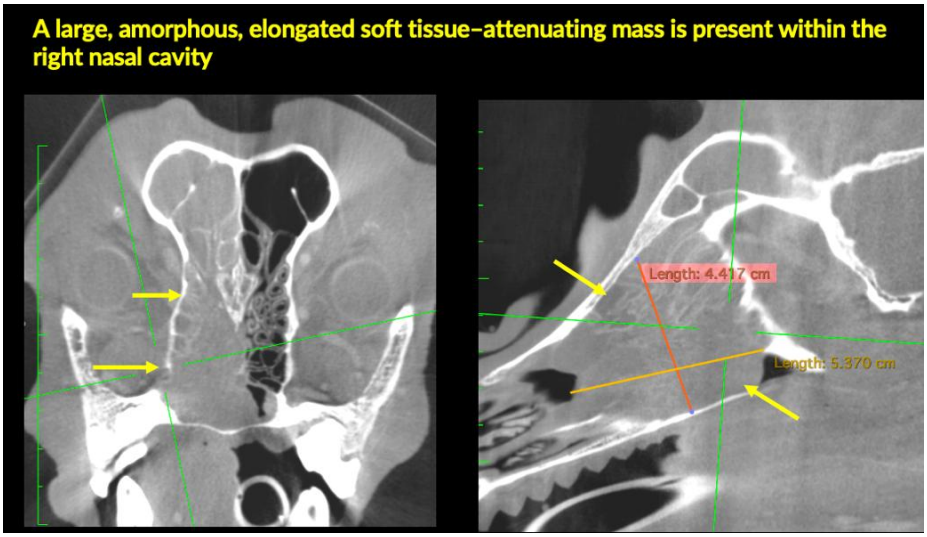
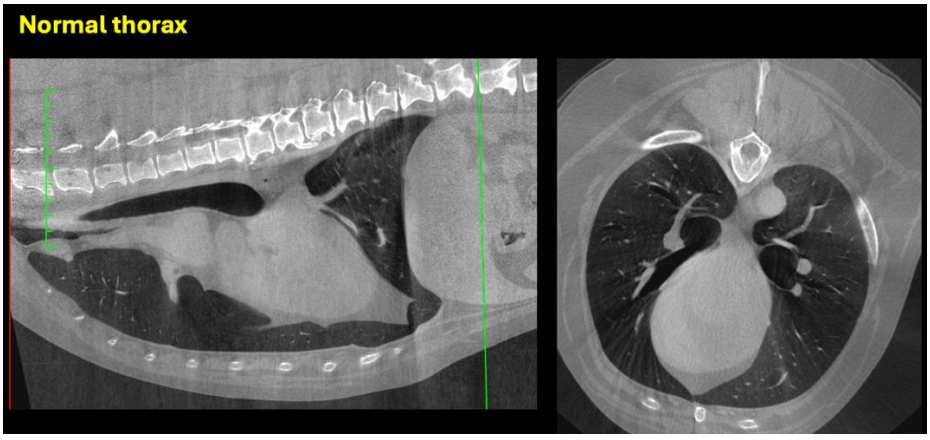
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are most consistent with an aggressive right-sided nasal cavity mass causing turbinate destruction and palatine bone osteolysis. The imaging appearance is highly suspicious for nasal neoplasia. Differential diagnoses include nasal neoplasia, such as adenocarcinoma, squamous cell carcinoma, or lymphoma. Fungal granulomatous rhinitis is considered less likely.

Histopathologic confirmation is required for definitive diagnosis. A nasal biopsy, nasal flush or rhinoscopy-guided biopsy is recommended. If neoplasia is confirmed, an oncologic consultation is advised for therapeutic planning.

The abdomen and thorax are within normal limits.





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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