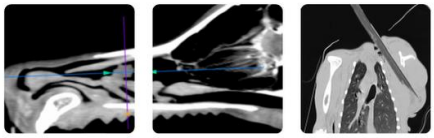




**PATIENT**

Honey Paterson

**SPECIES**

Canine

**BREED**

Cavoodle

**SEX**

Female

**AGE**

4

**WEIGHT**

11kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chris Papantonio

**HOSPITAL NAME**

Colyton Veterinary Hospital

**REFERRING VET**

Chris Papantonio

**INVOICE**

72606

**DATE**

11-12-25

## PRESENTING CLINICAL SIGNS

Chronic history (approx 6 months) of nasal discharge - mainly from left nostril Responds to antibiotics but returns soon after stopping. Sneezing and off during this time. No coughing during this time

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A pre- and post-contrast CT study of the head and thorax are provided for review totaling 4 series. One pre-contrast series of the head and thorax, soft tissue algorithm. One pre-contrast series of the head and thorax, bone algorithm. One pre-contrast series of the thorax lung algorithm. One post-contrast series of the head and thorax, soft tissue algorithm.

## COMPUTED TOMOGRAPHIC FINDINGS

### HEAD

There is an organized accumulation of hypoattenuating material with subtle peripheral contrast enhancement occupying the mid-rostral region of the left nasal cavity. This material forms a soft tissue–attenuating mass effect measuring approximately 3.2 × 1.0 × 1.0 cm. There is destruction of the adjacent nasal turbinates in the region of the lesion.

In addition, regional osteolysis is evident, affecting the left body of the incisive bone and the palatine process of the maxilla. A discrete projection of the root of Triadan 203 extends toward the nasal cavity; however, the tooth remains structurally intact.

The right nasal cavity is within normal limits.

The cribriform plate is intact.

The oropharynx, nasopharynx, and frontal sinuses are within normal limits.

No evidence of intracranial mass effect, brain attenuation changes, or falx cerebri shift is identified.

The tympanic cavities, external auditory canals, globes, and retrobulbar spaces are unremarkable.

All teeth are within normal limits aside from the findings described above.

The temporomandibular joints are bilaterally congruent.

The left mandibular lymph node is mildly enlarged.

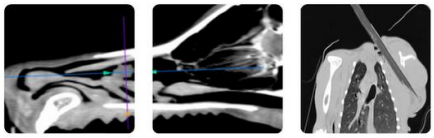
The medial retropharyngeal lymph nodes and right mandibular lymph node are within normal limits.

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

### THORAX

The trachea and main bronchi are within normal limits.

The pulmonary parenchyma exhibits normal attenuation. No pulmonary micronodules, nodules, or masses are identified.





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The bronchial tree displays normal tapering and branching. Bronchial walls are thin and smooth, and the bronchus-to-artery ratio is within expected limits.

The cardiac silhouette and pulmonary vessels appear normal. The contrast medium adequately opacifies the cardiac chambers and major vessels on the post-contrast series.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are within normal limits.

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

The thoracic esophagus contains a small volume of intraluminal gas and hypoattenuating fluid, consistent with anesthesia-related changes.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate in size, soft tissue mass effect in the left mid-rostral nasal cavity, composed of organized hypoattenuating material with mild peripheral enhancement. Concurrent osteolysis of the left incisive bone and palatine process of the maxilla, with turbinates destruction in the region of the lesion. Tooth 203 with mild apical projection toward the nasal cavity but structurally intact. Differential diagnoses include fungal granulomatous rhinitis, nasal neoplasia, or less likely chronic infectious/inflammatory rhinitis correlate to dental mal position.
- Mild enlargement of the left mandibular lymph node, reactive lymphadenitis or less likely metastatic involvement.
- Normal thorax.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings indicate a moderate in size, destructive soft tissue lesion in the left nasal cavity, associated with regional bone lysis and turbinate destruction. Differential diagnoses include fungal granulomatous rhinitis, nasal neoplasia, or less likely chronic infectious/inflammatory rhinitis correlate to dental mal position (203) and regional osteomyelitis. Nasal flush biopsy or biopsy via rhinoscopy is required for definitive diagnosis.

Fungal culture/PCR is also suggested.

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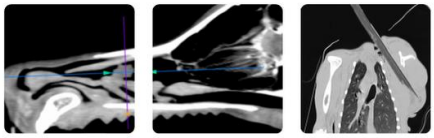

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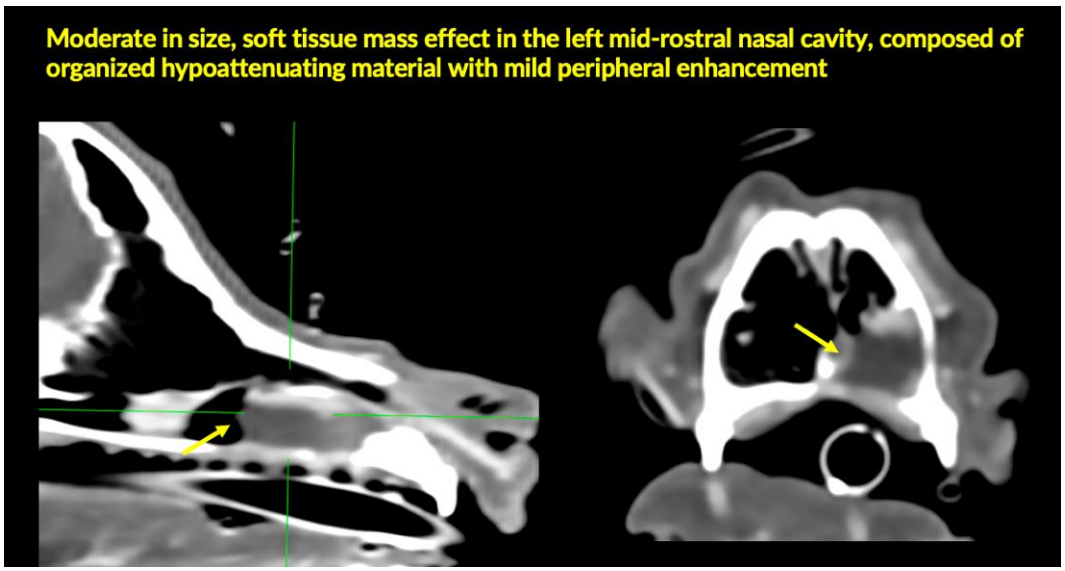


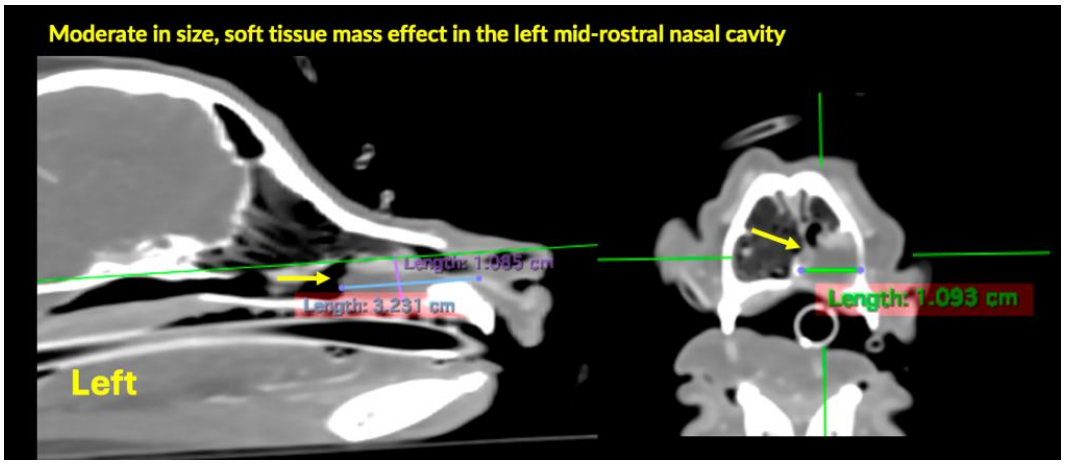


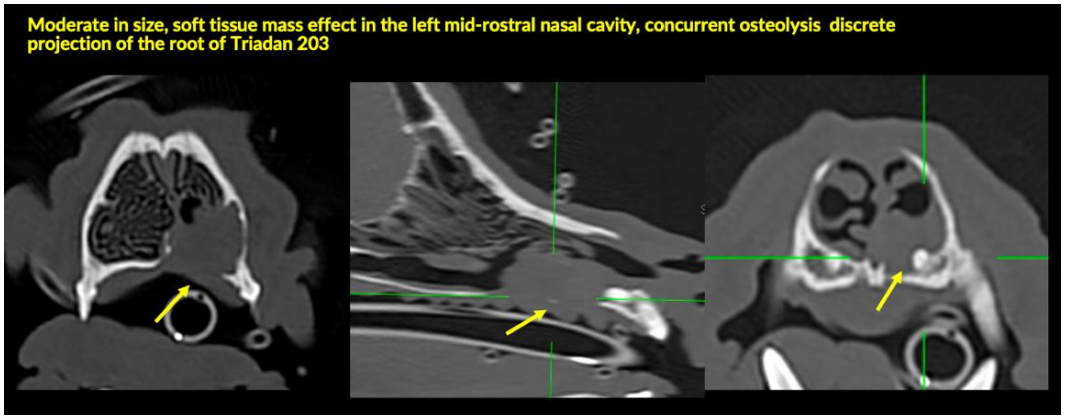

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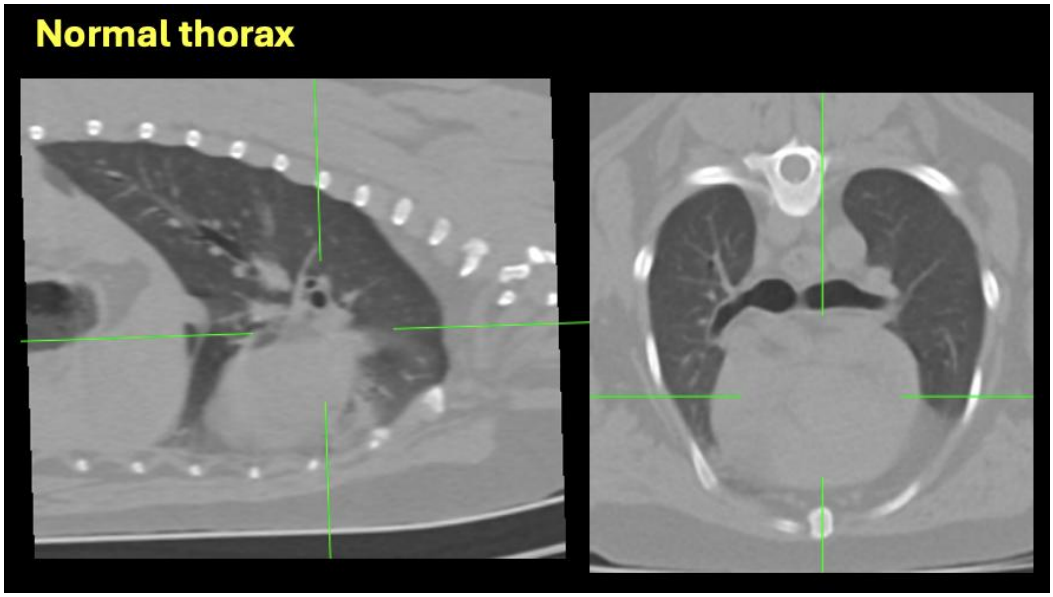


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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