



## PATIENT

Teddy Volmar

## SPECIES

Canine

## BREED

Lab Mix

## SEX

MC

## AGE

7Y

## WEIGHT

34kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Christine Hanney

## HOSPITAL NAME

Westford Veterinary  
Emergency and  
Referral Center

## REFERRING VET

Maura Carney

## INVOICE

72591

## DATE

11-12-25

## PRESENTING CLINICAL SIGNS

In September patient experienced some epistaxis (seems like mainly left sided) that has been intermittent since then. Has had course of Doxycycline, perhaps some improvement on that but then once stopped symptoms returned. Not much sneezing, but progressive congestion. This week appetite has been decreased. BW relatively unremarkable-neutrophilic leukocytosis, mild increase ALT (149). Fluid accumulation left ethmoid turbinates and left frontal sinus. Using small flexible scope could visualize fleshy mass left nares, no fungal plaques seen. Right nares appears overall unremarkable. Obtained multiple blind biopsies from left nares

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head are provided for review totaling 2 series. Transverse, sagittal and dorsal planes; bone and soft tissue algorithm.

## COMPUTED TOMOGRAPHIC FINDINGS

A large, elongated to multilobulated soft tissue attenuating mass occupies the left nasal cavity, extending caudally from the level of Triadan 205 to the level of Triadan 210. The lesion causes extensive regional turbinate destruction and extends through the choana, where it forms a protruding component measuring approximately 3.1 cm in length, resulting in partial airway obstruction. The main intranasal portion of the mass measures approximately 9.3 × 3.1 × 2.9 cm.

The paranasal bones and nasal septum are intact with no evidence of cortical lysis or hyperostosis. The cribriform plate remains intact.

Mild multifocal hypoattenuating fluid accumulation is present within the right nasal cavity, more rostrally.

The left frontal sinus is partially filled with hypoattenuating fluid material; the right frontal sinus is unremarkable.

No intracranial mass effect, falx cerebri shift, or ventricular asymmetry is identified.

The tympanic bullae and external auditory canals are normal.  
The globes and retrobulbar spaces are unremarkable.

All teeth are present and within normal limits.

The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal and mandibular lymph nodes are unremarkable.

The mandibular, parotid, zygomatic, and thyroid glands are within normal limits.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- A large, multilobulated soft tissue attenuating mass is identified within the left nasal cavity, extending caudally into the choana and partially obstructing the airway. The lesion is associated with regional turbinate destruction but preservation of the paranasal bones and cribriform plate.



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Primary differential diagnoses include nasal neoplasia (e.g., adenocarcinoma, squamous cell carcinoma, or lymphoma).

- Mild, reactive fluid accumulation in the right nasal cavity and left frontal sinus.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The tomographic findings reveal a large multilobulated soft tissue mass occupying the left nasal cavity with extension into the choana, causing partial choana obstruction and regional turbinate destruction. The imaging appearance is most consistent with a nasal neoplastic process, with differential diagnoses including adenocarcinoma, squamous cell carcinoma, or lymphoma. A fungal granulomatous lesion remains a less likely differential because there is an existing overlap of CT findings in this differential.

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Correlation with histopathologic evaluation of the previously obtained nasal biopsies is recommended for definitive diagnosis. If neoplasia is confirmed, an oncologic consultation is advised for therapeutic planning.

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Thoracic imaging correlation is advised to assess for possible metastatic disease.

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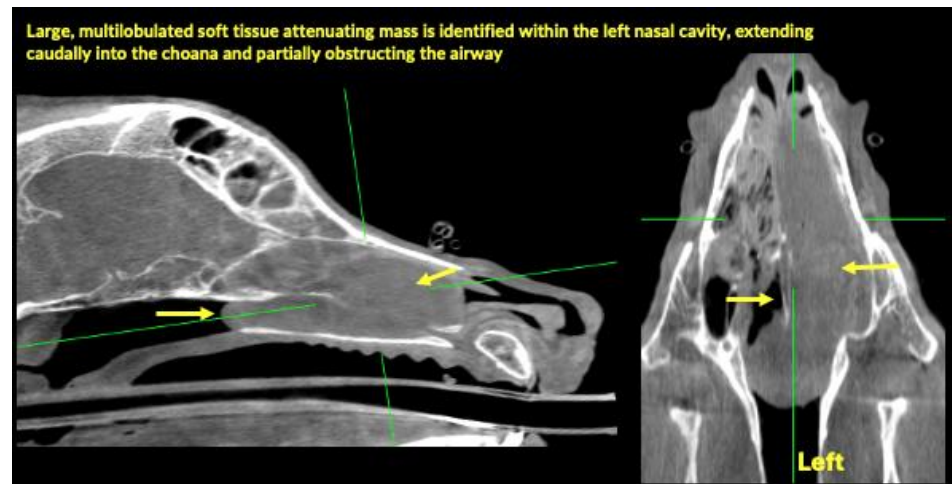
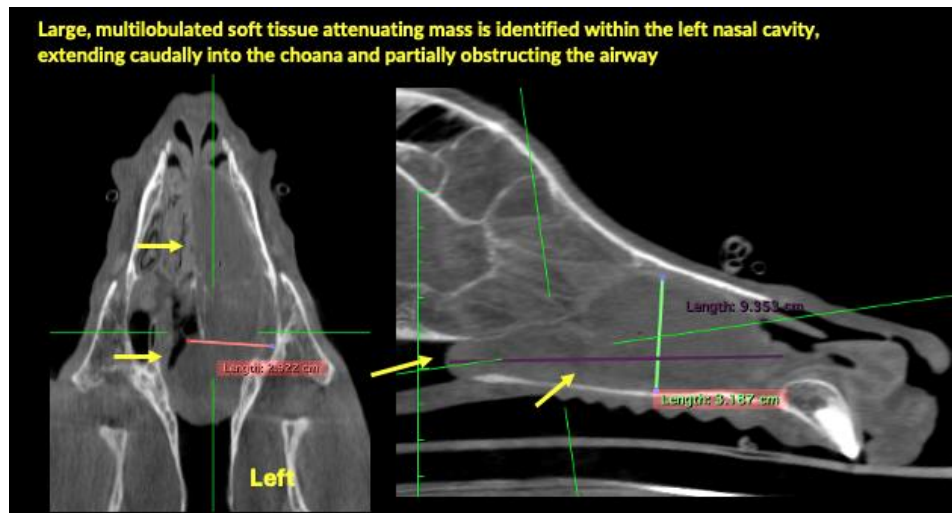
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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