



PATIENT

Shia Likewise

SPECIES

Canine

BREED

Australian Shepherd

SEX

Female Spayed

AGE

11Y, 10M

WEIGHT

21

INTERPRETED BY

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

IMAGING PERFORMED BY

Kristan Swinford

HOSPITAL NAME

Queen Creek
Veterinary Clinic

REFERRING VET

Dr. Melanie Bliudzius

INVOICE

72854

DATE

12-2-25

PRESENTING CLINICAL SIGNS

Bloody nose on and off for ~1.5 months. Intermittent sneezing. Unilateral Epistaxis; r/o rhinitis vs. nasal FB vs. coagulopathy vs. nasal benign vs. malignant neoplasia Sneezing; r/o rhinitis vs. nasal FB vs. secondary to allergies vs. other Nasal Congestion; r/o rhinitis vs. nasal FB vs. nasal benign vs. malignant neoplasia

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head is provided for review totaling 6 series. Transverse, sagittal and dorsal planes; bone and soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

A large amorphous to multilobulated soft tissue-attenuating mass with mild contrast enhancement occupies the left nasal cavity. The lesion extends caudally from the level of Triadan 204 to the cribriform plate; however, the cribriform plate remains intact. The mass causes regional loss of turbinate detail and extends caudally through the choana.

Mild rightward deviation of the nasal septum is present, although the mass does not invade the right nasal cavity.

The margins of the mass are ill-defined, and it measures approximately 5.6 × 1.3 × 5.7 cm. The paranasal bones are unremarkable, with no evidence of osteolysis or hyperostosis.

The right nasal cavity is predominantly normal, although there is focal fluid retention and ventral turbinate detail loss at the level of Triadan 106. Moderate focal alveolar bone resorption is present adjacent to Triadan 106, accompanied by an oronasal fistula.

Mild periapical alveolar resorption is also present adjacent to Triadan 309. The following teeth are absent, Triadan 105, 205, 206, 305, 311, 405, 406, and 411.

The left frontal sinus is completely filled with hypoattenuating fluid material, whereas the right frontal sinus appears normal.

There is no evidence of intracranial mass effect, attenuation abnormality, or falx cerebri deviation.

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

The globes and retrobulbar spaces are unremarkable.

The temporomandibular joints are bilaterally congruent.

The mandibular and medial retropharyngeal lymph nodes, show no abnormalities.

The mandibular, parotid and zygomatic salivary glands are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- A large, poorly marginated soft tissue mass occupies the left nasal cavity, extending through the choana and causing turbinate destruction, without evidence of cribriform plate invasion or



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paranasal bone involvement. Differential diagnosis includes nasal neoplasia, such as adenocarcinoma, squamous cell carcinoma, or lymphoma. A fungal granulomatous process is considered less likely.

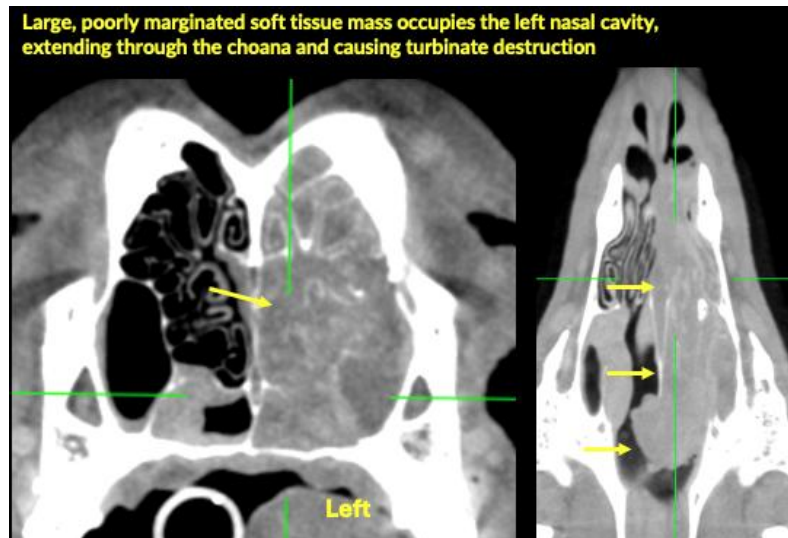
- Concurrent left side nasal sinusitis.
- Dental abnormalities include moderate focal alveolar bone loss adjacent to Triadan 106 with presence of an oronasal fistula, and concurrent focal right-side rhinitis. Mild periapical resorption adjacent to Triadan 309. Multiple teeth are missing as described.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings indicate a large, amorphous soft tissue mass occupying the left nasal cavity, extending caudally through the choana and causing regional turbinate destruction. The differential diagnosis includes nasal neoplasia such as adenocarcinoma, squamous cell carcinoma, or lymphoma. A fungal granulomatous process and rhinitis is considered less likely. A nasal flush biopsy or rhinoscopic examination with directed biopsy is recommended to obtain a definitive histopathological diagnosis.

There is obstructive fluid accumulation within the left frontal sinus, compatible with impaired drainage and/or concurrent sinusitis.

Dental abnormalities include moderate focal alveolar bone loss adjacent to Triadan 106 with evidence of an oronasal fistula, as well as associated focal right-sided rhinitis. Mild periapical resorption is noted adjacent to Triadan 309. Multiple teeth are missing as previously described. Dental assessment and treatment, including management of the suspected oronasal fistula, are recommended.





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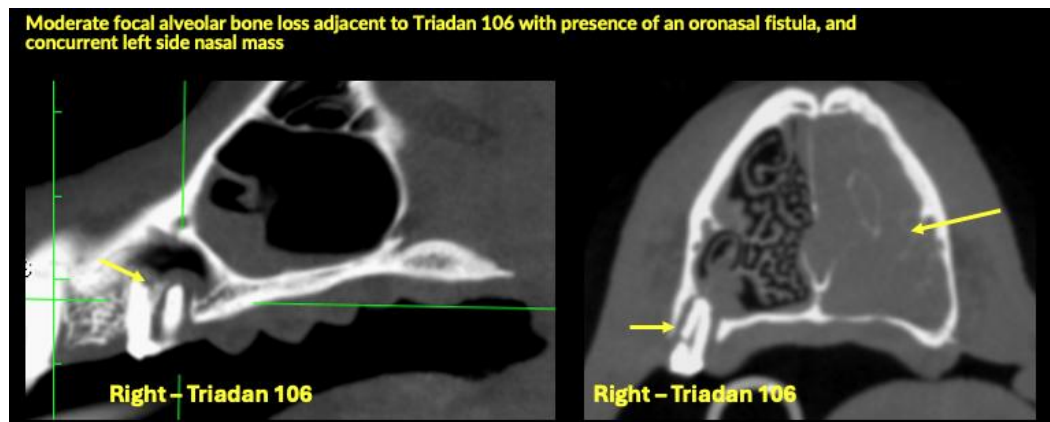
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com