



PATIENT

Rosie Raward

SPECIES

Canine

BREED

Staffy

SEX

FN

AGE

8

WEIGHT

25

INTERPRETED BY

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

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary
Centre

REFERRING VET

Eamon

INVOICE

73135

DATE

12-29-25

PRESENTING CLINICAL SIGNS

mucoid-sanguinous discharge left nostril

Abnormal PE/Chem/CBC/UA Results: cbc/chem w/ histopath pending

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head and thorax were provided for review, totaling 6 series. Transverse images were acquired using soft tissue and bone algorithms.

COMPUTED TOMOGRAPHIC FINDINGS

The left nasal cavity is almost completely occupied by hypoattenuating fluid material, with mild contrast enhancement on post-contrast images, creating a mass-like appearance and causing loss of the turbinate detail. This lesion produces a mild expansile effect on the adjacent osseous structures, particularly along the left medial orbital wall, where a small focal bone lesion is identified adjacent to the maxillary recess.

The lesion extends from the rostral aspect of the nasal cavity at the level of Triadan 204 and progresses caudally, with a small protrusion into the choanal region. Accurate measurement is limited due to surrounding fluid and ill-defined margins; however, the overall left nasal mass effect measures approximately 6.9 × 2.7 cm.

The remaining paranasal bones are within normal limits. The cribriform plate is intact.

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

The caudal nasopharynx, tonsils, and hyoid apparatus are unremarkable.

The brain parenchyma demonstrates normal attenuation, with no evidence of mass effect, falx cerebri deviation, or ventriculomegaly.

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

The globes and retrobulbar spaces are unremarkable.

Regional alveolar bone resorption is noted and adjacent to Triadan 109. There is suspected enamel fracture involving Triadan 301.

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

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

The temporomandibular joints are bilaterally congruent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Extensive left-sided nasal cavity lesion characterized by hypoattenuating fluid with discrete contrast enhancement, causing a mass-like effect, mild expansile bone remodeling, and a small focal osseous lesion adjacent to the left maxillary recess, with limited extension into the



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choana. Differential diagnoses include nasal neoplasia, less likely, fungal granulomatous rhinitis.

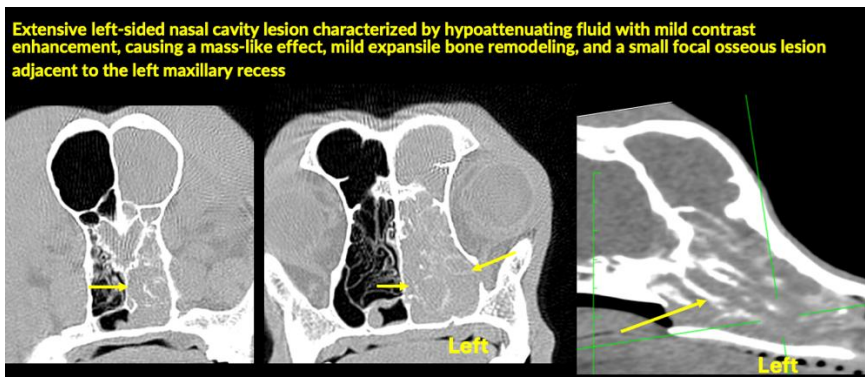
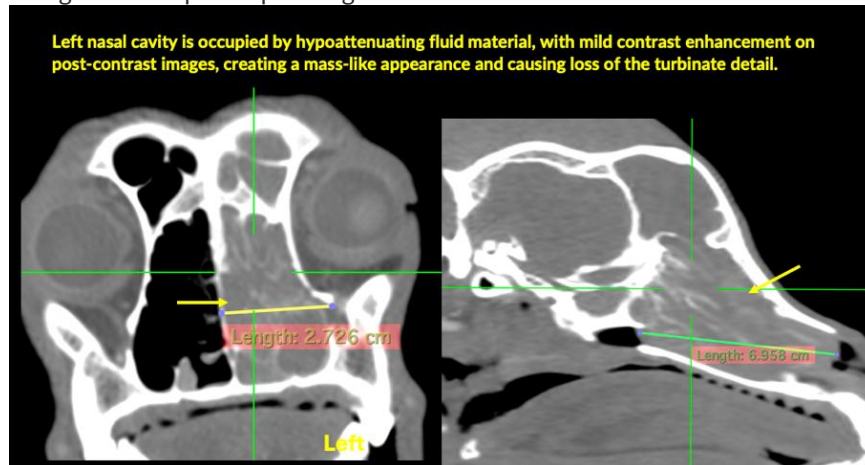
- Complete fluid filling of the left frontal sinus, concurrent sinusitis.
- Regional alveolar bone resorption adjacent to Triadan 109 and suspected enamel fracture of Triadan 301.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings are most consistent with a clinically significant left-sided nasal cavity disease, presenting as a fluid-attenuating, mildly contrast-enhancing mass effect, loss of turbinate detail with associated mild osseous remodeling and focal paranasal bone involvement. The extent, unilateral distribution, and mass-like behavior raise concern for nasal neoplasia (e.g., carcinoma, adenocarcinoma, squamous cell carcinoma, lymphoma) as primary differential diagnosis. Chronic inflammatory granulomatous fungal rhinitis remains a less likely differential.

The left frontal sinus fluid accumulation is likely secondary to impaired drainage due to the nasal cavity lesion.

Correlation with pending histopathology and laboratory results is recommended to achieve a definitive diagnosis and to guide therapeutic planning. A dental evaluation is also advised.



Extensive left-sided nasal cavity lesion characterized by hypoattenuating fluid with mild contrast enhancement, causing a mass-like effect, mild expansile bone remodeling, and a small focal osseous lesion adjacent to the left maxillary recess



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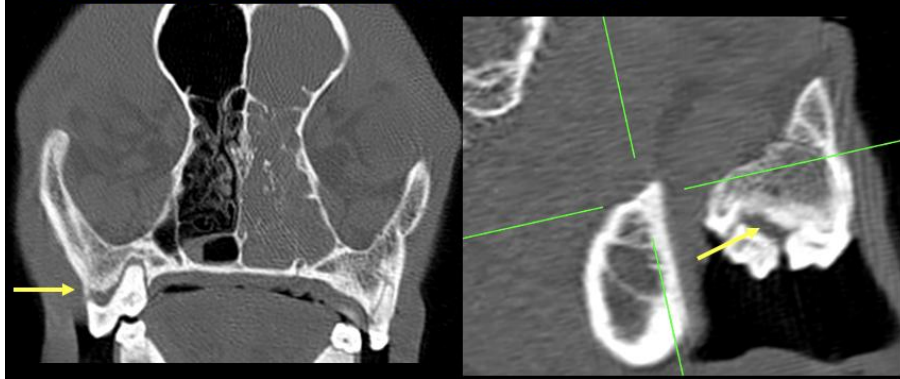
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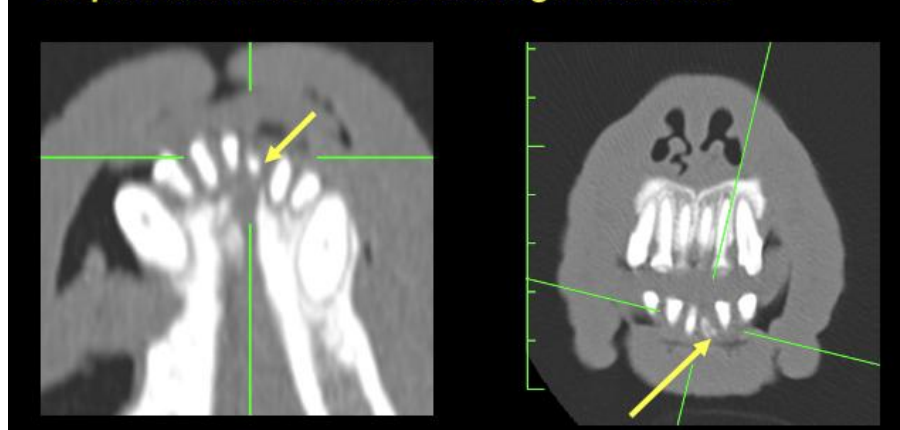
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Regional alveolar bone resorption adjacent to Triadan 109



Suspected enamel fracture involving Triadan 301.



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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