



PATIENT

Sally Watson

SPECIES

Canine

BREED

Papillion Mix

SEX

FS

AGE

14Y, 6M

WEIGHT

12.8lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Laura Baumert

HOSPITAL NAME

Wilson Veterinary
Hospital

REFERRING VET

Dr. Shanti

INVOICE

72918

DATE

12-8-25

PRESENTING CLINICAL SIGNS

Pet has been treated at primary care DVM for R sided facial swelling, R sided congestion and R sided epistaxis since early November. Various antibiotics and prednisone failed to relieve the symptoms. Swelling worsened acutely yesterday. A CT was recommended. Biopsy samples and C/S were obtained after the scan from the R frontal sinus, and via incision into the palate where the mass has eroded through.

Abnormal PE/Chem/CBC/UA Results: Significant leukocytosis 48.5K, characterized by a leukocytosis and monocytosis

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head are provided for review totaling 2 series. One pre-contrast series of the head bone algorithm. One post-contrast series of the head soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

There is an extensive multilobular soft tissue mass effect centered on the right side of the face, involving the right nasal cavity, ipsilateral paranasal bones, frontal bones, right retrobulbar and peribulbar spaces, choana, and oral cavity. The lesion also extends externally, infiltrating the subcutaneous tissues over the right nasal region. Multiple osteolytic lesions are present in the horizontal plate of the right orbital bone, right frontal bone, nasal septum, hard palate, and right maxilla.

The mass causes marked turbinate destruction and invaded the olfactory bulb, displays meningeal enhancement, resulting in cribriform plate interruption. Extent / Measurements (approximate due to multilobular shape): Nasal cavity component: $\geq 5.3 \times 2.5$ cm; Frontal sinus component: 1.8×4.2 cm; Retrobulbar component: 2.2×2.1 cm.

The right frontal sinus is completely filled by mass tissue; the left frontal sinus remains air filled.

The retrobulbar extension results in right-sided exophthalmos with mild globe contour distortion.

The left globe and retrobulbar space are unremarkable.

Multiple teeth are missing. Maxilla: Only Triadans 104, 203, 204 are present. Mandible: Only Triadans 304, 404, 405, 406, 407, 403, 404, 405, 407, 407 are present (as listed).

Aside from mass projection onto the olfactory bulb, intracranial structures are preserved, with no falx cerebri deviation.

The medial retropharyngeal and mandibular lymph nodes are mildly enlarged.

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

The temporomandibular joints are bilaterally congruent.

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



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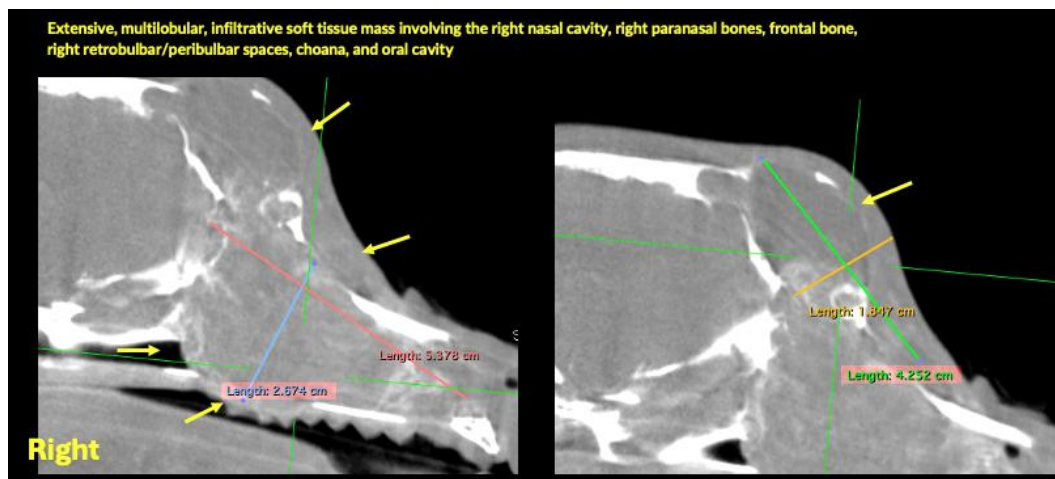
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Extensive, multilobular, infiltrative soft tissue mass involving the right nasal cavity, right paranasal bones, frontal bone, right retrobulbar/peribulbar spaces, choana, and oral cavity, with marked turbinate destruction and cribriform plate interruption, and multiple osteolytic lesions. Differential diagnoses include aggressive neoplastic processes, such as, carcinoma (e.g., adenocarcinoma, squamous cell carcinoma), sarcoma (e.g., osteosarcoma, chondrosarcoma), lymphoma. Invasive fungal disease is considered less likely, though not excluded.
- Right frontal sinus completely filled by mass tissue.
- Right retrobulbar extension causing exophthalmos.
- Mild enlarged medial retropharyngeal and mandibular lymph nodes, compatible with reactive or metastatic lymphadenopathy.
- Marked dental loss, as listed.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study demonstrates a highly aggressive, infiltrative mass involving the right nasal cavity and extending into adjacent bony, orbital, intracranial (olfactory bulb), and soft tissue structures. The pattern of extensive osteolysis, cribriform plate interruption, and multicompartment involvement is most consistent with an aggressive neoplasm, such as, carcinoma (e.g., adenocarcinoma, squamous cell carcinoma), sarcoma (e.g., osteosarcoma, chondrosarcoma), lymphoma.

Biopsy has already been performed, which is appropriate for establishing a definitive diagnosis. CT findings correlate with a poor surgical prognosis due to the degree of local invasion. Due to possible intracranial involvement and extension infiltration, surgical resection may be limited. Pain management and supportive care are recommended given the extensive nature of the lesion.





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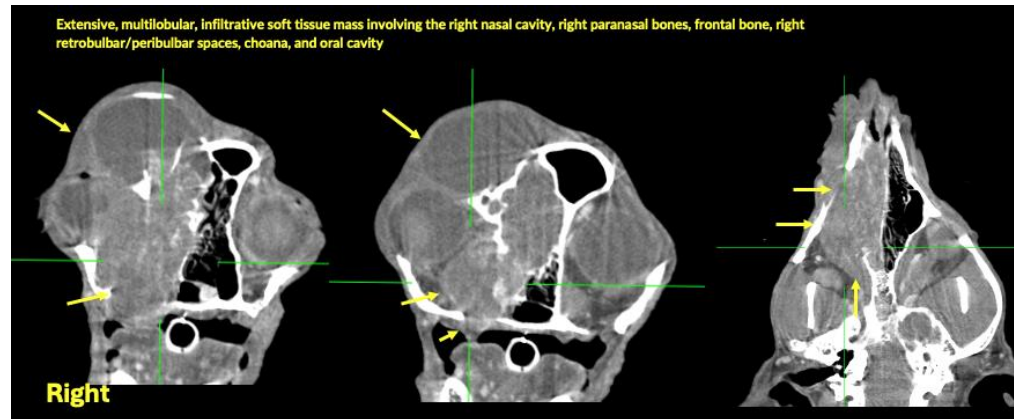
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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