



PATIENT PRESENTING CLINICAL SIGNS

Touque Rigby Progressive left sided ocular discharge and swelling over left eye/caudal nasal passageways. No improvement with antibiotics. Concern for neoplasia.
 Abnormal PE/Chem/CBC/UA Results: Swelling over left eye, head shy, decreased retropulsion OS

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD AND THORAX

A high resolution pre contrast CT study of the head and thorax are provided for review. Two pre-contrast series of head and two pre contrast series of the thorax.

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COMPUTED TOMOGRAPHIC FINDINGS

Head

SEX

MN

AGE

14 Years

A soft tissue attenuating mass within the left nasal cavity is seen. The mass extends rostrally to the level of the maxillary (203) premolar to the cribriform plate. The mass causes extensive nasal turbinate destruction, and complete obstruction of the left nasal cavity. The mass invades the left frontal sinus, right frontal sinus partially and dorsally, and the ipsilateral retrobulbar space causing mild exophthalmia. In addition, there is widespread poorly defined lysis of some adjacent bones, such as left orbital bone and frontal bone. An interruption and poorly defined lysis of the dorsal left cribriform plate is seen. In addition, there is intracranial extraaxial mass effect at the frontal encephalic topographic region. There is extension of the nasal cavity mass into the left side of the choana, causing partial obstruction of the airway in this portion.

INTERPRETED BY

The left retropharyngeal and mandibular lymph nodes are mildly enlarged and asymmetrical in comparison with the contralateral.

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

Moderate to severe horizontal and vertical bone loss is seen throughout the maxillary and mandibular arcades. Multiple maxillary and mandibular teeth are absent.

The tympanic cavities and auditory canals are normal.

HOSPITAL NAME

Animal Health Partners

At least two small rounded soft tissue attenuating nodules are seen within the subcutaneous tissue dorsally in the cervical region and measure approximately 0.3cm.

Thorax

REFERRING VET

Dr. Ashley Gold

The mediastinum, pleural space, and pulmonary parenchyma are normal.

The pulmonary vessels and cardiac silhouette are normal.

No evidence of soft tissue pulmonary nodules.

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A mild lenticular heterogeneously fat opaque subcutaneous mass is noted within the right cranioventral thoracic body wall, measuring 4.9cm x 5.4 cm length. The remainder of the extra-thoracic pulmonary structures and thoracic wall are normal.

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A few small, rounded, hypoattenuating structures are seen in the liver parenchyma. The liver presents enlarged and convex in shape.



PATIENT

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The remainder of the collimated abdomen is normal.

No other abnormalities are identified.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass with aggressive biological behavior and secondary aggressive bone lysis within the left nasal cavity. Differential diagnosis includes adenocarcinoma, other neoplasms such as squamous cell carcinoma, lymphosarcoma, or less likely soft tissue sarcoma, and chondrosarcoma.

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- Mass infiltration of the left retrobulbar space causing exophthalmia; infiltration of the left and right frontal sinus causing interruption of the dorsal aspect of the cribriform plate, and concurrent intracranial extraaxial mass effect in the topographic frontal encephalic region.
- Extension of the nasal mass throughout left choana, causing partial airway obstruction.
- Bilateral sinusitis, mass effect and/or fluid accumulation.

SEX

MN

- Mild left-sided retropharyngeal and mandibular lymphadenopathy, reactive or neoplastic.
- Severe maxillary and mandibular periodontal disease, and multiple absent teeth.
- Normal geriatric thorax.
- Hepatomegaly, and a few hepatic cysts.

AGE

14 Years

- Small subcutaneous granuloma, or less likely cutaneous neoplasm in dorsal cervical region.
- Large subcutaneous lipomatous tissue at the right ventral thoracic wall.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a left nasal soft tissue mass with osteolytic extension and continuation into the left retrobulbar space, frontal sinus, and encephalic involvement. Biopsy is needed for a definitive diagnosis. The mass is not resectable. The long-term prognosis is poor.

INTERPRETED BY

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There is severe periodontal disease with multiple absent teeth. Correlate the oral/dental findings with a dental exam.

HOSPITAL NAME

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Differential diagnosis of the mild hepatomegaly includes, metabolic hepatopathy (endocrinopathy or vacuolar change), inflammatory hepatopathy, or less likely neoplastic disease. Multifocal small hepatic cysts are also seen. Consider ultrasound guided fine-needle aspiration.

REFERRING VET

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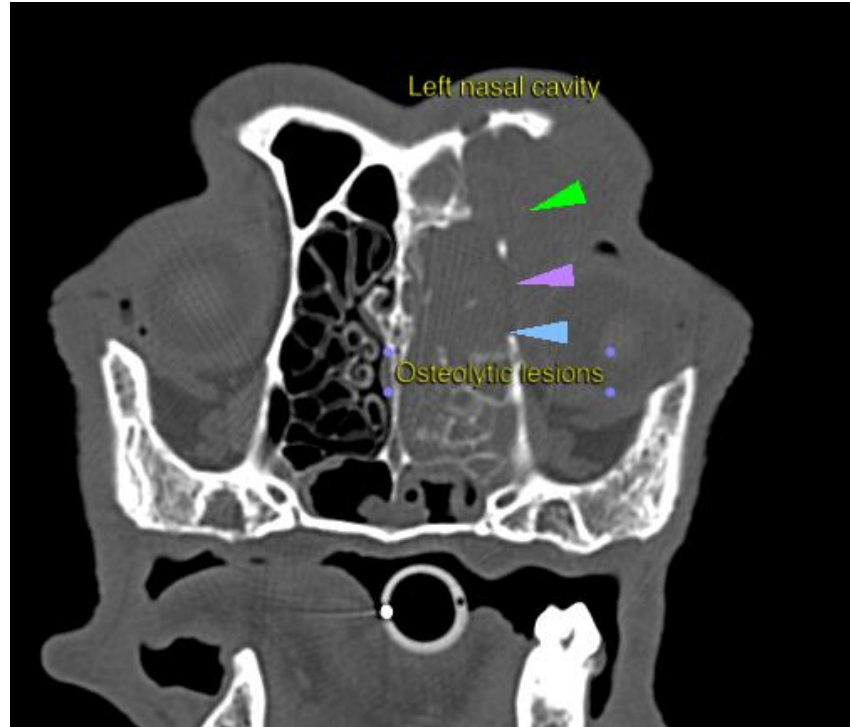
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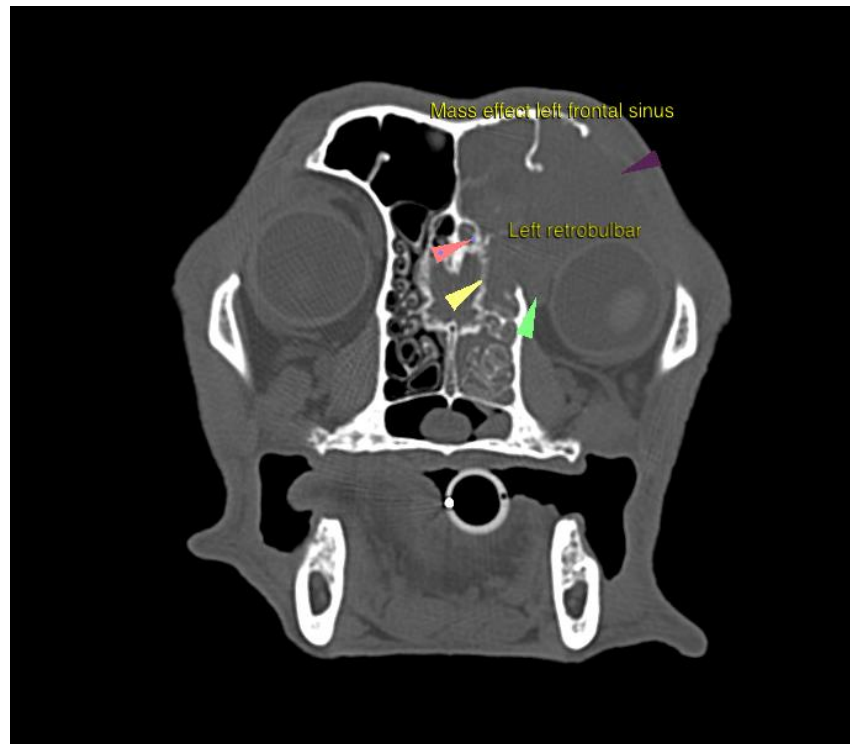
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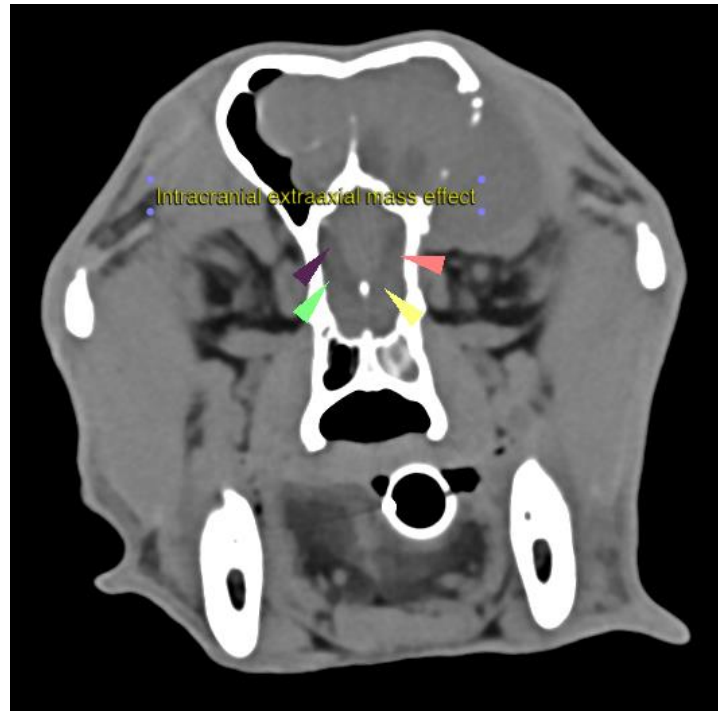
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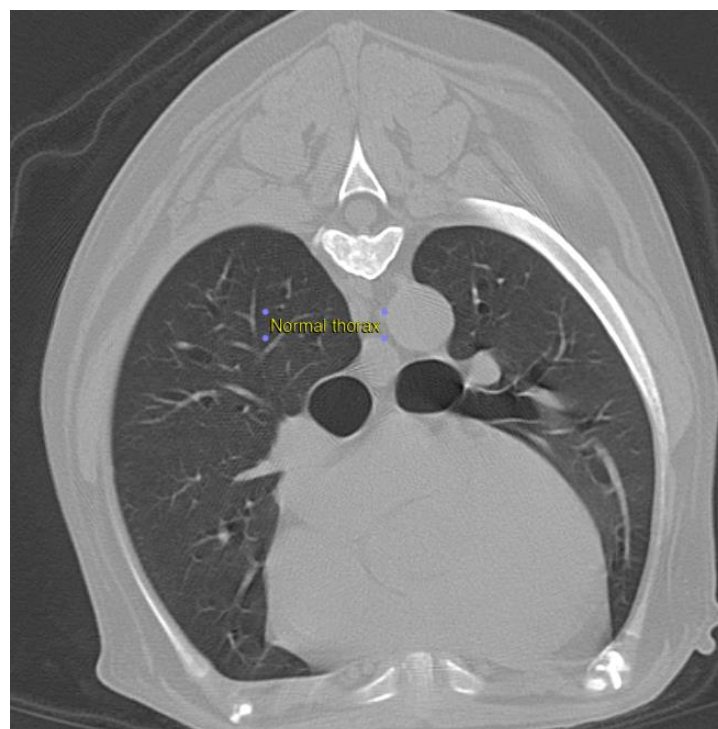
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PATIENT

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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.

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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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