



PATIENT

Sadie Rohlwing

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

7Y

WEIGHT

70lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Tina Lynn, CVT/George
Eales, DVM

HOSPITAL NAME

Green Prairie Animal
Hospital

REFERRING VET

Dr. Emily Tucker-Gibson
Vet Clinic

INVOICE

73707

DATE

2-11-26

PRESENTING CLINICAL SIGNS

- Slow growing mass on rostral mandible, affecting her eat and drinking as well as appears to have difficulty breathing
- Has increased in size more rapidly in last 2 months

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A post-contrast series of the thorax is provided for review. Additionally, pre- and post-contrast series of the head are available in the archives.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

A large, heterogeneous, and markedly contrast-enhancing mass completely fills the right nasal cavity and extends into the rostral portion of the left nasal cavity. There is loss of turbinate definition and interruption of the nasal septum. The lesion exhibits an expansive pattern with associated osteolysis of the right orbital wall at the level of maxillary recess. The mass protrudes caudally into the choana. The mass effect measures at least 6.7 x 2.7 cm. The borders of the mass are not clearly visible due to the concurrent hypoattenuating fluid.

There is no evidence of cribriform plate destruction.

The right frontal sinus is filled with soft tissue attenuating material, consistent with extension of the mass and/or associated fluid accumulation.

The left frontal sinus is air-filled and unremarkable.

Within the rostral mandible (incisive bone region), there is an expansile, osteolytic mass effect involving the adjacent bone, surrounding soft tissues, and associated teeth. The mass surrounds and displaces Triadan teeth 301, 302, 303, 401, and 403 from their normal anatomical positions. Triadan 402 is not clearly identifiable. The lesion measures at least 4.2 x 2.9 cm.

The globes and retrobulbar spaces are within normal limits.

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

The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal and mandibular lymph nodes are unremarkable.

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

The hyoid apparatus, cricoid cartilage, and thyroid glands are unremarkable.

THORAX

The trachea and main bronchi are within normal limits.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.



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The pulmonary parenchyma shows normal attenuation with no evidence of micronodules, nodules, or masses.

The bronchial tree exhibits normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vessels are normal.

The pleural space, diaphragm, and thoracic wall are unremarkable.

The thoracic esophagus is unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large, aggressive nasal cavity mass predominantly affecting the right nasal cavity with extension into the left nasal cavity, nasal septal destruction, turbinate lysis, right orbital wall osteolysis, and right frontal sinus involvement. Differential diagnoses include primary nasal neoplasia (e.g., chondrosarcoma, adenocarcinoma, squamous cell carcinoma, or undifferentiated carcinoma).
- Expansile, osteolytic mass of the rostral mandible with tooth displacement and regional bone destruction. Differential diagnoses include metastatic or primary tumor, chondrosarcoma, oral malignant neoplasia, such as oral melanoma, squamous cell carcinoma, fibrosarcoma, or dental neoplasia.
- No evidence of pulmonary or mediastinal metastatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The imaging findings demonstrate two aggressive, destructive masses: one centered within the nasal cavity and another within the rostral mandible. Both exhibit locally invasive characteristics with bone lysis. It is unclear based on imaging alone whether these represent two independent primary neoplasms, or a primary tumor with regional extension and/or metastatic spread.

Histopathologic confirmation is recommended. An incisional biopsy of the oral mass should be performed. For the nasal cavity mass, tissue sampling may be attempted via rhinoscopy-guided biopsy or nasal flush for cytologic and/or histopathologic evaluation.

No evidence of pulmonary or mediastinal metastatic disease.

TECHNICAL COMMENTS

Portions of the thorax are not fully collimated, particularly the dorsal caudal lung lobes and parts of the thoracic wall.



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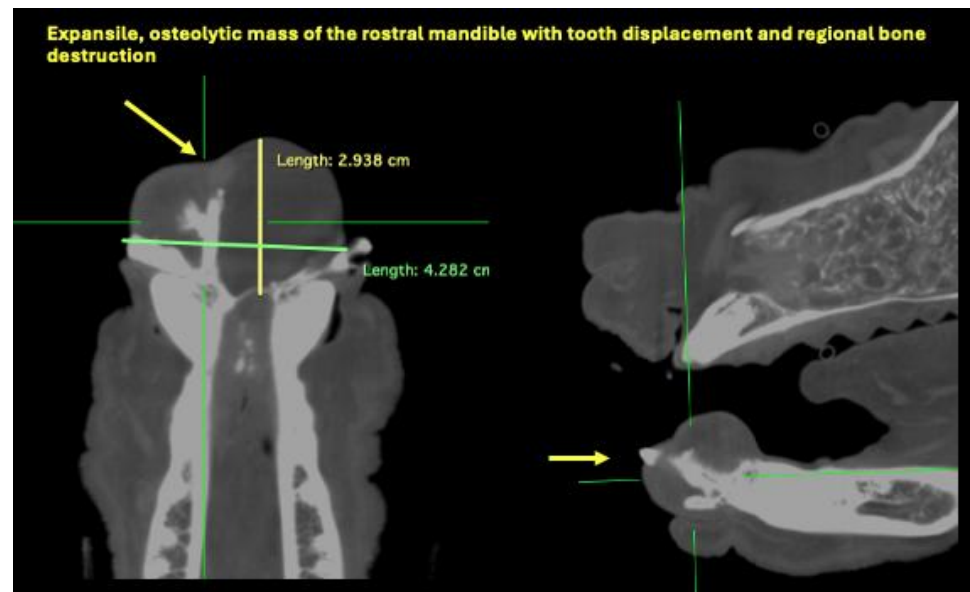
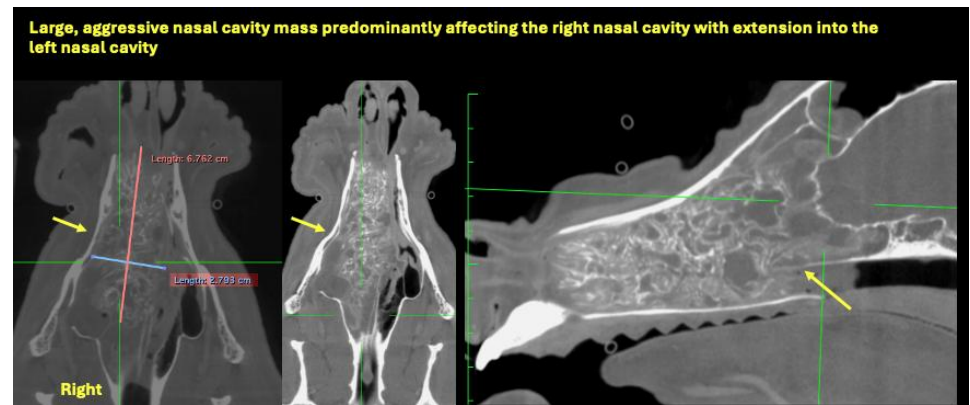
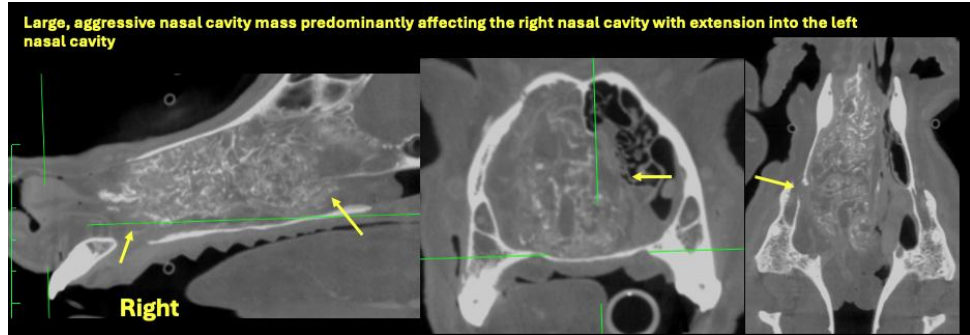
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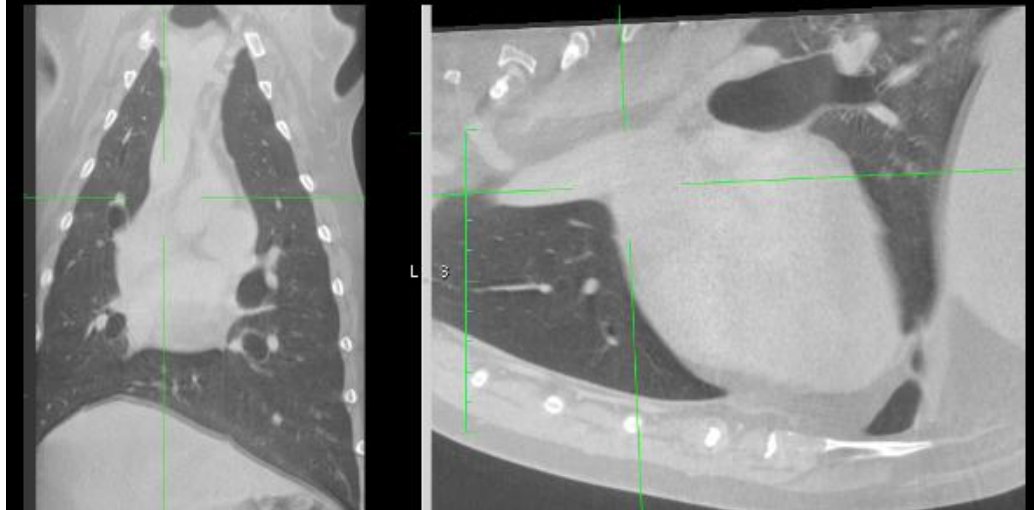
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Normal thorax



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
info@sonopath.com