



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Odin Bevilacqua  
**SPECIES** Chronic nasal discharge (mucus and blood tinged) for 2 years, L>R but bilateral. Reverse sneezing too. No resolution with steroids and antibiotics. Swelling above left eye as well. On rhinoscopy saw polypoid type tissue. R/o polyps, neoplasia, fungal, other  
**Canine** Abnormal PE/Chem/CBC/UA Results: Marked left sided nasal mucoid and hemorrhagic discharge,

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD**

**BREED** A high resolution pre- and post-contrast CT study of the head are provided for review. Two pre-contrast series of head, four post-contrast series of the head.

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX** There is a large, osteolytic, expansive, and mildly proliferative mass centered at the left frontal sinus' squamous part of the frontal bone and spanning to the supraorbital margin and ipsilateral temporal surface affecting these portions of bones and surrounding soft tissues. The mass is mildly heterogeneous, with enhancing septated capsular regions, and containing hypoattenuating material. The mass measures approximately 3.9cm x 2.5cm x 4.5cm externally.  
**MN**

**AGE** Both frontal sinuses are completely filled with hypoattenuating fluid material within septated enhancing membranes. There is a small lysis in the ventral border of the left frontal sinus. However, no mass effect is seen at an adjacent portion of the left dorsal nasal cavity.  
**7 Years**

**INTERPRETED BY**

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

All portions of the nasal cavities are filled with hypoattenuating fluid material overlaying the enhanced thickened nasal mucosa of the nasal turbinates with moderate destruction and disruption. More severe destruction and disruption of the nasal turbinates with hypoattenuating fluid accumulation is noted more rostrally on the right side and adjacent to the mandibular recess. A moderate amount of hypoattenuating fluid material completely fills the ventral choana, and some aggregated hyperattenuating material is seen, especially adjacent to the destruction of the right-sided nasal turbinates.

**HOSPITAL NAME**

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The cribriform plate is intact.  
 The retrobulbar spaces are unremarkable.  
 The remainder of the bone structures of the head and face are normal.

**REFERRING VET**

Dr. Ashley Gold

The mandible, maxilla, and all teeth are bilaterally normal.  
 Bilaterally, the temporomandibular joints are congruent.  
 The tympanic bullae and auditory canals are bilaterally normal.

**INVOICE**

56749

All teeth are present.  
 Mild asymmetry between the retropharyngeal and mandibular lymph nodes is noted. Mild enlargement of the retropharyngeal and mandibular lymph nodes with homogeneous attenuation are seen.

**DATE**

2-14-23



**PATIENT** No other abnormalities are seen.

Odin Bevilacqua

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**SPECIES**

Canine

**BREED**

Husky

**SEX**

MN

**AGE**

7 Years

- Large, left sided sino-orbital mass with aggressive adjacent bone lysis and concurrent bilateral sinusitis. Differential diagnosis includes neoplasia, for example, chondrosarcoma, myxosarcoma, fibrosarcoma, or fungal like coccidioidomycosis.
- Secondary nasal cavity fluid accumulation, moderate destructive rhinitis, aggregated cellular material accumulation; differential diagnosis includes a polyploid lesion, and small nasal mass. Consider concurrent secondary bacterial.
- Mild lymphadenopathy, reactive or metastatic.
- No evidence of secondary invasion of the left sino-orbital mass into the left retrobulbar space. However, the external soft tissue mass is adjacent to the left palpebra.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

It is difficult to distinguish the neoplasm process from severe destructive fungal infection due to the unusual tomographic characteristics of the lesion. Therefore, for a definitive diagnosis, extensive sampling and biopsy are necessary. Ultrasound-guided fine-needle aspiration of the soft tissue adjacent to the left frontal sinus may be obtained for further diagnosis.

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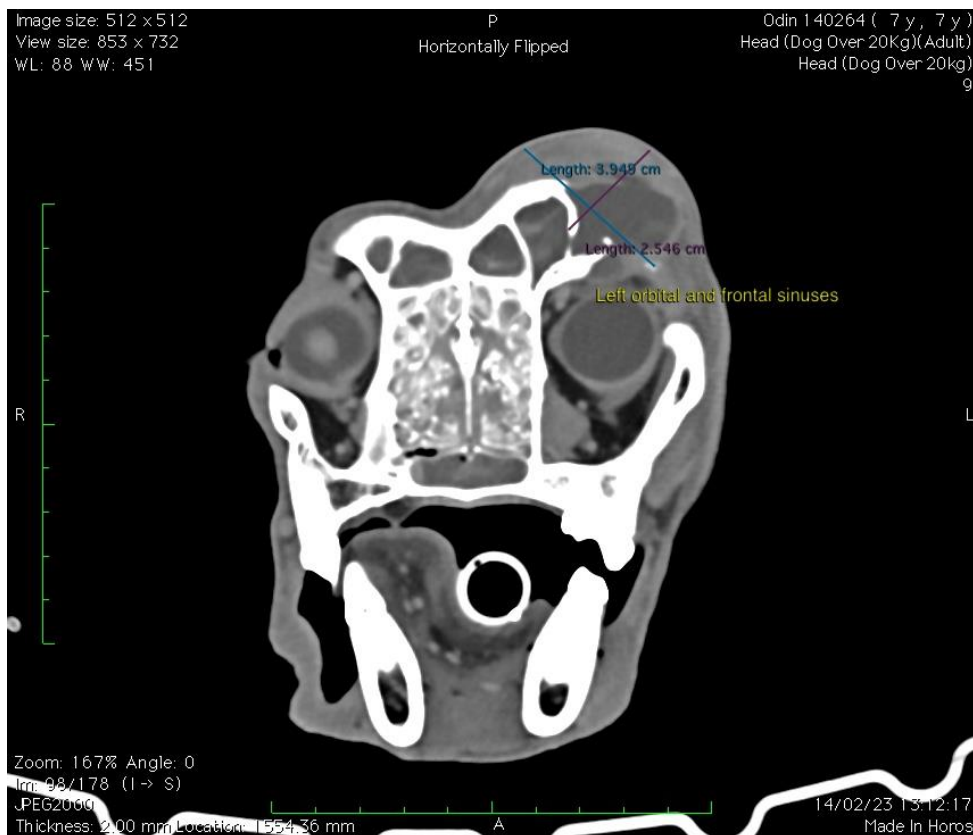
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**SPECIES**

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**BREED**

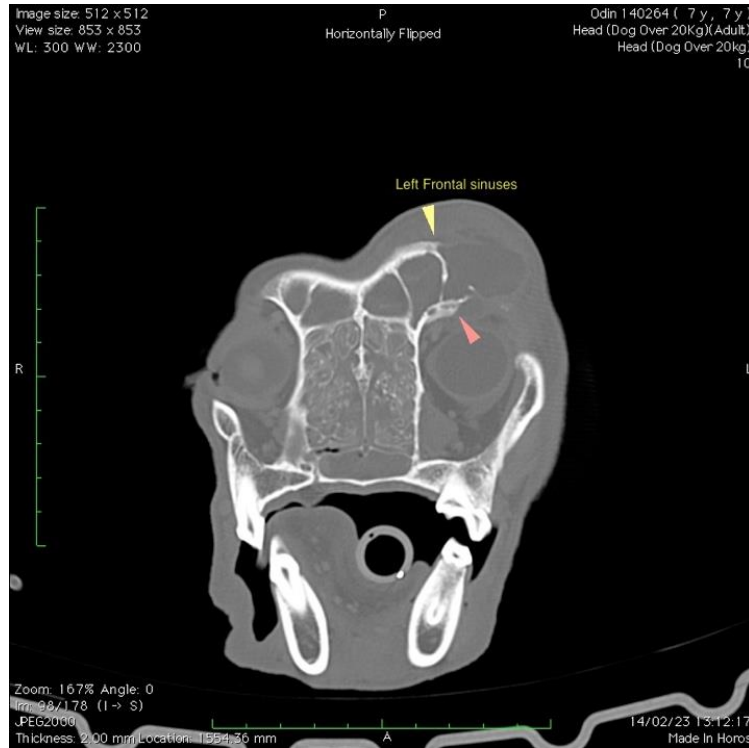
Husky

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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.

**SPECIES**

Canine

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.

**BREED**

Husky

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**SEX**

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**AGE**

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