



PATIENT

Panchita Rodriguez

PRESENTING CLINICAL SIGNS

Has unilateral nasal discharge mucopurulent and also neuro signs. Rule out dental disease vs nasal tumor
 Abnormal PE/Chem/CBC/UA Results: CBC --- severe anemia, thrombocytosis and moderate leukocytosis CHEM --- BUN and CREA moderate to severe increased

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head are provided for review. One pre-contrast series of head, one post-contrast series of the head.

BREED

Chihuahua Mix

COMPUTED TOMOGRAPHIC FINDINGS

There is a soft tissue hypoattenuating mass effect within the right nasal cavity. The soft tissue mass effect extends rostrally to the level of the left maxillary canine and caudally to the level of the cribriform plate and right frontal sinus. The mass effect is predominantly hypoattenuating with enhancing borders. The hypoattenuating mass effect produces extensive right nasal turbinate destruction, causes a mass effect toward the left side, and signs of a contralateral invasion.

SEX

SF

AGE

12 Years

There is poorly defined multifocal lysis of the right dorsal cribriform plate with focal evidence of meningeal enhancement adjacently at the right frontal brain region and bulb olfactory.

The soft tissue hypoattenuating fluid material is seen completely obstructing the mass in the left nasal cavity and concurrent invasion of the right-side mass.

INTERPRETED BY

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

There is multifocal right-sided orbital, temporal, frontal septa, pterygoid, nasal, and palatine bone thinning and lysis. In addition, the right frontal bone is thickened and sclerotic.

There is fluid/soft tissue attenuation within the right frontal sinus that does not appreciably enhance the post-contrast images series.

HOSPITAL NAME

Veterinary Image Center

There is invasion of the mass through the right side, ipsilateral, ventral retrobulbar space. However, no signs of exophthalmia or bulbophthalmia.

Within the choana and rostral nasopharynx, a non-enhancing and mild enhancing fluid/soft tissue attenuation is partially obstructing the airway passage.

REFERRING VET

Dr. H. Lidin, DVM

There are multiple absent teeth, and severe horizontal and vertical bone loss along the maxillary and mandibular alveolar bone adjacent to the remaining teeth.

INVOICE

56737

There is mild enlargement of the right medial retropharyngeal lymph nodes.

There is mild enlargement of the mandibular lymph nodes.

DATE

2-14-23

There is a hypoattenuating fluid material ventrally in the right tympanic bulla. The left tympanic bulla is normal.



PATIENT No other abnormalities are identified.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Severe bilateral, more right sided, mass effect, chronic destructive rhinitis, and important quantity of fluid material accumulation. Differential diagnosis includes nasal neoplasia, for example, lymphoma or chondrosarcoma, fungal rhinitis with concurrent secondary bacterial rhinitis.
- Extension of the lesion to the right frontal sinuses and ipsilateral retrobulbar region.
- Cribriform multifocal osteolysis and focal encephalic enhancement, indicates an extension of lesion to the nervous system.
- Moderate fluid accumulation in choana and nasopharynx.
- Severe periodontal disease, and multiple absent teeth, likely concurrent oronasal fistula.
- Right side retropharyngeal and mandibular lymphadenopathy, reactive or metastatic.
- Mild right side otitis media.

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In this case, it is difficult to distinguish neoplasia (chondrosarcoma or lymphoma) from severe fungal rhinitis due to the severe destructive lesion, hypoattenuating fluid accumulation, and mass effect that is primarily in the right nasal cavity.

AGE

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Other less likely differential diagnosis includes nasal neoplasia such as squamous cell carcinoma. In some cases, an overlap exists between this differential diagnosis. Concurrent secondary nasal fluid accumulation and secondary bacterial contamination should be considered. The described neurological signs correlate to the visible affected bulb olfactory and frontal encephalic region.

INTERPRETED BY

Nasal flush biopsy is suggested for confirmation.

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

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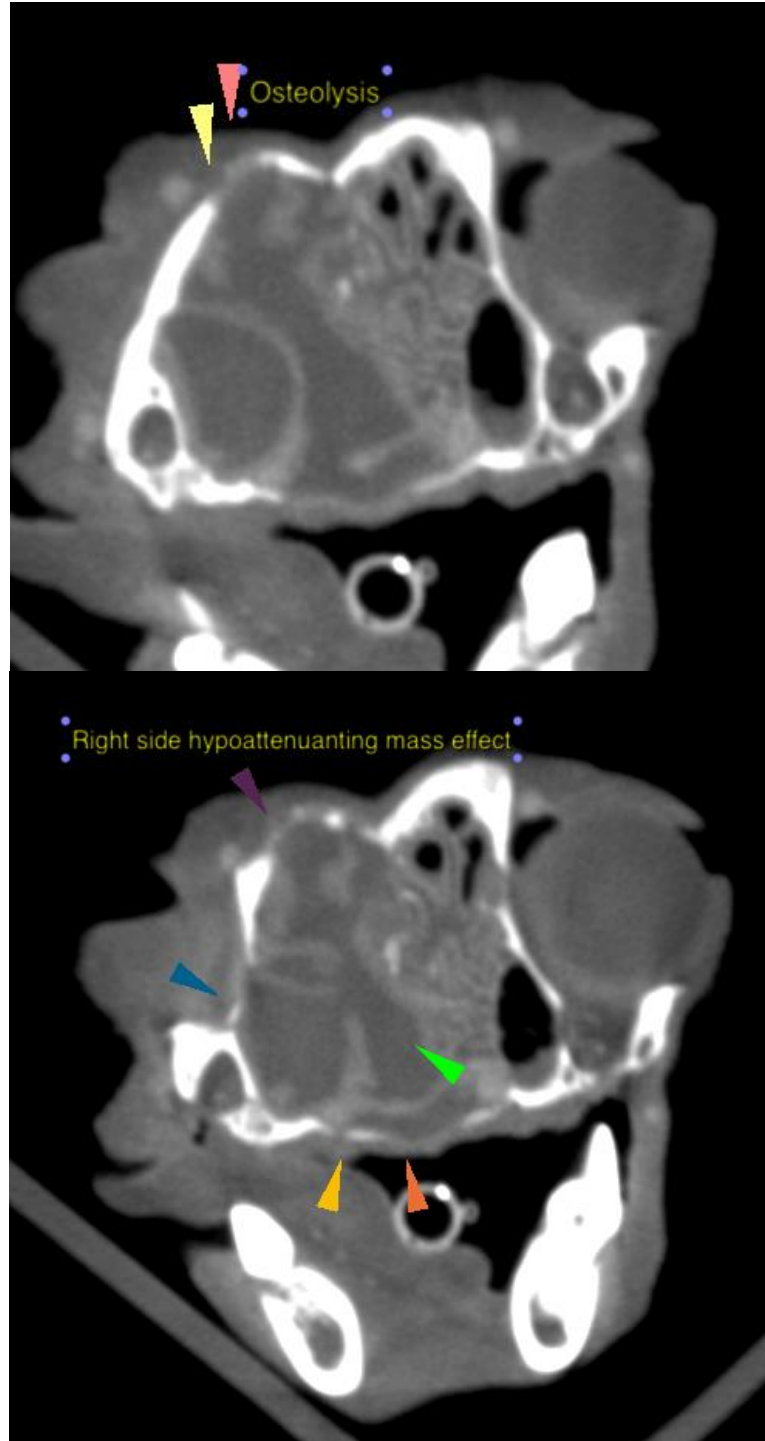
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com

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