



PATIENT

Sunflower Adams

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

11

WEIGHT

35

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary
Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

73818

DATE

2-18-26

PRESENTING CLINICAL SIGNS

- Presented for a history of epistaxis and congestion. No other clinical signs.

Abnormal PE/Chem/CBC/UA Results: elevated alt/alk

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX & ABDOMEN

A pre- and post-contrast CT study of the head, thorax and abdomen are provided for review totaling 4 series. One pre-contrast series of the head, bone algorithm. One post-contrast series of the head, soft tissue algorithm. One post-contrast series of the thorax, bone algorithm. One post-contrast series of the abdomen, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

A large, amorphous to multilobulated soft tissue-attenuating enhancing mass occupies the left nasal cavity, extending caudally from the level of Triadan 206 to the cribriform plate. The mass causes regional loss of turbinate architecture. At the level of the maxillary recess, it protrudes through the choana. Discrete foci of osteolysis are identified in the left nasal and frontal bones. Hypoattenuating fluid is present within the affected nasal cavity.

The cribriform plate and nasal septum remain intact.

The mass measures at least 6.5 × 3.4 cm. A second pedunculated soft tissue mass is present in the caudal region, protruding into the left frontal sinus, associated with fluid material.

The right nasal cavity is largely preserved; however, mild changes are suspected in the most caudal portion adjacent to the frontal sinus region. The right frontal sinus is otherwise unremarkable.

The pituitary gland is mildly enlarged and rounded, measuring approximately 8.2 × 7.9 mm.

No evidence of other intracranial mass effect or falx cerebri deviation is identified.

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

The globes and retrobulbar spaces are unremarkable.

Triadan 207, 301, and 401 are absent.

The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal and mandibular lymph nodes are unremarkable.

The mandibular salivary, parotid, and zygomatic glands are within normal limits.

THORAX



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The trachea and main bronchi are within normal limits.

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

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There is moderate reduction in pulmonary volume in the gravity-dependent regions, with peripheral consolidation foci more pronounced on the left side, consistent with passive pulmonary atelectasis.

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A few scattered subpleural hyperattenuating mineral foci are present, compatible with pulmonary osteomas.

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

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The heart and pulmonary vessels are within normal limits. Adequate post-contrast opacification is observed. Mild leftward cardiac displacement is noted, likely secondary to pulmonary volume changes and considered incidental.

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The pleural space, ribs, and diaphragm are unremarkable.

A large, elongated, homogeneous fat-attenuating mass is identified within the left thoracic wall, measuring approximately 19.4 × 4.2 cm.

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The caudal thoracic esophagus is distended, with mild cranial displacement of the cardia.

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ABDOMEN

A moderately sized, well-defined, hypoattenuating septated nodule is identified in the quadrate lobe of the liver, measuring approximately 2.4 × 2.9 cm. The remaining hepatic parenchyma is homogeneous and demonstrates uniform contrast enhancement. Liver size is within normal limits.

The hepatic lymph nodes are mildly enlarged, with normal contrast enhancement. The remaining abdominal lymph nodes are within normal limits.

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The gallbladder, cystic duct, and common bile duct are unremarkable.

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The kidneys are normal in size, shape, contour, and attenuation pre- and post-contrast. The renal pelvis and ureters are within normal limits.

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The urinary bladder is moderately distended with homogeneous hypoattenuating fluid and minimal contrast material. Wall thickness is normal.

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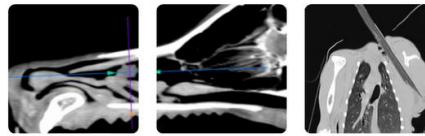
2-18-26

The spleen is homogeneous and normally enhancing, with normal size and shape.

The duodenum and small intestines are normally positioned and distended, without mural thickening or mass effect.

The colon and rectum contain gas and fecal material, with normal wall thickness.

The pancreas and adrenal glands are within normal limits.



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The serosal fat is unremarkable.

The uterus and ovaries are not identified, consistent with prior ovariohysterectomy.

At T13-L1, incomplete bridging spondylosis deformans is present.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large left nasal cavity mass extending from Triadan 206 to the cribriform plate, protruding through the choana and into the mildly at the left frontal sinus, associated with turbinate destruction and discrete focal osteolysis of the left nasal and frontal bones. Primary differential diagnoses include nasal neoplasia, such as adenocarcinoma, squamous cell carcinoma, or lymphoma.
- Left -side frontal sinusitis and/or mass effect infiltration.
- Mild enlargement of the pituitary gland. Differential diagnoses include pituitary adenoma or early-stage adenocarcinoma.
- Triadan 207, 301, and 401 are absent.
- Passive pulmonary atelectasis (likely anesthesia-related).
- The caudal thoracic esophagus is distended, and a cranial displacement of the cardia is noted. Possible hiatal hernia.
- Large homogeneous fat-attenuating mass within the left thoracic wall, most consistent with a lipoma.
- Well-defined hypoattenuating septated hepatic nodule in the quadrate lobe. Differential diagnoses include nodular hyperplasia, hepatic adenoma, cystic lesion, or primary hepatic neoplasia.
- Mild enlargement of hepatic lymph nodes (reactive versus early metastatic involvement).
- Incomplete bridging spondylosis deformans at T13-L1 (incidental degenerative change).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

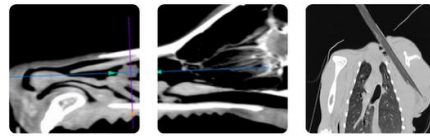
The tomographic findings of the nasal cavity reveal a large, left-sided nasal mass extending caudally toward the choana. The pattern of local destruction and soft tissue attenuation is most consistent with a malignant nasal neoplasm, such as adenocarcinoma, squamous cell carcinoma, or lymphoma, among other possibilities. However, given the overlap of tomographic features between nasal neoplasia and fungal rhinitis, the latter cannot be completely excluded.

Nasal flush biopsy or rhinoscopy with biopsies are recommended for definitive diagnosis.

Thoracic evaluation reveals no evidence of pulmonary metastatic disease. A hiatal hernia is identified. Correlation with clinical signs is recommended, and if clinically indicated, endoscopic evaluation should be considered.

A hepatic cystic nodule is detected. Abdominal ultrasound with possible fine-needle aspiration of the hepatic lesion for further characterization.

Due to the mild enlargement of the pituitary gland, endocrine evaluation is recommended if there is clinical suspicion of pituitary dysfunction.



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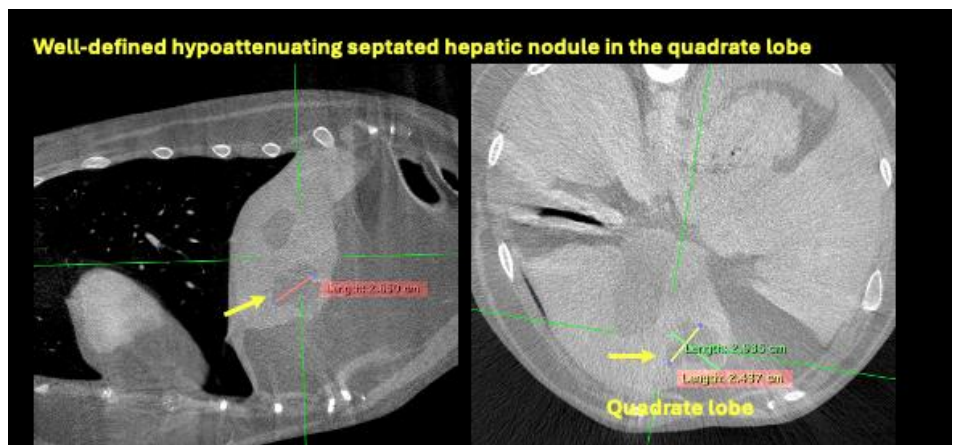
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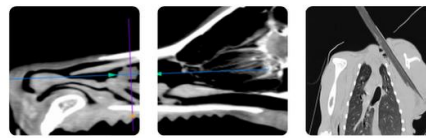
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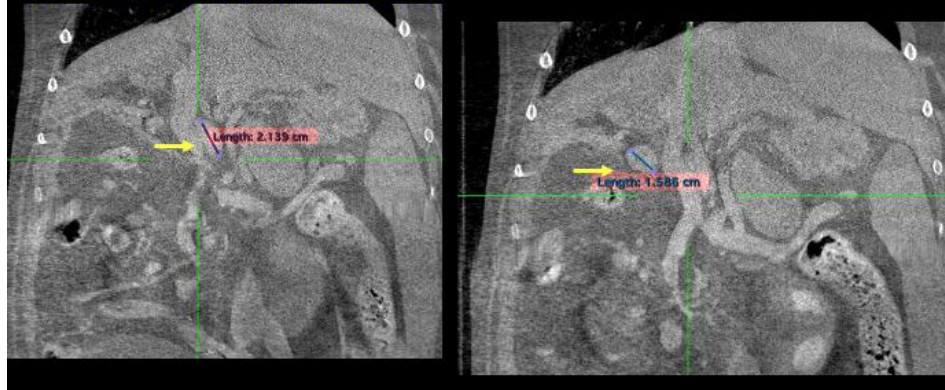
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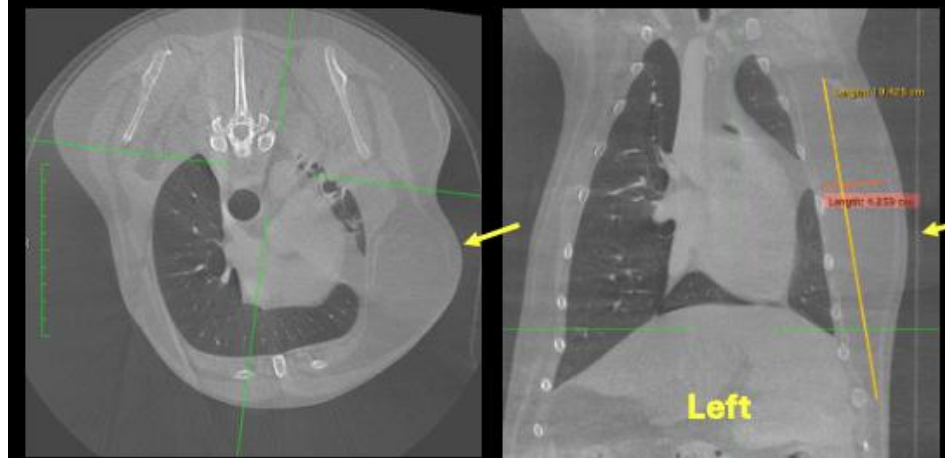
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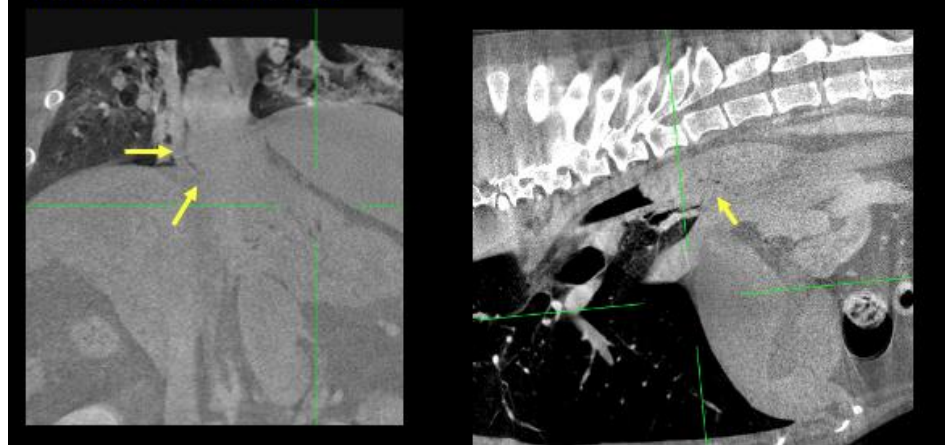
Mild enlargement of hepatic lymph nodes

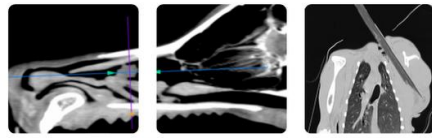


Large homogeneous fat-attenuating mass within the left thoracic wall



The caudal thoracic esophagus is distended, and a cranial displacement of the cardia is noted. Possible hiatal hernia





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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.

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