



PATIENT PRESENTING CLINICAL SIGNS

Lucy Rockett 11 yo FS labrador retriever presented for re-evaluation of nasal chondrosarcoma after receiving SBRT in July 2022. She is currently receiving dasatinib and prednisone.
 Abnormal PE/Chem/CBC/UA Results: On physical exam, patient had decreased air flow from right nasal passage.

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD AND THORAX

A pre- and post-contrast CT study of the head and thorax is provided for review. Two head series pre- and post-contrast media, and one thorax series post contrast media. The lateral markers are reverse on the on-skull series.

BREED

Labrador Retriever

Head & Cervical Soft Tissues

SEX

FS

AGE

11 Years

A soft tissue attenuating, and heterogeneously enhancing mass is seen within the right nasal cavity. The mass extends from the 3rd maxillary right PM (triadan 107) caudally throughout the cribriform plate. The mass is locally aggressive and causes multifocal lysis of the ipsilateral sphenoidal process of the palatine bone and perpendicular plate of palatine bone, as well as the cribriform plate. The mass measures approximately 6.92cm x 6.28cm x 2.76cm. The mass invades the choana and causes obstruction of approximately 70% of the airway pathway in some portions. Mild contralateral nasal septum shift is also identified. Severe nasal turbinate destruction/lysis is seen rostrally to the mass.

Mild to moderate contralateral (left side) nasal turbinate destruction is seen.

INTERPRETED BY

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

The nasopharynx is normal.

The hyoid apparatus is normal.

No evidence of retrobulbar invasion.

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The retropharyngeal and maxillary lymph nodes are normal.

The tympanic cavities and auditory canal are normal.

The temporomandibular joints are normal.

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Thorax

A gravity dependent interstitial and patchy alveolar pattern is seen, more prominent at the left side, with ipsilateral mediastinal shift and reduced pulmonary volume. There are a few hyperattenuating foci seen in the lung lobes. No evidence of pulmonary soft tissue nodules or masses.

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The cardiac silhouette and pulmonary vasculature are normal.

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

DATE

2-28-23

The pleural space and diaphragm are normal.

A small, elongated fat attenuating mass is seen at the left ventral border of the thoracic wall, and measures approximately 2.1cm x 1.9cm.



PATIENT The collimated abdomen is normal.

Lucy Rockett The musculoskeletal thoracic structures are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- SPECIES**
- Soft tissue mass with moderate aggressive biological behavior and secondary aggressive bone lysis within the right nasal cavity. Correlated to the patient history of chondrosarcoma.
- Canine
- Ipsilateral multifocal osteolytic lesion within the sphenoidal process of the palatine bone, perpendicular plate of palatine bone, and cribriform plate as well as invasion into the choana causing a partial obstruction of the airway pathway. However, no evidence of enhancement of the olfactory bulb.
- BREED**
- Concurrent destructive rhinitis, could be correlated to the SBRT side effect.
- Labrador Retriever
- Mild to moderate ventral interstitial to alveolar pattern and associated reduced volume of the lung - likely correlated to passive pulmonary atelectasis.
 - Few multifocal osteomas.
- SEX**
- No evidence of pulmonary metastatic disease of the aerated lung lobes.
 - Small ventral border thoracic wall soft tissue lipoma.

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE The persistent and moderately aggressive biological behavior of the nasal soft tissue mass correlates to the patient history of chondrosarcoma.

11 Years No evidence of pulmonary metastatic disease was found.

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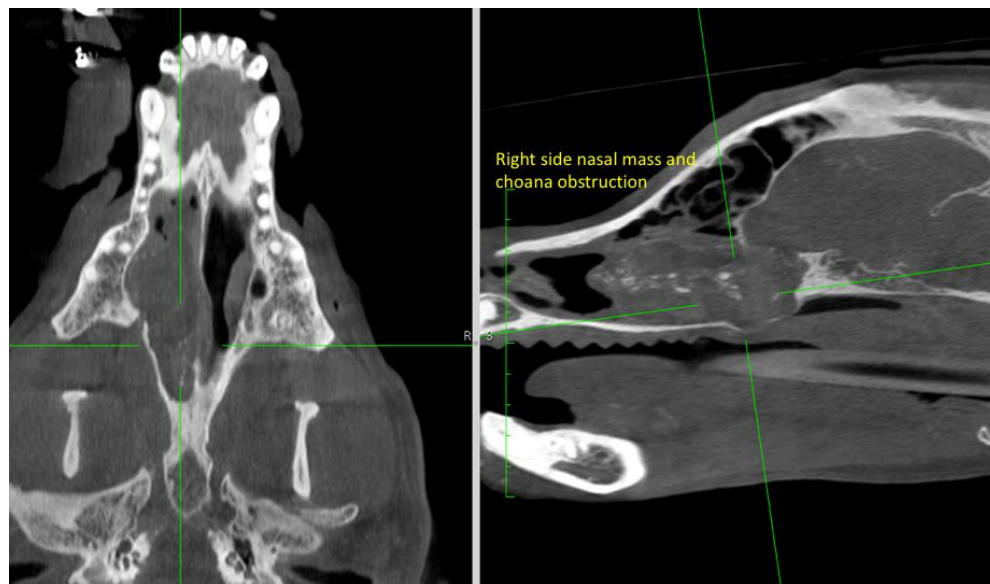
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PATIENT

Lucy Rockett

SPECIES

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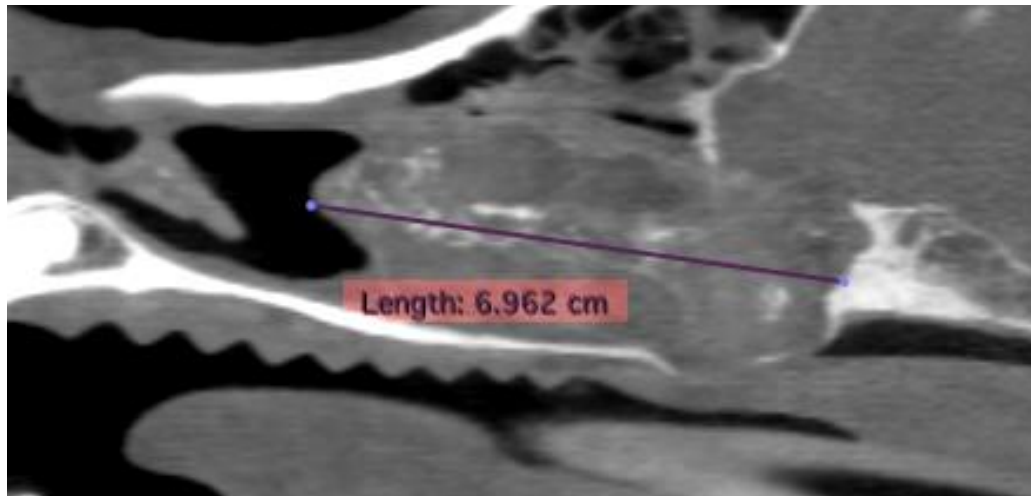
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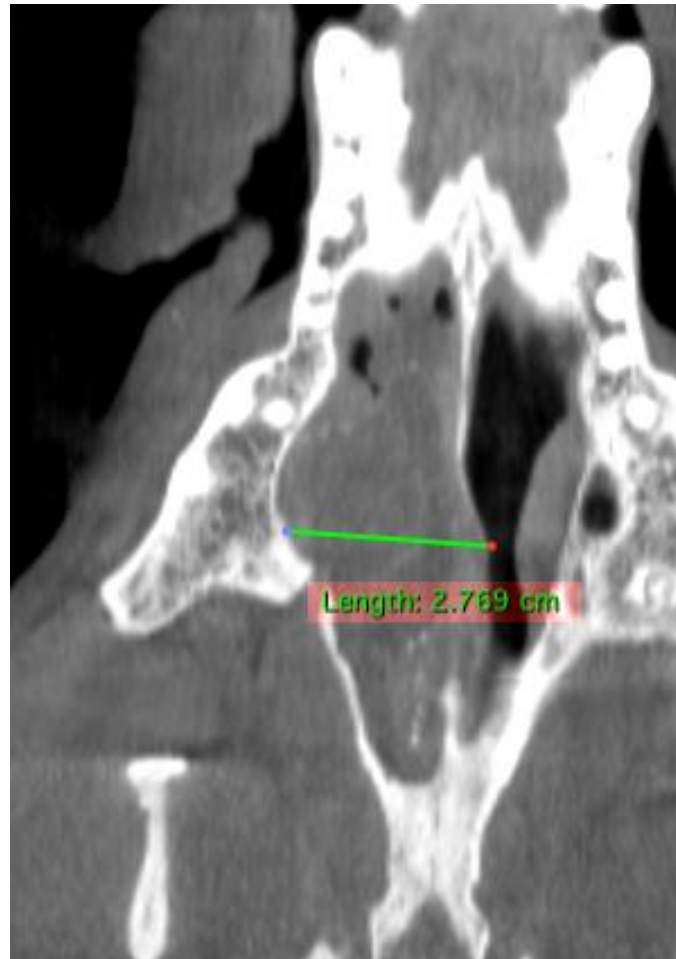
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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