



**PATIENT PRESENTING CLINICAL SIGNS**

Scout Steinhardt Patient presented for evaluation of left-sided epistaxis and mucopurulent discharge. On physical exam, patient had severe mucositis and dental disease with labored breathing (suspect secondary to severe upper respiratory congestion) and normal thoracic radiographs. Skull radiographs revealed increased soft tissue opacity within left nasal sinus.

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Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD.**

**BREED**

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.

Golden Doodle

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

MN

**AGE**

13 Years

A soft tissue attenuating mass within the left and right nasal cavities is seen. The mass extends rostrally to the level of the maxillary canines to the cribriform plate. The mass is heterogeneously enhancing, causing a more extensive lesion on the left side; however, in the rostral portion of the mass, a contralateral mass effect is also seen with concomitant septum deviation. Concurrent nasal turbinate destruction is seen bilaterally, more extensive on the left side. The mass measures approximately 8.0cm in length x 2.0cm wide and almost completely fills the right nasal cavity. The mass and non-attenuating material/fluid is seen adjacent and within the mass and causes complete obstruction of the left nasal cavity and partial bilateral obstruction of the right nasal cavity. The right-side cribriform plate is interrupted, and focal enhancement is seen at the ipsilateral olfactory bulb.

The left frontal sinus is completely filled with hypoattenuating fluid material.

**INTERPRETED BY**

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

In addition, there is widespread poorly defined lysis of multiple facial bones, such as the nasal bone, maxilla, right and left palatinal, right side orbital plane of the palatine bone, right horizontal plate of the palatine bone, and associated hyperostosis of the right frontal bone.

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The right side sphenoidal plate is also interrupted, and the mass protrudes into the choana and obstructs approximately 70% of the nasal airway passage in some portions.

No evidence of retrobulbar invasion.

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There is variable horizontal and vertical bone loss along the teeth. A more exacerbated focal osteolytic lesion is noted adjacent to the triadans 208, 207 and 108.

Mild to moderate enlargement of the right and left medial retropharyngeal and mandibular lymph nodes is noted, more exacerbated at the left side. The lymph nodes present mild to moderate heterogeneous attenuation.

**INVOICE**

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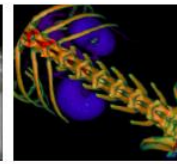
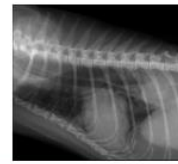
The tympanic cavities and auditory canal are normal.

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2-28-23

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Soft tissue mass with aggressive biological behavior and secondary aggressive bone lysis in multiple adjacent bones within the left and partially on the right nasal cavities, concurrent lysis of left-side cribriform, focal olfactory bulb infiltration, and left frontal sinusitis. Differential


**PATIENT**

diagnosis includes adenocarcinoma, other neoplasms such as squamous cell carcinoma, lymphosarcoma, or less likely soft tissue sarcoma.

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- Concurrent fluid-filled accumulation (hemorrhage/serous fluid) and/or secondary rhinitis in both nasal cavities.
- Left-sided sinusitis and/or fluid accumulation.

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- Moderate, more left sided, retropharyngeal and mandibular lymphadenopathy, metastatic.
- Moderate periodontal disease, possible tooth root abscess adjacent to 208, 207, and 107.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**
**BREED**

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The CT study reveals a nasal soft tissue mass with osteolytic extension, cribriform interruption, and focal meningitis. Biopsy is needed for a definitive diagnosis. The mass is nonresectable. The long-term prognosis is poor.

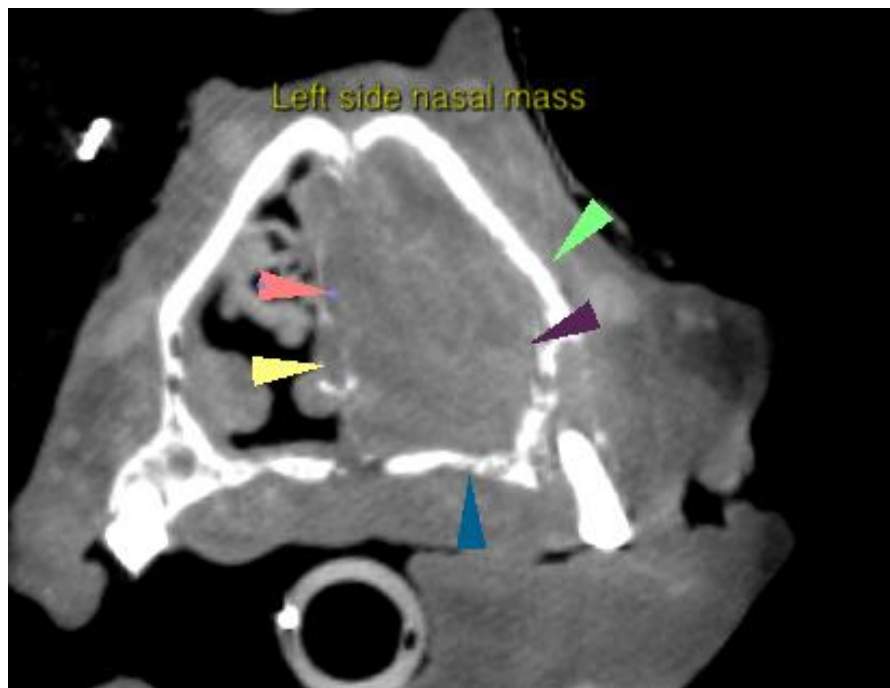
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Concurrent secondary nasal fluid accumulation and secondary bacterial/fungal contamination should be considered. Moderate periodontal disease associated to the dental/oral exam.

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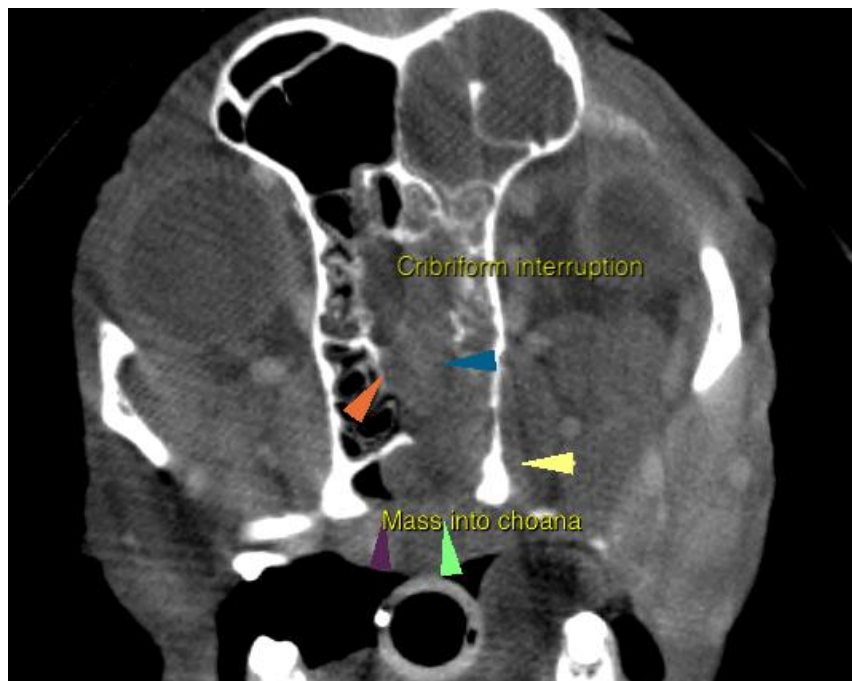
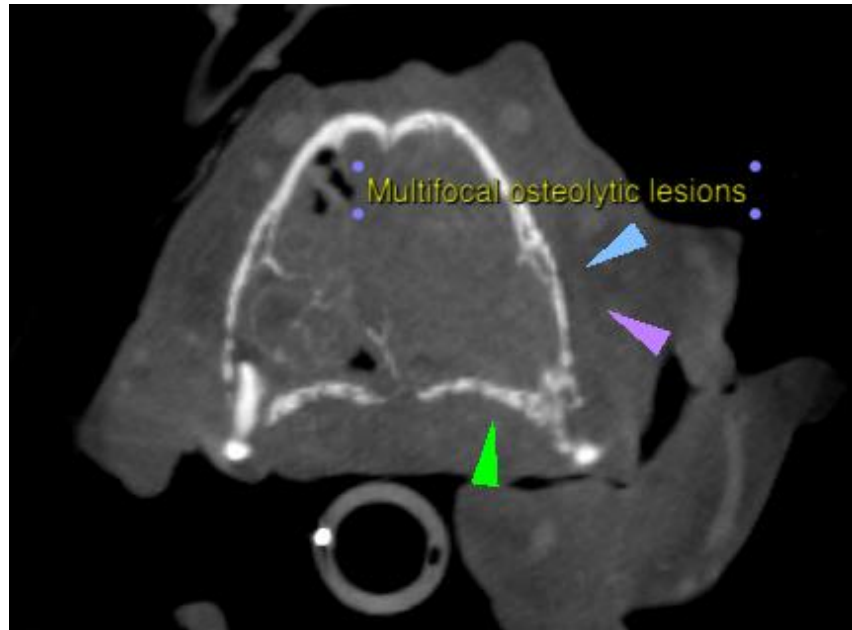
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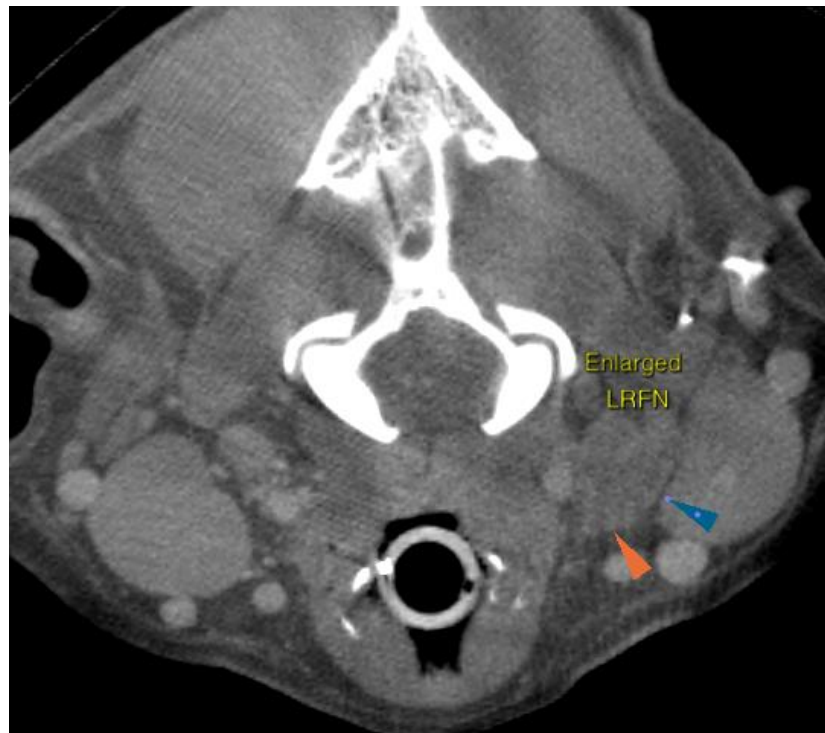
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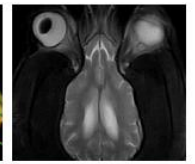
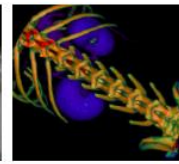
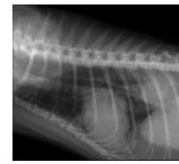
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Scout Steinhardt

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.

**BREED**

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

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