



## PATIENT

Max Rogalny

## SPECIES

Canine

## BREED

Mix

## SEX

MN

## AGE

2Y

## WEIGHT

23.7kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Amanda Causey

## HOSPITAL NAME

Veterinary Specialty  
Hospital

## REFERRING VET

Dr. Roque-Torres,  
DVM, MS, DACVIM

## INVOICE

73631

## DATE

2-5-26

## PRESENTING CLINICAL SIGNS

- On January 19, 2026, as the owners returned home from a trip, they noticed Max's eyes looked abnormal. His left eye was swollen and his right eye had discharge. They started antibiotic eye drops they had at home.
- The next day on January 20, 2026, they found a large lump between his eyes. They called their veterinarian on January 21st, but they couldn't see Max until January 22nd, so they took him to urgent care. The urgent care performed skull x-rays which showed no bone involvement. They attempted to collect a sample from the lump with a needle (FNA), but nothing came out. They prescribed an antibiotic and an anti-inflammatory medication (NSAID).
- After seven days on these medications, Max showed no improvement. Since approximately January 29-30, 2026, Max has been lethargic with minimal appetite. The owner has noticed more lumps on his neck with scabbing and deeper lumps on his body. He has developed bleeding from the left nostril only, excessive drooling, and now blood appears to be coming from his mouth.
- On February 2, 2026, Max's rDVM examined him and performed blood work. He started Max on enrofloxacin, but he has not shown improvement. The rDVM indicated that the blood work was good except for a slightly elevated white blood cell count. He expressed concern that something is obviously wrong with Max but was unsure of the cause, recommended referral to an internal medicine specialist.

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head are provided for review totaling 2 series. One pre-contrast series of the head bone algorithm. One post-contrast series of the head, bone algorithm.

## COMPUTED TOMOGRAPHIC FINDINGS

A large, multiloculated, infiltrative soft tissue mass is present in the facial region, predominantly affecting the left side. The mass effect appears centered on the body of the left maxilla, with extensive infiltration into multiple adjacent structures, including the left zygomatic bone, left periocular and retrobulbar spaces, and the left nasal cavity. The lesion also extends into the dorsal and rostral soft tissues of the face.

There are extensive aggressive osseous changes associated with the mass, characterized by a moth-eaten osteolysis and multiple dispersed cortical lytic foci affecting the left maxilla, particularly at the level of teeth Triadan 207, 208, and 209. Similar osteolytic lesions are involving the nasal bone. Also, with concurrent palisading new bone formation.

Within the left nasal cavity, the mass causes marked loss of normal turbinate architecture and is associated with intranasal mass and fluid accumulation.

In the left retrobulbar space, the mass causes disruption of normal soft tissue anatomy, with loss of definition of the pterygoid muscles, lateral extraocular muscles, and the left zygomatic salivary gland. The mass effect distorts the caudal aspect of the left globe, resulting in left-sided exophthalmos. Due to its multilobulated configuration and extensive infiltration, precise measurement of the mass is not feasible.

The right globe and right retrobulbar space are within normal limits.



## PATIENT

The frontal sinuses are unremarkable.

Max Rogalny

The cribriform plate is intact.

## SPECIES

The oropharynx and nasopharynx are within normal limits.

Canine

There is no evidence of intracranial mass effect, falx cerebri deviation, or ventriculomegaly.

## BREED

The Triadan 308, 407, and 408 are absent.

Mix

The temporomandibular joints are bilaterally congruent.

## SEX

The mandibular lymph nodes are enlarged and rounded.

MN

The medial retropharyngeal lymph nodes are within normal limits.

## AGE

The mandibular, parotid, and right zygomatic salivary glands are unremarkable.

2Y

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

## WEIGHT

23.7kg

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large, aggressive, multiloculated, infiltrative soft tissue mass centered on the left maxilla, with extensive invasion of the left nasal cavity, retrobulbar and periocular spaces, zygomatic region, and facial soft tissues, associated with marked aggressive osteolysis and reactive new bone formation. Differential diagnoses include aggressive neoplasia (e.g., squamous cell carcinoma, sarcoma, osteosarcoma, chondrosarcoma).
- Left-sided intranasal involvement with turbinate destruction, consistent with locally aggressive disease.
- Left-sided exophthalmos secondary to retrobulbar invasion.
- Mandibular lymphadenomegaly, compatible with reactive lymphadenitis or metastatic disease.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings indicate a severe, aggressive, and locally invasive facial mass, most consistent with a malignant neoplastic process originating from or centered on the left maxilla, with extensive osseous destruction, nasal invasion and soft tissue invasion.

Given the extensive local invasion involving the nasal cavity and retrobulbar space, surgical options may be limited. Definitive diagnosis requires tissue sampling, and image-guided biopsy of the mass and/or mandibular lymph nodes are recommended. Histopathology is essential for tumor classification and treatment planning.

Referral to oncology is advised for further staging, including thoracic imaging and cytologic or histologic confirmation.



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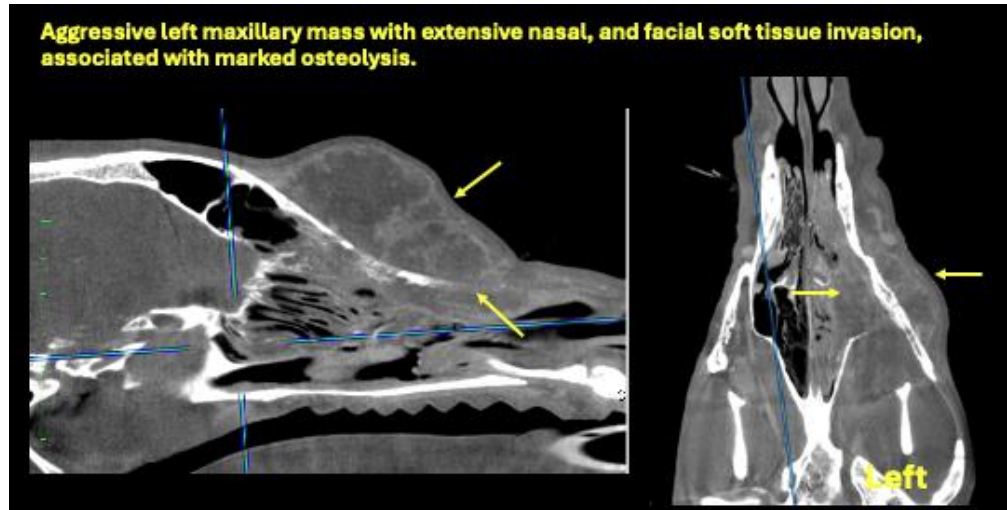
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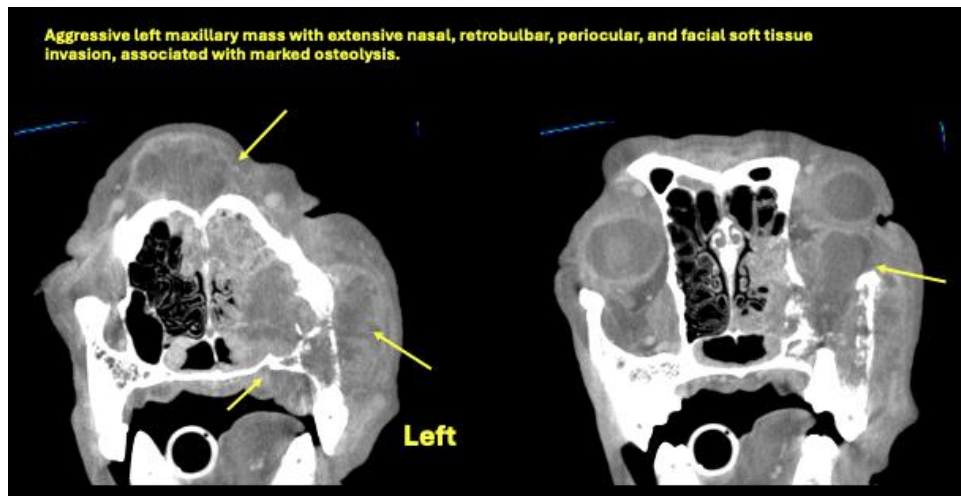
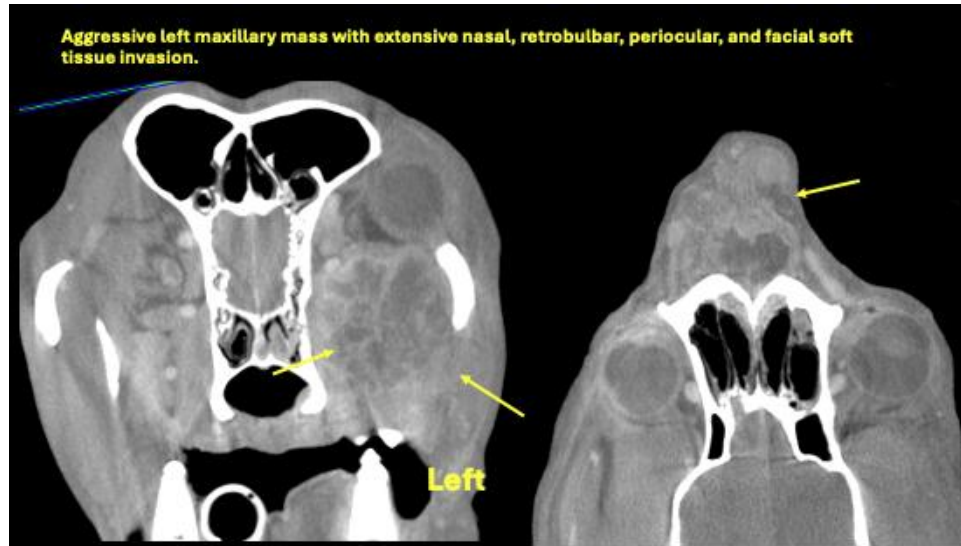
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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