



## PATIENT

Millie Eizkhoff

## SPECIES

Canine

## BREED

French Bulldog

## SEX

FS

## AGE

9Y

## WEIGHT

37lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Tina Lynn,  
CVT/George  
Eales, DVM

## HOSPITAL NAME

Green Prairie Animal  
Hospital

## REFERRING VET

Animal Medical  
Center-Litchfield

## INVOICE

74232

## DATE

3-17-26

## PRESENTING CLINICAL SIGNS

- Epistaxis left side, increases with stress will occ have some from right side and if really stressed with have blood from left eye
- Had a fractured canine and abscessed PM4 extracted but no change in epistaxis

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head is provided for review totaling 3 series. One pre-contrast series of the head soft tissue algorithm. One pre-contrast series of the head bone algorithm. One post-contrast series of the head, bone algorithm.

## COMPUTED TOMOGRAPHIC FINDINGS HEAD

The left nasal cavity is completely filled with mixed attenuation material, producing a mass-like effect and associated with moderate regional loss of turbinate architecture. The lesion extends caudally into the choana. There is no evidence of nasal septal destruction, paranasal bone lysis, or radiopaque foreign material.

The cribriform plate remains intact.

The left frontal sinus is filled with hypoattenuating material. The frontal sinuses are overall rudimentary.

No evidence of oronasal fistula is identified, including at the level of the absent Triadan 204; the alveolar bone in this region appears osteopenic and thinning, but without clear communication.

Multiple teeth are absent (Triadan 108, 204, 207, 208, 310, 311, 405, 410, 411), with a small, retained root fragment at Triadan 108. A maxillary incisor supernumerary tooth is noted.

The soft palate is diffusely thickened, consistent with brachycephalic conformation. The nasopharynx is otherwise unremarkable.

The globes and retrobulbar spaces are within normal limits.

No intracranial mass effect is identified.

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

The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal and mandibular lymph nodes are within normal limits.

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

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Complete filling of the left nasal cavity by a mass-like mixed attenuation material with associated regional turbinate loss and mild extension into the choana. Differential diagnoses



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include nasal neoplasia (e.g., carcinoma, adenocarcinoma, lymphoma), chronic fungal rhinitis, severe chronic inflammatory rhinitis with secondary turbinate destruction

- Left frontal sinus fluid accumulation, likely secondary to obstruction of normal drainage.
- Multiple missing teeth and focal retained root fragment (Triadan 108), without evidence of clear oronasal fistula.
- Brachycephalic soft palate elongation/thickening (incidental).

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings demonstrate a unilateral, fluid filled and mass-like lesion occupying the left nasal cavity, associated with moderate regional turbinate destruction, which is most concerning for a neoplastic process. Although no significant osseous lysis is identified, early-stage neoplasia cannot be excluded. Chronic fungal rhinitis or severe inflammatory rhinitis remain differential considerations. There is no evidence of oronasal fistula, including at the level of the absent Triadan 104; however, underlying alveolar bone pathology in this region cannot be entirely excluded and may contribute to or exacerbate the nasal disease.

Extension into the choana and associated frontal sinus involvement likely reflect obstruction of normal airflow and drainage.

Rhinoscopy with biopsy has already been performed. Correlation of the histopathological results with the computed tomographic findings may help to further narrow down the differential diagnosis and reach a definitive diagnosis.

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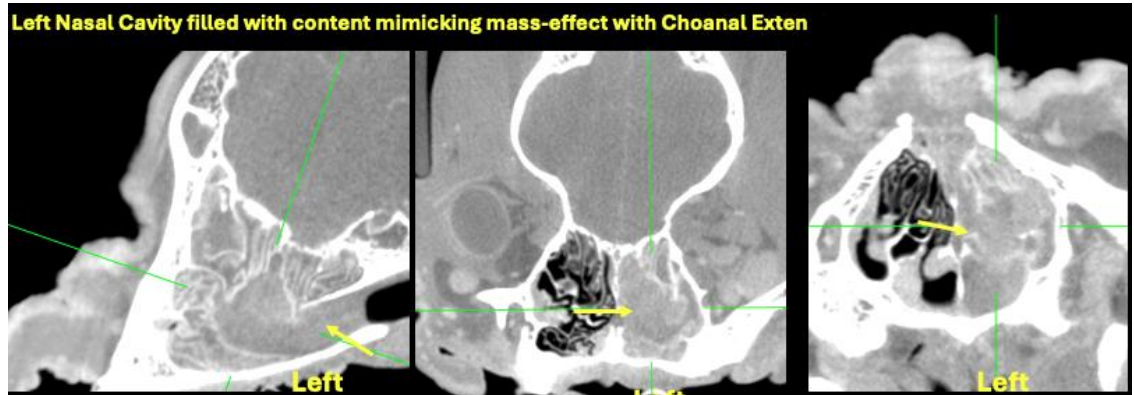
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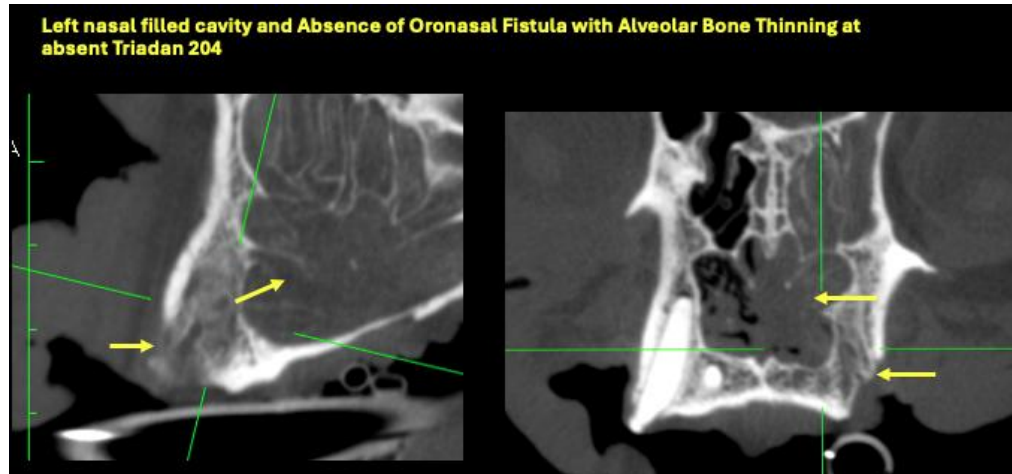
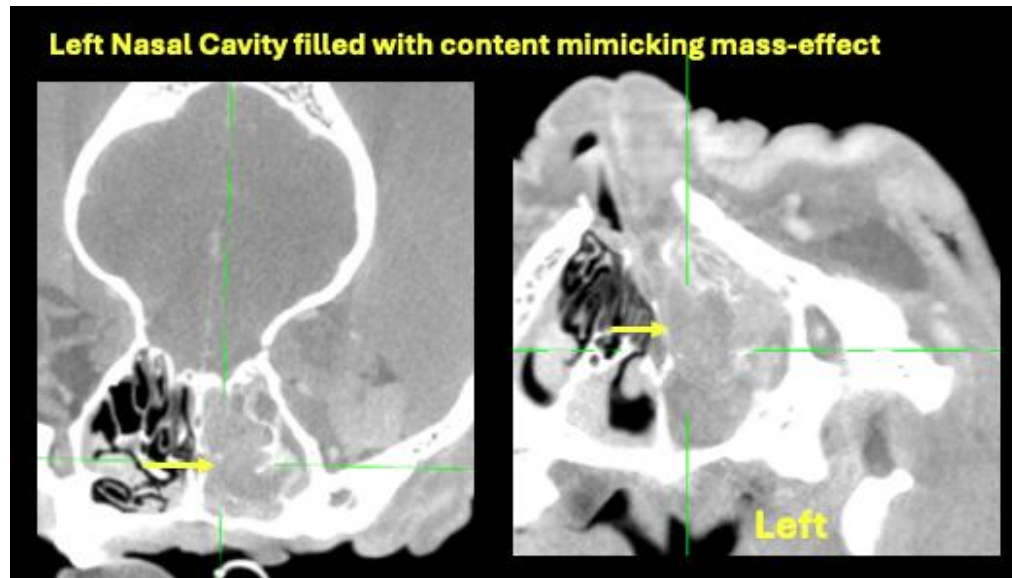
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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