



PATIENT

Bubbles Salyer

SPECIES

Canine

BREED

Chihuahua

SEX

Female

AGE

8Y

WEIGHT

8.8lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Veterinary Dental
Services

HOSPITAL NAME

AOSN Boxborough

REFERRING VET

Hannah Kaplan

INVOICE

74429

DATE

3-24-26

PRESENTING CLINICAL SIGNS

- CBCT performed today 3/24/2026 for routine dental imaging and cleaning
- Incidental finding of hyperattenuating lesion within the right nasal cavity
- CBCT previously performed 1/22/2025 and this lesion was not present
- Patient does sneeze and had history of Right sided Oronasal Fistula that was repaired a few years ago at the site of the missing 104
- Physical exam today was all within normal limits
- Oral cavity did not have any changes to the hard or soft palate

Abnormal PE/Chem/CBC/UA Results: N/A

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A non-contrast CT study of the head is provided for review totaling 2 series. Dorsal reformat, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

There is a moderately sized, rounded to multilobulated, well-defined hypodense mass located within the mid-caudal portion of the right nasal cavity. The lesion is broadly associated with the nasal septum and results in mild regional loss of turbinate detail. It measures approximately 1.2 × 0.7 × 0.3 cm. No evidence of paranasal bone lysis, hyperostosis, or aggressive osseous changes is identified. No radiopaque foreign material is observed*.

The remaining nasal cavities are air-filled with preserved turbinate architecture.

The cribriform plate is intact.

At the level of the previously absent Triadan 104, there is a small osseous defect between the oral and nasal cavities, separated by a thin, soft tissue margin, measuring 2.9 mm wide. The adjacent nasal cavity appears unremarkable.

Multiple teeth are absent. The remaining teeth (Triadan 205, 305, 405, 408, and 409) are present. There is mild, diffuse alveolar bone loss affecting the maxilla and mandible. Edentulous regions are smooth without aggressive features.

The oropharynx and nasopharynx are within normal limits, noting relatively reduced choanal diameter, likely conformational (breed-related).

The frontal sinuses are rudimentary.

The temporomandibular joints are incongruent.

A small persistent open fontanelle is noted in the dorsal calvarium (incidental).

The globes and retrobulbar spaces are unremarkable.

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

No intracranial mass effect is identified.



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The right medial retropharyngeal lymph node is mildly enlarged. The mandibular lymph nodes are within normal limits. The left medial retropharyngeal lymph node is not included in the field of view.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right nasal cavity, mid-caudal region: well-defined hypoattenuating mass associated with the nasal septum, causing mild turbinate loss, without evidence of aggressive bone involvement. Differential diagnoses include chronic hematoma, inflammatory polypoid lesion, granuloma or dense mucoid accumulation, less likely early-stage nasal neoplasia.
- Small residual oronasal defect at the site of previous fistula repair (Triadan 104 region), without associated aggressive changes or adjacent rhinitis.
- Mild reactive enlargement of the right medial retropharyngeal lymph node.
- Incidental findings: rudimentary frontal sinuses, open fontanelle, and temporomandibular joint incongruity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The identified lesion within the right nasal cavity is small, well-defined, and non-aggressive in appearance, with no associated osseous destruction. The primary differential diagnoses include chronic hematoma, inflammatory polypoid lesion, granuloma, or dense mucoid accumulation, particularly considering the patient's history of previous dental treatment and the non-aggressive appearance of the adjacent structures. However, early-stage nasal neoplasia cannot be completely excluded.

Overall, the imaging features favor a benign lesion, with inflammatory or polypoid conditions considered more likely. Nevertheless, CT appearance alone is insufficient for definitive characterization. Given the patient's small size, rhinoscopic evaluation with targeted biopsy may be technically challenging, although it would remain the most appropriate method for definitive diagnosis. Nasal flush and cytologic evaluation may also be considered as adjunct diagnostic approaches. Alternatively, if no associated clinical signs are present, serial imaging follow-up in approximately 30–60 days may be considered to assess for interval progression.

The region of the previously repaired oronasal fistula demonstrates a small residual defect; however, there is no direct tomographic evidence that the nasal lesion arises from this site.

TECHNICAL COMMENTS

*Only a non-contrast series was provided for review, which limits the evaluation of soft tissue structures and further reduces the ability to exclude small or low-radiopacity foreign bodies.



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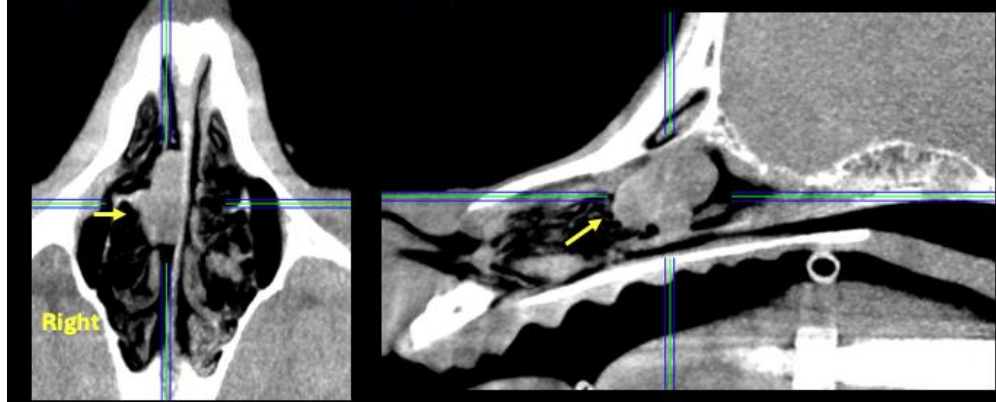
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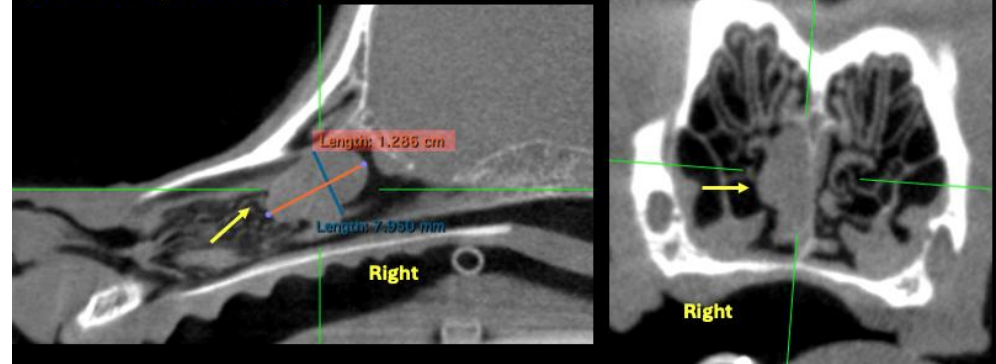
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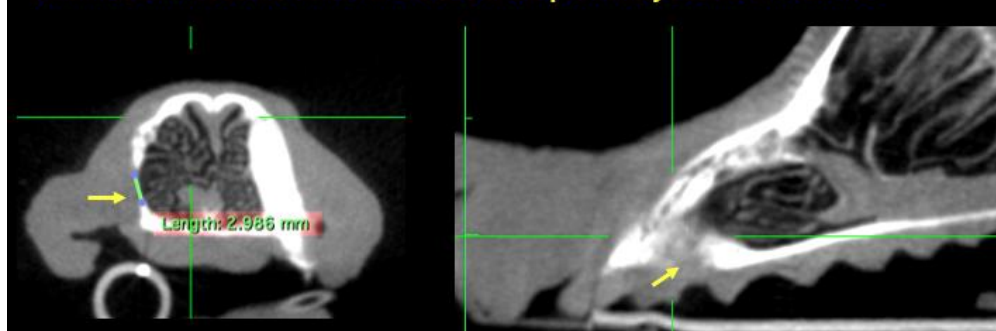
Moderately sized, rounded to multilobulated, well-defined hypoattenuating mass within the mid-caudal portion of the right nasal cavity



Moderately sized, rounded to multilobulated, well-defined hypoattenuating mass within the mid-caudal portion of the right nasal cavity



Small residual osseous defect at the site of the previously absent Triadan 104





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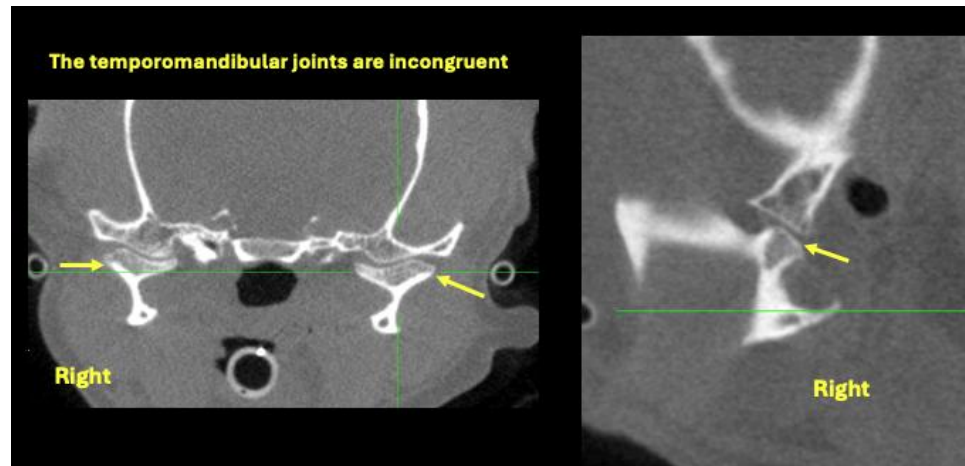
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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