



PATIENT PRESENTING CLINICAL SIGNS

Abby Porreca Presented for a 1-2 month hx of right sided nasal discharge which is sometimes bloody. About 1 year ago had developed a lump under right side of neck and lost her vision. She was treated with a course of steroids and everything returned to normal.

SPECIES Abnormal PE/Chem/CBC/UA Results: Normal

Canine **COMPUTED TOMOGRAPHIC STUDY OF THE HEAD AND THORAX**

BREED A pre- and post-contrast CT study of the head, and a post-contrast study of the thorax are provided for review. One pre-contrast series of head, one post-contrast series of the head, one post-contrast series of the thorax.

Mixed

COMPUTED TOMOGRAPHIC FINDINGS

SEX Head

FS There is a soft tissue hypoattenuating mass effect within the right nasal cavity. The soft tissue mass effect extends rostrally to the level of the right maxillary canine and caudally to the level of the cribriform plate and right frontal sinus. The mass effect is mixed attenuation, however, with predominantly hypoattenuating and enhancing borders. The hypoattenuating mass effect produces extensive right nasal turbinate destruction, causes a mass effect toward the left side, and shows signs of a mild contralateral invasion. There is poorly defined multifocal lysis of the right dorsal cribriform plate with focal evidence of regional meningeal enhancement adjacently at the right side olfactory bulb. There is multifocal right-side orbital, frontal septa, pterygoid, nasal, and palatine bone thinning and lysis. In addition, the right frontal bone has mild thickening and sclerosis. There is fluid/soft tissue attenuation within the right frontal sinus that does not appreciably enhance the post-contrast image series. There is invasion of the mass through the right side, ipsilateral, ventral, and medial retrobulbar spaces and mild exophthalmia as well as invasion of the mass through the right-sided choana and partial obstruction of the airway passage, also with an oronasal communication.

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INTERPRETED BY

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

All teeth are present. A mild horizontal and vertical bone loss along the maxillary and mandibular alveolar bones is seen. But a regional lysis and bone reabsorption are seen surrounding the triadan 108, 109 and 110, adjacently to the hypoattenuating soft tissue nasal mass invasion.

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There is mild enlargement of the right medial retropharyngeal lymph node.
The mandibular lymph nodes are normal.

REFERRING VET

Dr. Runde

The tympanic bullae and external auditory canal are unremarkable.
The temporomandibular joints are congruent.

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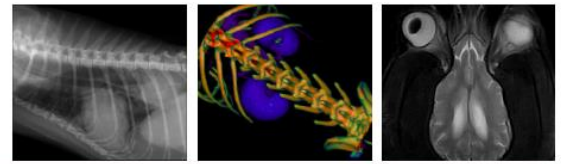
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Thorax

The trachea and main bronchus are normal.
A few multifocal, small foci of mineralization of the bronchi at the lung lobe periphery are seen, incidental.

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PATIENT The remainder of the pulmonary parenchyma is normal in attenuation. No pulmonary nodules are seen.

Abby Porreca The pleural space and mediastinum are normal.

SPECIES No evidence of enlarged mediastinal lymph nodes.

Canine The diaphragm and thoracic wall are normal.

Normal collimated abdomen.

BREED **COMPUTED TOMOGRAPHIC DIAGNOSIS**

Mixed • Severe right sided nasal cavity mass effect, almost completely occupying this nasal cavity, concurrent ipsilateral destructive rhinitis. Differential diagnosis includes neoplasm, for example, nasal adenocarcinoma, chondrosarcoma, lymphoma, or others.

SEX • Extension of the lesion to the ipsilateral retrobulbar space, oronasal communication adjacent to the triadan 108, 109 and 110,

FS • Concurrent right side frontal sinusitis, and because of the retrobulbar infiltration, mild ipsilateral exophthalmia.

AGE • Right side cribriform multifocal osteolysis and focal encephalic enhancement, indicates small portion of meningeal infiltration.

5 • Mild multifocal periodontal disease.

• Right side retropharyngeal lymphadenitis, reactive or metastatic.

• Few broncholithiasis, or osteomas, incidental.

• No evidence of pulmonary metastatic disease or mediastinal lymphadenopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An aggressive mass effect with cribriform plate interruption, retrobulbar invasion, and oronasal communication, mainly the right side, causing obstruction of the airway passage is seen. The differential diagnosis includes different types of neoplasia, such as adenocarcinoma, squamous cell carcinoma, lymphoma, chondrosarcoma. A biopsy is required for diagnosis. These findings can explain the clinical history of the patient.

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Concurrent secondary nasal fluid accumulation and secondary bacterial contamination should be considered.

Nasal flush biopsy is suggested for confirmation. The long-term prognosis is poor.

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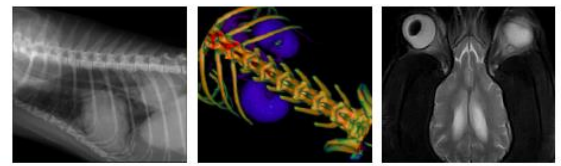
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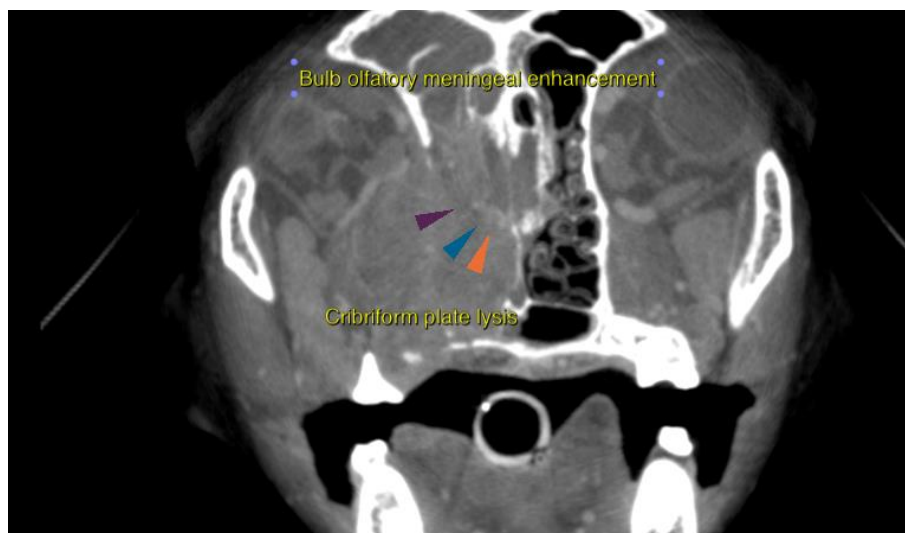
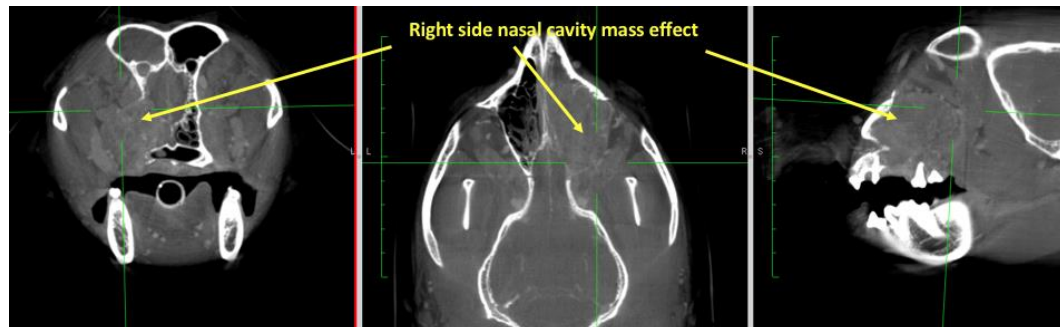
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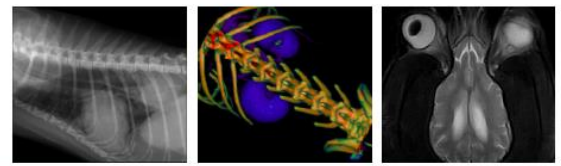
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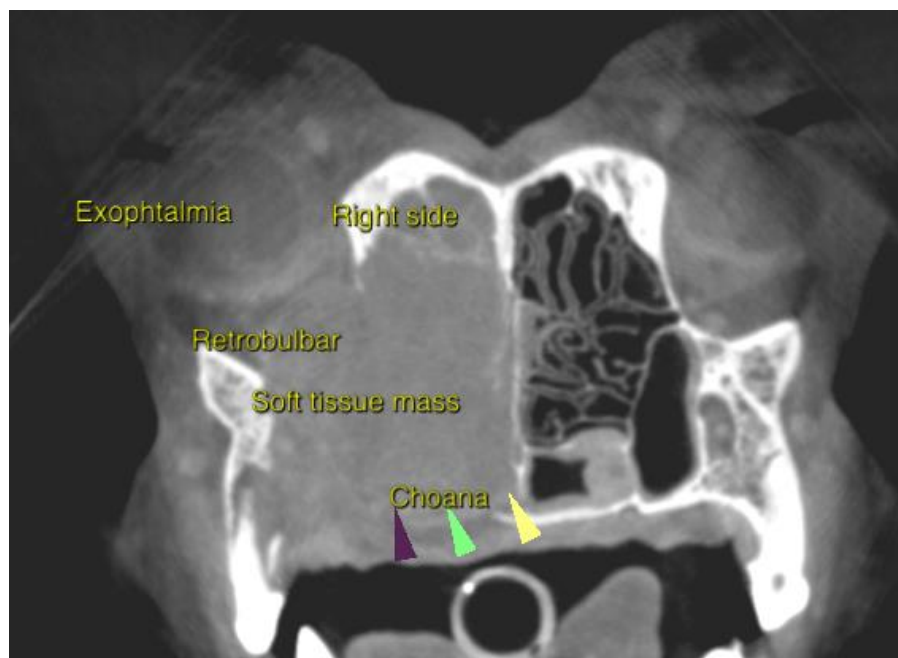
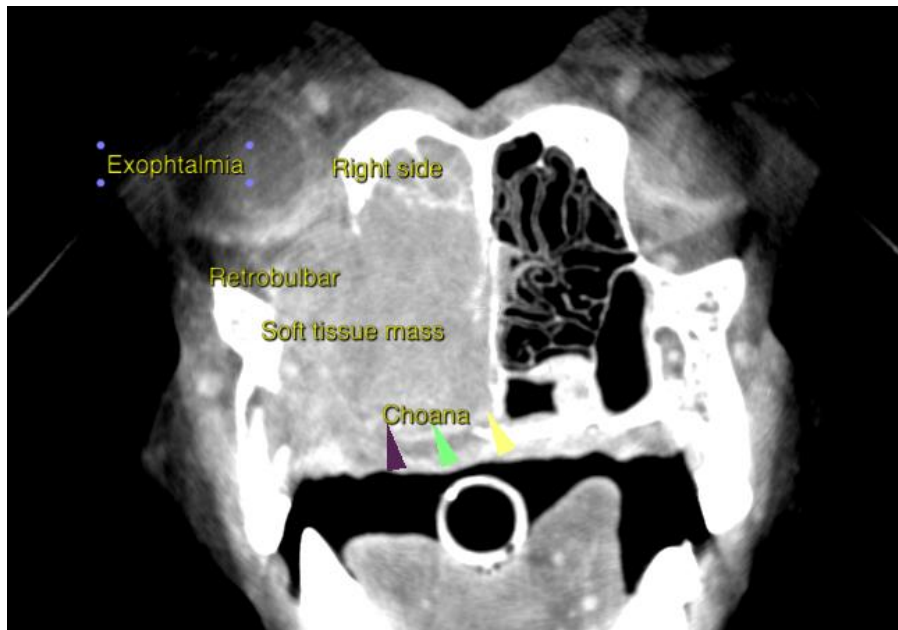
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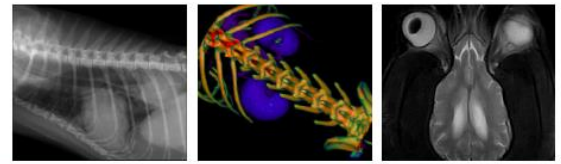
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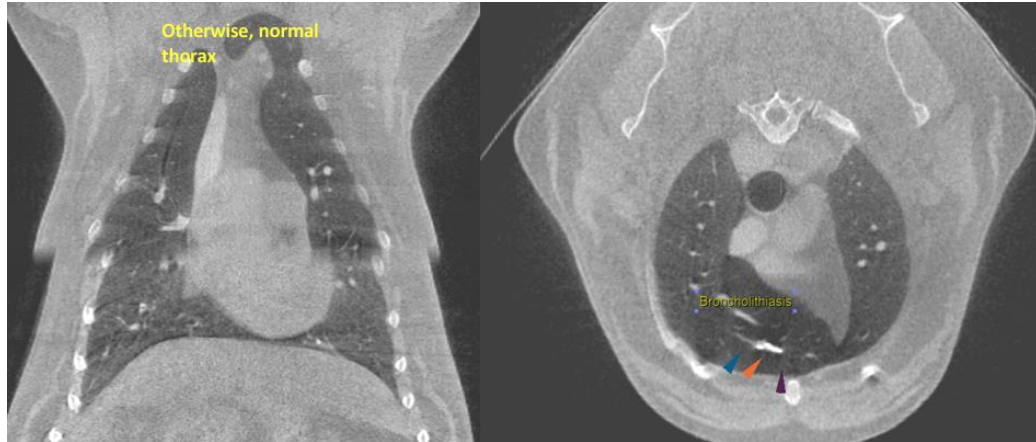
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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