



PATIENT

Schatz Turner

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

3

WEIGHT

48kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary
Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

74608

DATE

4-15-26

PRESENTING CLINICAL SIGNS

1 month ago had annual checkup - had runny eyes/nose - was put on allergy medications - started noting swelling in right submandibular ln - 1 week later noted mass on upper gum - had a dental the following day and had multiple teeth removed and biopsies were taken (not available at time of appointment) by RDVM. Has been having a lot of right epistaxis since the dental extraction. There is also a lot of mucous draining out. Swelling in neck has come down. Came out of Florida/Georgia area. Abnormal PE/Chem/CBC/UA Results: HCT 35.5, mon 1.16, eos 1.27, glob 4.8,

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Pre- and post-contrast CT examination of the head and thorax. Four series were reviewed, including pre-contrast and post-contrast head (bone algorithm) and post-contrast thoracic series.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

There is an extensive, aggressive soft tissue mass centered in the right nasal cavity, involving multiple adjacent compartments including the nasal cavity, maxillofacial bones, retrobulbar space, and intraoral region.

The mass is predominantly hypoattenuating with heterogeneous contrast enhancement, measuring approximately 4.6 × 5.1 × 4.4 cm. It is primarily located in the mid-to-rostral nasal cavity, with associated fluid accumulation more evident caudally.

There is marked destruction of the nasal turbinates with loss of normal architecture. The lesion extends externally and is associated with severe osteolysis of adjacent maxillofacial structures, including the maxilla, nasal bones, hard palate, and zygomatic process. Multifocal cortical lysis, thinning, and mottled bone appearance are observed.

Severe alveolar bone loss is noted, particularly at the level of Triadan 104, with absence of Triadan 105–108. Additional mottled bone changes and focal resorptive lesions are present affecting the alveolar bone adjacent to Triadan 109 and 110.

There is marked enlargement and heterogeneous attenuation of the right zygomatic gland with associated mass effect, causing right-sided exophthalmos, loss of normal retrobulbar fat planes, and indistinct margins with adjacent musculature (including the pterygoid muscles).

Mild soft tissue/fluid accumulation is noted within the choanal region adjacent to the right pterygoid bone.

The right frontal sinus is filled with hypoattenuating material without evidence of osseous destruction.

The cribriform plate remains intact.

The left nasal cavity and frontal sinus are within normal limits, with mild nasal septal deviation toward the left.

The nasopharynx, soft palate, and brain structures are unremarkable, with no evidence of intracranial extension, mass effect, or falx cerebri deviation.



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The tympanic bullae and external ear canals are normal.

There is marked enlargement of the medial retropharyngeal and mandibular lymph nodes, more pronounced on the right side, with rounded shape and heterogeneous contrast enhancement.

The temporomandibular joints are congruent.
Remaining salivary glands are unremarkable except as noted.

THORAX

The trachea and main bronchi are within normal limits.

There is moderate reduction in pulmonary volume with mild gravity-dependent increased attenuation and focal consolidation, more evident in the left lung lobes, consistent with passive atelectasis.

The remaining pulmonary parenchyma shows no evidence of nodules, masses, or metastatic disease.

The bronchial tree exhibits normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

The cardiac silhouette and pulmonary vessels are normal, and post-contrast opacification is adequate.

The pleural space, diaphragm, and thoracic wall are unremarkable.

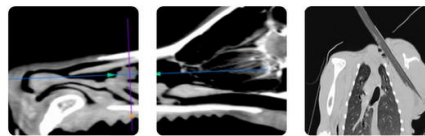
The thoracic esophagus is unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large, aggressive right-sided nasal/maxillofacial mass with extensive local invasion and osteolysis involving the nasal cavity, maxilla, hard palate, zygomatic structures, retrobulbar space, and adjacent soft tissues. Primary differential diagnoses include nasal neoplasia (most likely), such as carcinoma (adenocarcinoma or squamous cell carcinoma) or aggressive mesenchymal tumor.
- Marked regional lymphadenomegaly (mandibular and medial retropharyngeal lymph nodes), likely metastatic involvement, less likely reactive lymphadenitis.
- Right zygomatic gland enlargement with retrobulbar extension and exophthalmos, inflammation, edema and likely secondary to tumor invasion.
- Right frontal sinus fluid accumulation without bone lysis.
- Likely secondary obstruction
- Thoracic findings consistent with mild pulmonary passive atelectasis
- No CT evidence of pulmonary or mediastinal metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are highly suggestive of an aggressive malignant neoplasm centered in the right nasal cavity, with extensive regional invasion involving osseous and adjacent soft tissue structures, including the orbit and oral cavity. Although fungal infection remains a differential diagnosis, it is considered less likely given the marked osteolysis and invasive soft tissue pattern.



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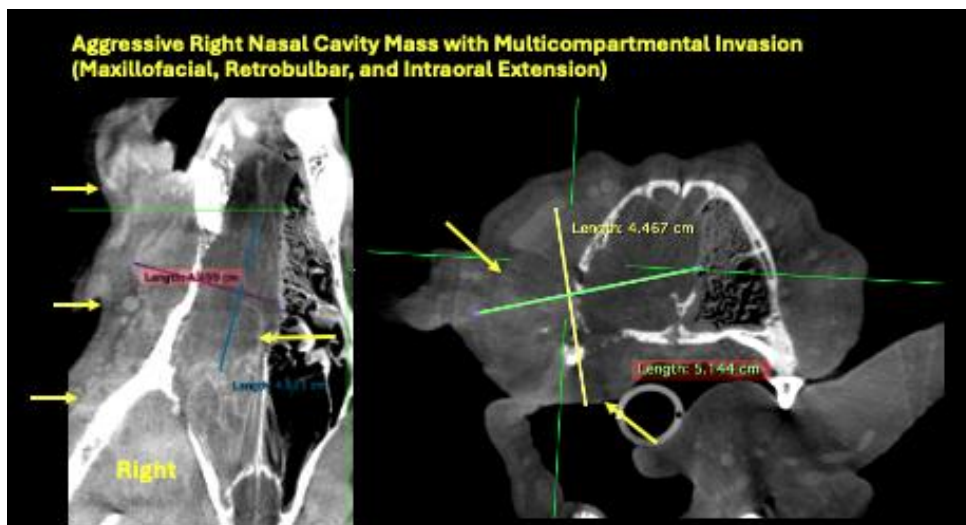
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Regional lymph node enlargement raises concern for metastatic involvement.

Correlation with previous biopsy results is recommended.

Referral for oncology consultation is advised; however, a guarded prognosis should be considered.



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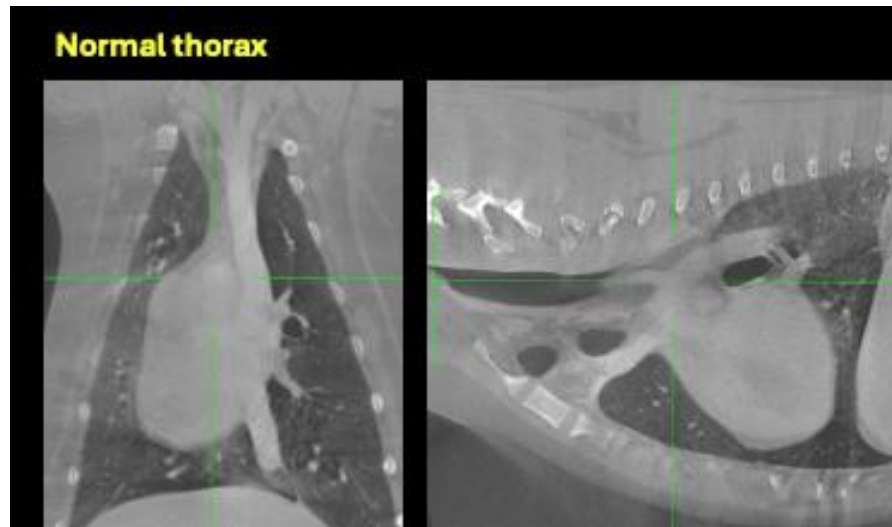
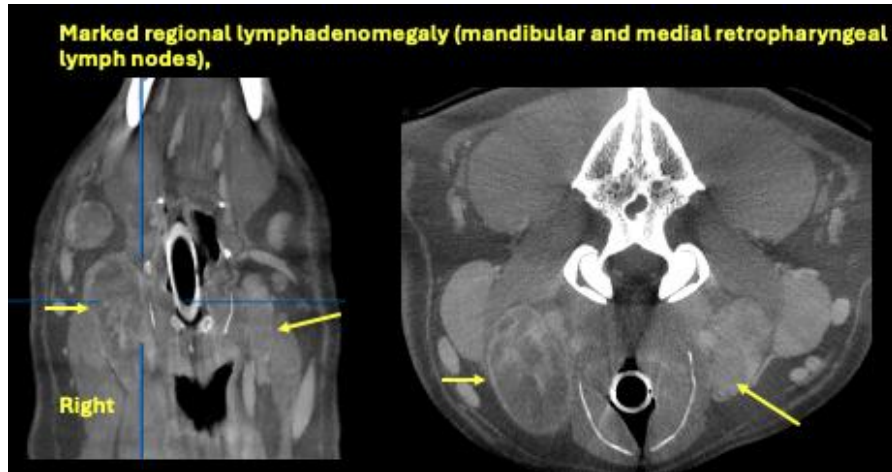
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com