



## PATIENT

Tizzy Barton

## SPECIES

Canine

## BREED

Goldendoodle

## SEX

FS

## AGE

12Y, 9M

## WEIGHT

18.6kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Janice

## HOSPITAL NAME

Bridgwater Veterinary  
Hospital and Wellness  
Centre

## REFERRING VET

Dr. Matt Remple

## INVOICE

74444

## DATE

4-2-26

## PRESENTING CLINICAL SIGNS

- Frequent epistaxia starting Feb 7/26.
- Increased sneezing since Nov 2025
- Conjunctivitis March 26
- Adenoma removed from right snout (superficial) Jan 12
- STT 18 mm/60s OD
- poss Cushings - recent ACTH stim equivocal
- On Yunnan Baiyao & Maxitrol OU since Mar 26

## 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 expansile soft tissue mass completely occupies the right nasal cavity. The lesion is predominantly hypoattenuating, with heterogeneous mixed attenuation and contrast enhancement, and contains scattered internal mineral attenuating foci. There is associated loss of normal turbinate architecture.

The mass causes leftward deviation of the nasal septum, resulting in mild compression of the left nasal cavity. There is associated multifocal osteolysis of adjacent paranasal osseous structures, including the right perpendicular plate of the palatine bone, orbital process of the palatine bone, and maxilla.

The lesion demonstrates caudal extension into the choana and also extends into the right periorbital soft tissues, particularly in the region of the medial pterygoid muscle, producing a regional infiltrative soft tissue mass effect.

There is destruction of the cribriform plate, with associated adjacent meningeal contrast enhancement and extension/invasion into the region of the olfactory bulb, consistent with intracranial extension.

The right frontal sinus is filled with hypoattenuating material, likely representing fluid and/or soft tissue attenuating content. The left frontal sinus is aerated and within normal limits.

The left nasal cavity is comparatively preserved, containing only a small amount of multifocal hypoattenuating fluid material.

The oropharynx and caudal nasopharynx are within normal limits. The tympanic cavities and external auditory canals are within normal limits. The globes and left retrobulbar space are within normal limits.

Triadan 207, 208, 308, and 406 are absent.

The temporomandibular joints are bilaterally congruent. The medial retropharyngeal lymph nodes and mandibular lymph nodes are unremarkable. The mandibular, parotid, and zygomatic salivary glands are unremarkable.

A small, well-defined hypoattenuating nodule is identified in the region of the left thyroid gland / parathyroid topography, measuring approximately 3 mm.



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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- There is a large, highly aggressive right nasal cavity mass with turbinate detail loss, multifocal osseous osteolytic changes, right periorbital and choanal extension, and cribriform plate interruption with meningeal enhancement and intracranial extension into the olfactory bulb region. These findings are most consistent with an aggressive malignant sinonasal neoplasm. Primary differential diagnoses include nasal adenocarcinoma, chondrosarcoma, lymphoma or other malignant sinonasal neoplasms. Fungal rhinitis is considered less likely, although not entirely excluded.
- The right frontal sinus is filled with hypoattenuating material, likely secondary to obstruction and/or extension of the primary disease process.
- Triadan 207, 208, 308, and 406 are absent.
- Additional finding of a small left thyroid/parathyroid region nodule (3 mm). Differential diagnoses include parathyroid hyperplasia, parathyroid adenoma, or less likely a small thyroid-associated nodule.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

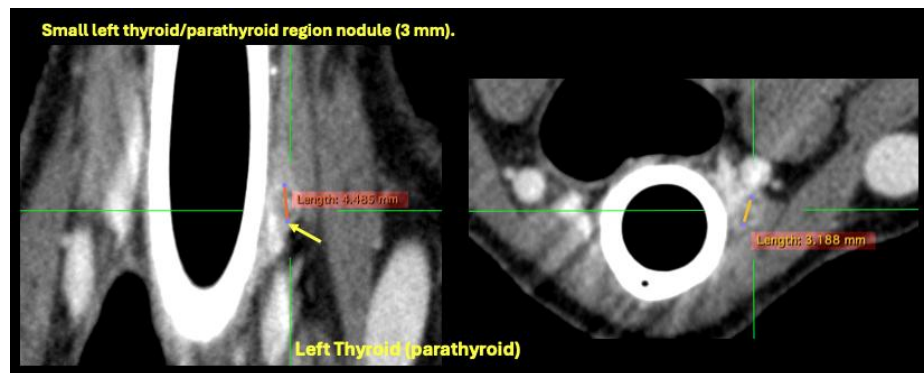
The tomographic findings reveal a large, highly aggressive right sinonasal mass with advanced local invasion, including multifocal lytic lesions in the adjacent paranasal bones, extension into the right periorbital soft tissues, choanal extension, right frontal sinus involvement, and intracranial extension through the cribriform plate, with associated meningeal enhancement and involvement of the olfactory bulb region.

These findings are most consistent with an aggressive malignant sinonasal neoplasm. Primary differential diagnoses include nasal adenocarcinoma, chondrosarcoma, lymphoma or other malignant sinonasal neoplasms. Fungal rhinitis is considered less likely, although not entirely excluded.

These findings are most consistent with an aggressive sinonasal neoplasm. The associated osseous destruction and intracranial extension support advanced local disease, which should be taken into consideration for prognosis and therapeutic planning.

Nasal flush biopsy or rhinoscopic-guided biopsy is recommended for definitive diagnosis.

The small left thyroid/parathyroid region nodule is considered an incidental finding of uncertain clinical significance and may be correlated with endocrine testing.





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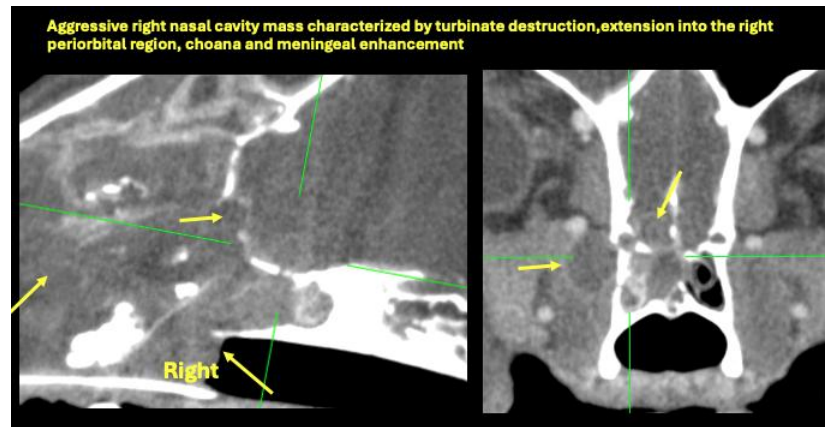
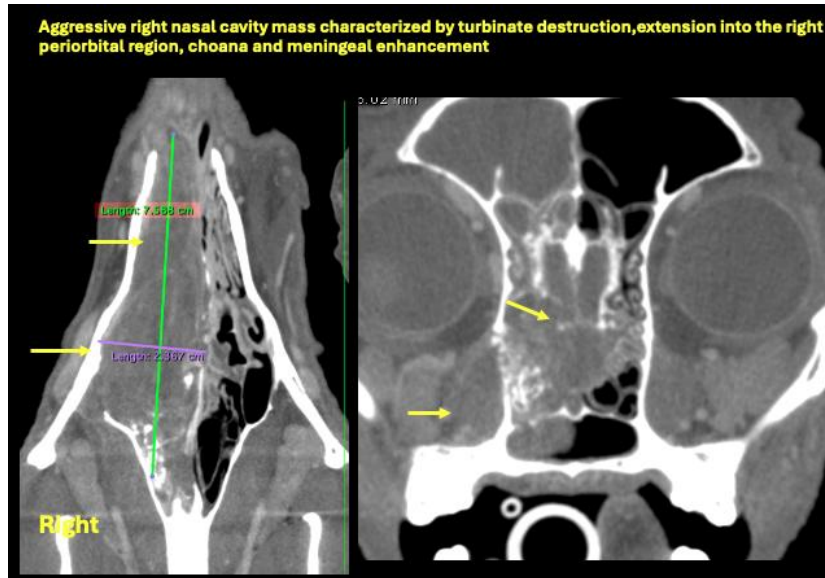
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)