



## PATIENT

Bear Holmes

## SPECIES

Canine

## BREED

Great Pyrenees

## SEX

MN

## AGE

8Y

## WEIGHT

118.5lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Rosio Castaneda

## HOSPITAL NAME

Scottsdale Veterinary  
Clinic

## REFERRING VET

Dr. Gans

## INVOICE

74716

## DATE

4-21-26

## PRESENTING CLINICAL SIGNS

Bilateral mucopurulent hemorrhagic nasal discharge. Left nostril has ulceration and depigmentation of alar fold

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

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

## COMPUTED TOMOGRAPHIC FINDINGS

Marked loss of turbinate architecture is present within the left nasal cavity, characterized by a shriveled and cavitary appearance. Within these regions, irregular amorphous soft tissue thickening is identified, demonstrating heterogeneous contrast enhancement.

There is amorphous soft tissue/fluid attenuation opacification of the left frontal sinus.

Multifocal osteolysis is observed affecting the left nasal bone, left frontal bone, orbital portion of the frontal bone, medial orbital wall, and the perpendicular plate of the ethmoid bone. Concurrently, these bones exhibit diffuse, irregular hyperostosis. The left aspect of the cribriform plate is affected by discrete osteolysis; however, no meningeal enhancement is identified.

The nasal septum remains preserved. The right nasal cavity and right frontal sinus are unremarkable.

The choanae, nasopharynx, and soft palate are within normal limits.

No evidence of intracranial mass effect or falx cerebri shift is identified.

The tympanic bullae and external auditory canals are within normal limits. The globes and retrobulbar spaces are unremarkable.

Triadan 101 and 201 are absent.

The temporomandibular joints are bilaterally congruent.

The left medial retropharyngeal and left mandibular lymph nodes are moderately enlarged. The right-sided counterparts are within normal limits.

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

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe, destructive unilateral (left-sided) nasal disease characterized by turbinate lysis, heterogeneous enhancing soft tissue proliferation, frontal sinus involvement, and aggressive osseous changes (osteolysis and hyperostosis), with mild involvement of the cribriform plate. Primary differential diagnosis includes fungal rhinosinusitis.
- Regional lymphadenomegaly affecting the left medial retropharyngeal and mandibular lymph nodes, reactive.
- Missing teeth: Triadan 101 and 201.



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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

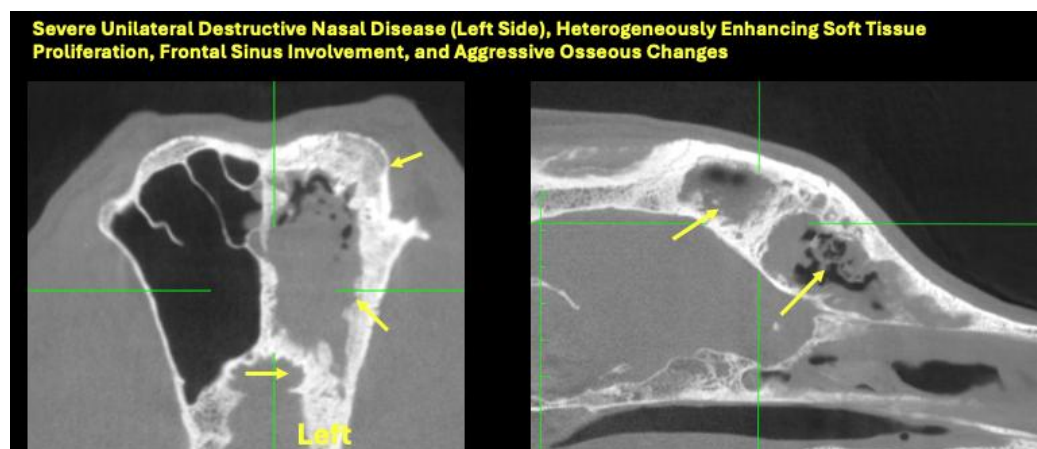
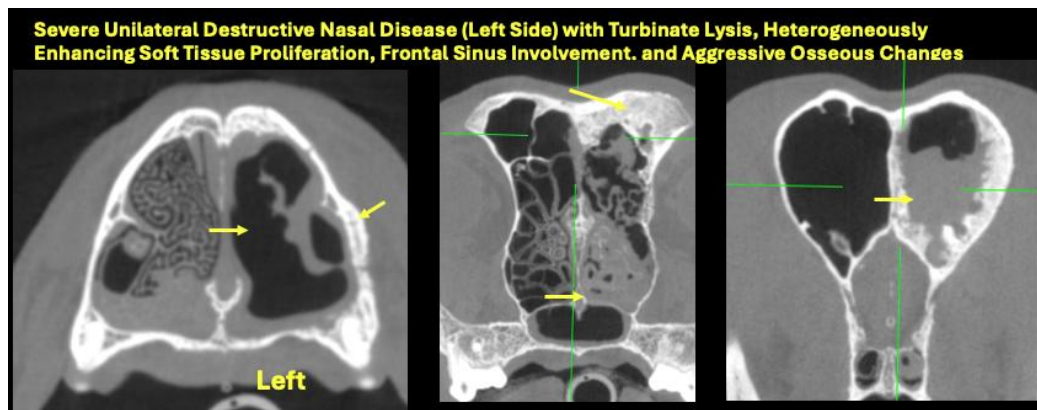
The CT findings are most consistent with invasive fungal rhinitis (e.g., aspergillosis), given the combination of marked turbinate destruction and mixed osteolytic and proliferative osseous changes.

Although the imaging appearance is highly suggestive, a definitive diagnosis should be obtained via rhinoscopy with biopsy and/or fungal culture and cytology.

The discrete osteolysis involving the cribriform plate raises concern for early extension toward the cranial vault; however, no intracranial involvement is currently identified.

Despite being subtle, the lytic changes affecting the cribriform plate are clinically relevant and may represent a contraindication to topical antifungal therapy, due to the potential risk of intracranial extension.

Regional lymph node enlargement is most consistent with reactive lymphadenitis.





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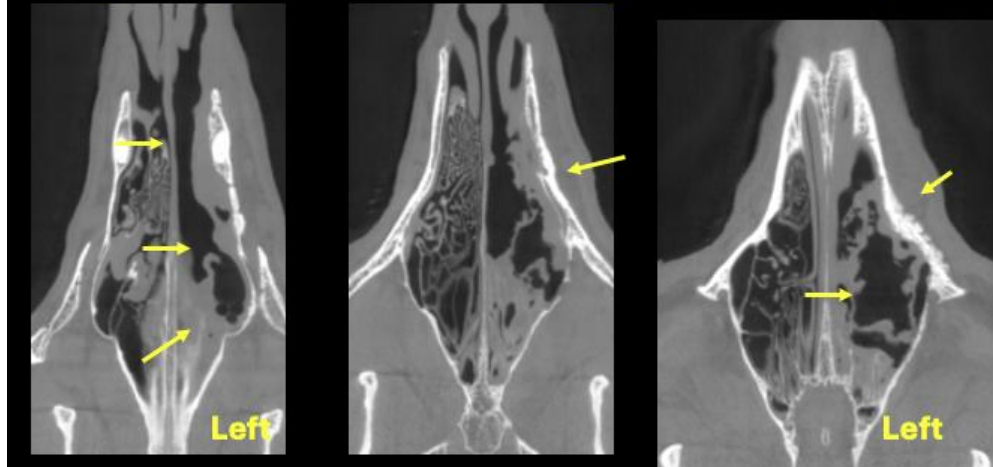
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### Severe Unilateral Destructive Nasal Disease (Left Side) with Turbinate Lysis, Heterogeneously Soft Tissue Proliferation and Aggressive Osseous Changes



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**  
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