



PATIENT

Bruna Piedra

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

9Y

WEIGHT

77lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Monika Salgado

HOSPITAL NAME

Westchester Animal
Hospital

REFERRING VET

Randy Dominguez

INVOICE

74542

DATE

4-9-26

PRESENTING CLINICAL SIGNS

presented with a bump tumor-like right eye and frontal area. Epistaxis for weeks. Patient placed in sternal recumbent position. The 2.4 mm scope inserted at a slightly dorsal angle through the dorsal medial aspect of the left nostril for evaluation. Once the alar cartilage is passed the scope is straightened and advanced in caudal direction. The three primary meatus examined from dorsal to ventral, mild irritation, ulceration and erythema with mild mucus content encountered. The same procedure performed right nostril, the three primary meatus examined from dorsal to ventral with severe mucosa lysis process and ulceration.. Several biopsy tissues obtained for histopathology evaluation right side.

Abnormal PE/Chem/CBC/UA Results: lymphopenia, otherwise unremarkable.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD AND THORAX

Non-contrast CT series of the head and thorax are provided for review, totaling two series, acquired in the transverse plane using a bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

There is a large, heterogeneous, predominantly hypoattenuating soft tissue mass completely occupying the right nasal cavity, with mild extension into the left nasal cavity. The lesion is associated with marked destruction of the nasal turbinates and disruption of the nasal septum.

The mass demonstrates an aggressive and invasive pattern, with associated osteolysis and irregular periosteal proliferation affecting multiple paranasal bones, including the nasal bone, frontal process of the maxilla, and the frontal bone (orbital, medial wall, and squamous portions).

The lesion extends caudally into the choana, with invasion of the right periorbital/retrobulbar soft tissues and dorsal facial expansion.

The mass measures at least 7.2 × 2.1 cm. Margins are poorly defined due to adjacent fluid accumulation.

There is concurrent multifocal hypoattenuating fluid within the left side, and/or mild multifocal extensions of the mass.

The right frontal sinus and partially the left frontal sinus are filled with soft tissue/fluid-attenuating material, consistent with extension of the lesion and/or secondary fluid accumulation.

The globes and left retrobulbar space are within normal limits.

The tympanic cavities are within normal limits. Multifocal pinpoint mineral foci are noted within the walls of the external auditory canals, incidental.

The temporomandibular joints are bilaterally congruent.

The right medial retropharyngeal and mandibular lymph nodes are moderately enlarged. The contralateral lymph nodes are within normal limits.

There is mild fluid accumulation and/or soft tissue thickening at the level of the caudal nasopharynx/soft palate.

The salivary glands are unremarkable.



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THORAX

The trachea and main bronchi are within normal limits.

There is reduced pulmonary volume, more pronounced in the right lung, associated with peripheral consolidation, diffuse ground-glass attenuation, and ipsilateral mediastinal shift.

No pulmonary nodules or masses are identified within the aerated lung parenchyma.

Few subpleural mineral foci are present, consistent with incidental pulmonary osteomas.

The mediastinal and tracheobronchial lymph nodes are within normal limits.

The cardiac silhouette and pulmonary vessels are unremarkable.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- A large, aggressive mass is present within the right nasal cavity, characterized by turbinate destruction, nasal septal lysis, invasion of adjacent paranasal bones, and extension into the ipsilateral periorbital/retrobulbar soft tissues, choana, and frontal sinuses. The primary differential diagnoses include nasal neoplasia, such as adenocarcinoma, squamous cell carcinoma, or lymphoma. Less likely differential diagnoses include invasive fungal rhinitis.
- There is moderate enlargement of the right medial retropharyngeal and mandibular lymph nodes, which may represent reactive lymphadenitis; however, metastatic involvement cannot be excluded.
- Pulmonary findings are consistent with atelectasis.
- Incidental subpleural pulmonary osteomas are noted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are highly consistent with an aggressive, invasive nasal neoplasm centered in the right nasal cavity, with extensive local bone destruction and soft tissue invasion. The degree of turbinate loss, paranasal osseous involvement, and extension mass effect, strongly supports a malignant process. Differential diagnoses include primary nasal neoplasia (e.g., chondrosarcoma, adenocarcinoma, squamous cell carcinoma, or undifferentiated carcinoma).

Regional right side lymph node enlargement may represent reactive change; however, metastatic involvement cannot be excluded.

No evidence of pulmonary metastasis is identified on this study.

Overall, findings indicate an advanced, locally invasive nasal tumor with guarded prognosis pending histopathological confirmation.

TECHNICAL COMMENTS

The absence of post-contrast series limits the evaluation of soft tissue structures.



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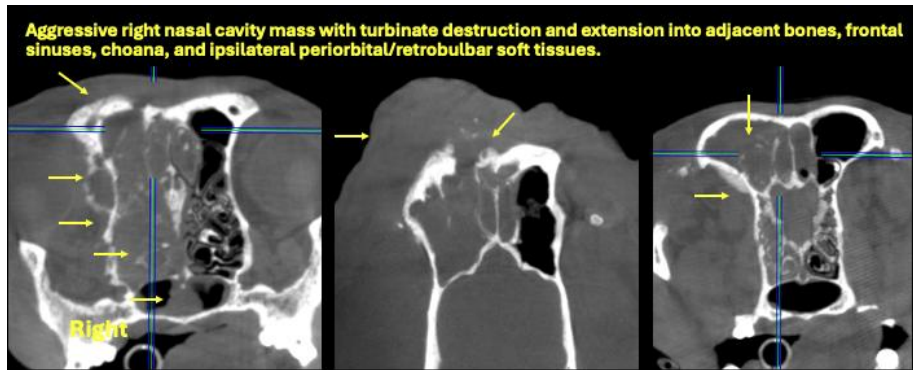
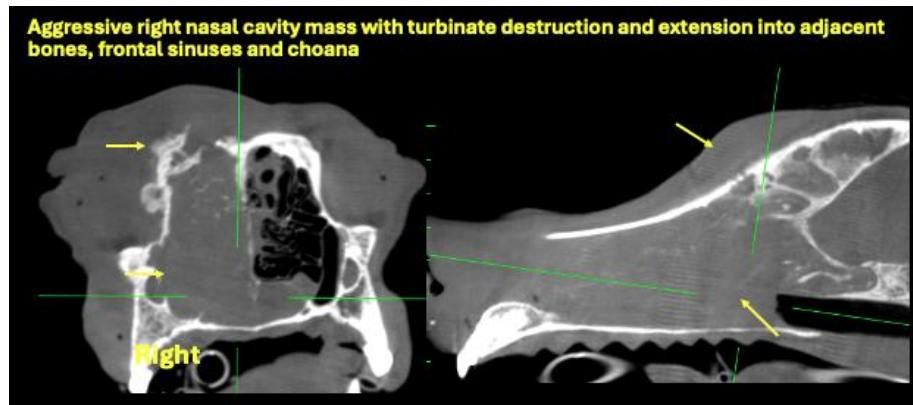
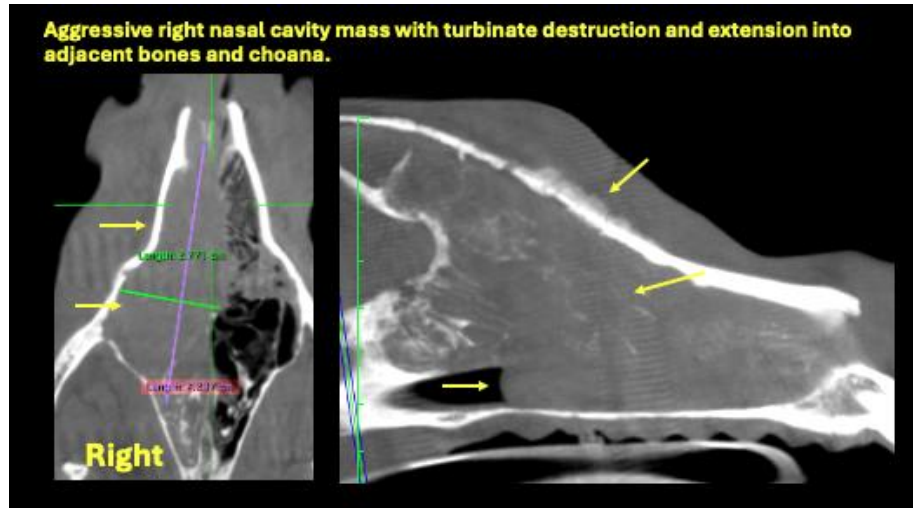
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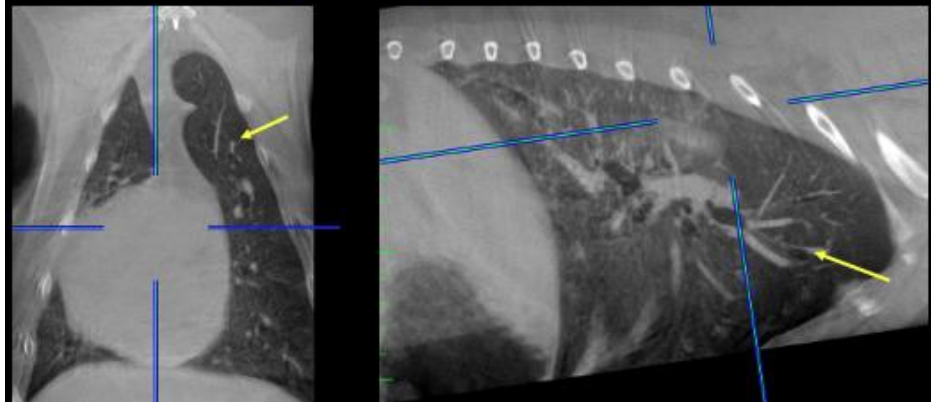
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Normal aerated lung parenchyma



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