



PATIENT PRESENTING CLINICAL SIGNS

Marty McGee Presented for chronic sneezing. No nasal discharge.
Abnormal PE/Chem/CBC/UA Results: Alt 157

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE HEAD AND THORAX

Canine A pre- and post-contrast CT study of the head and thorax are provided for review. A total of three series. One pre-contrast soft tissue of the head, one post-contrast soft tissue of the head, and one post-contrast soft tissue of the thorax.

BREED COMPUTED TOMOGRAPHIC FINDINGS

Keeshond **HEAD**

SEX There is a soft tissue and hypoattenuating enhanced mass effect within the left nasal cavity. The soft tissue mass effect extends rostrally to the level of the triadan 206 and caudally to the level of the nasopharyngeal meatus, triadan 209. The mass effect is mildly heterogeneous, predominantly hypoattenuating with enhancing areas. The hypoattenuating mass effect produces more regional left nasal turbinate destruction. No evidence of a contralateral invasion or adjacent osteolytic bone lesions. The mass effect measures approximately 3.3cm x 2.5cm x 1.3cm.

AGE On the other portions of the left nasal cavity and in the right nasal cavity, there is a diffuse mucosal thickening and mild loss of turbinate architecture with multifocal hypoattenuating fluid accumulation.

12

The cribriform plate is intact.

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The choana, nasopharynx and larynx are normal.

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

There is no evidence of hyperostosis or osteolytic lesions of the adjacent bones.

The frontal sinuses are unremarkable.

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The pharynx and larynx are normal.

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The triadan 102 is absent, a small lytic lesion in the dentine at triadan 409 is seen.

The tympanic bullae and auditory external canals are normal.

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The retrobulbar spaces and globes are intact.

Dr. Runde

The temporomandibular joints are bilaterally congruent.

The brain attenuation is unremarkable, no mass effect is seen.

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The medial retropharyngeal lymph nodes are mildly asymmetrical. The right is mildly enlarged with normal attenuation and shape.

The mandibular lymph nodes are unremarkable.

DATE THORAX

5-10-23



PATIENT

Marty McGee

The choana, oropharynx, nasopharynx and hyoid apparatus are normal.

The trachea is normal in luminal diameter and position.

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Canine

The lumen of the main bronchus is normal.

Mild focal ground glass attenuation is seen in the dependent portion of the lung lobes at the periphery and caudally. Otherwise, the attenuation is normal.

BREED

Keeshond

The cardiac silhouette and pulmonary vessels are normal. The contrast media adequately fills the cardiac chambers and vessels on post-contrast series.

The tracheobronchial lymph nodes are normal.

SEX

MN

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

The pleural space and diaphragm are normal.

Mild ventral spondylosis deformans is noted within the thoracic vertebrae, incidental.

AGE

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left side predominantly hypoattenuating mass effect in nasal cavity, associated chronic destructive rhinitis, and moderate quantity of fluid material accumulation. The differential diagnosis includes nasal neoplasia for example lymphoma or chondrosarcoma, fungal rhinitis with concurrent secondary bacterial rhinitis.
- Right side nasal fluid accumulation and mild chronic destructive rhinitis.
- No involvement in the cribriform plate or frontal sinuses.
- Mild right side retropharyngeal lymphadenitis, reactive.
- The triadan 102 is absent. A small carie at the triadan 409.
- Few multifocal hyperattenuating foci in the subpleural lung fields. The remainder of the pulmonary parenchyma is normal in attenuation. No pulmonary nodules are seen.
- Mild thoracic spondylosis deformans, incidental.

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HOSPITAL NAME

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In this case, it is difficult to distinguish neoplasia (chondrosarcoma or lymphoma) from severe fungal rhinitis due to the moderate destructive lesion, hypoattenuating fluid accumulation, and mass effect that is primarily in the left nasal cavity.

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Other less likely differential diagnosis includes nasal neoplasia such as squamous cell carcinoma. In some cases, an overlap between this differential diagnosis exists. Concurrent secondary nasal fluid accumulation and secondary bacterial contamination should be considered.

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Nasal flush biopsy is suggested for confirmation.

Correlate the dental findings with the oral exam.

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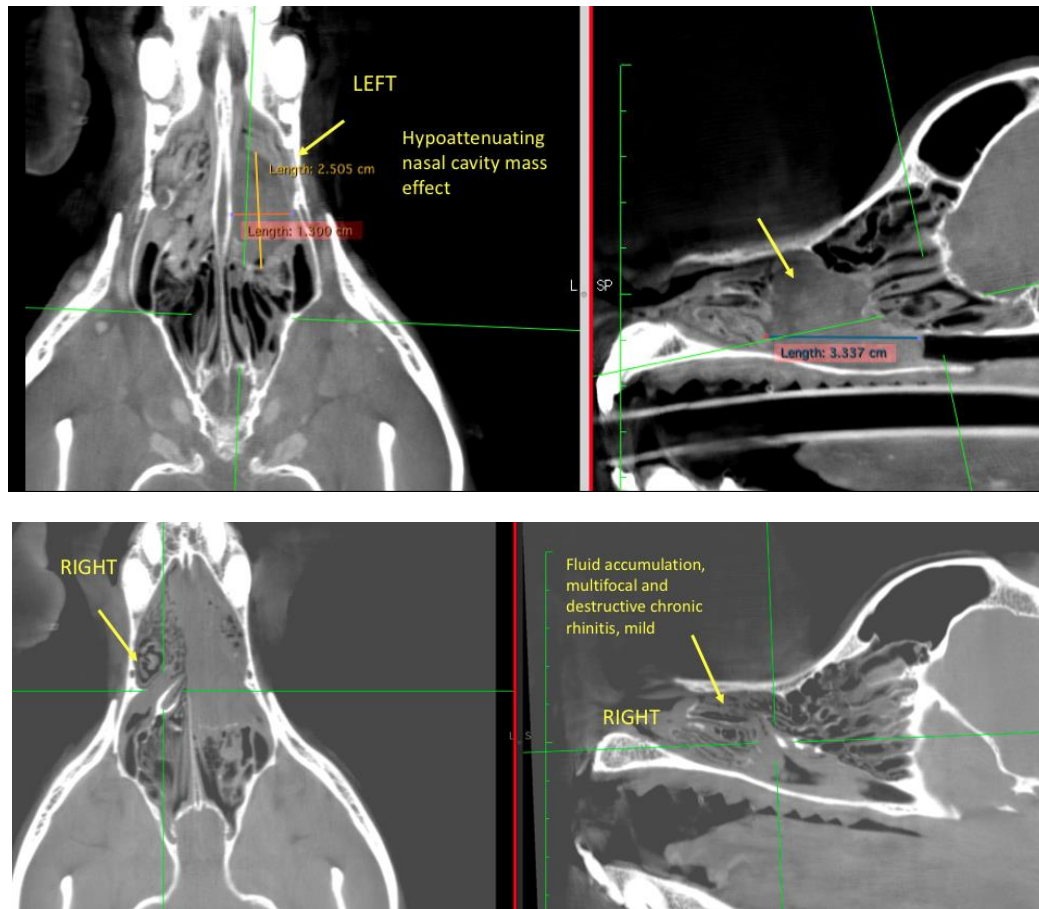
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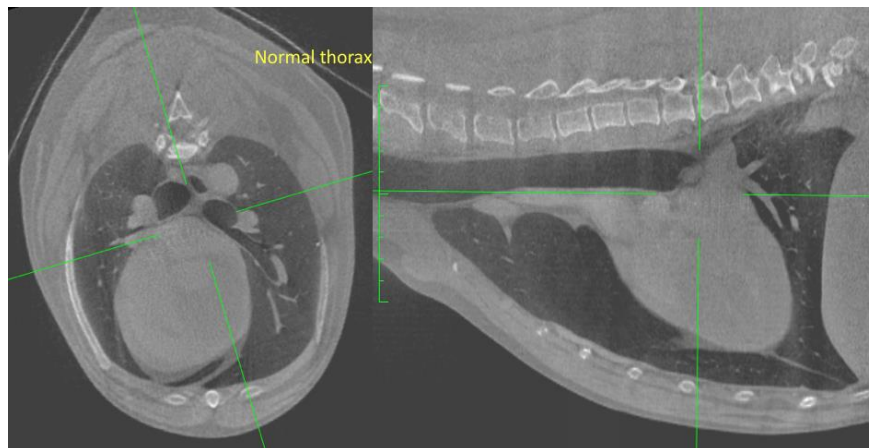
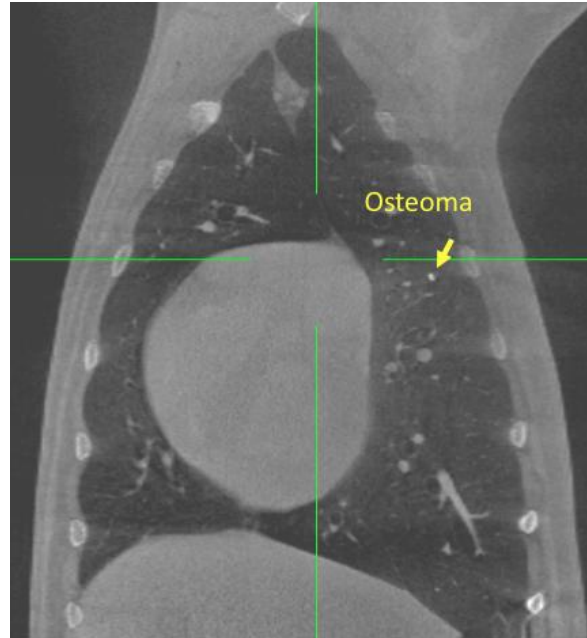
Dr. Runde

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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.

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