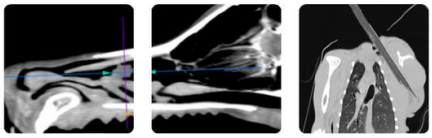


PATIENT

Mieke Carlson

SPECIES

Canine

BREED

Bouvier Des Flands

SEX

Female Spayed

AGE

10Y

WEIGHT

31kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Bogdansky

INVOICE

74945

DATE

5-11-26

PRESENTING CLINICAL SIGNS

We started her on therapy for T zone lymphoma with prednisone 20 mg SID tapering to 10 mg every other day with chlorambucil 4 mg every other day. The single case report of this presentation took a full year to acheive a complete remission. On this therapy her mast cell tumor has reduced in size. Her lymphocytosis had improved significant by February. She has been clinically well until developing bilateral mucoid nasal discharge in early March. She did not improve with clindamycin therapy and respiratory PCR testing was negative. Her nasal symptoms have been progressiv and she is now lethargic with fetid breath.
Abnormal PE/Chem/CBC/UA Results: She recently had a cytology of a 2 cm SQ mass on the left thorax read as mast cell tumor. Labwork prior to potential surgical removal found a lymphocyte count of 73,000/uL with 8,900/uL unclassified cells. Her creatinine was 1.8 with Usg 1.015 and 1 + protein with SDMA 15 and ALT 247. Flow cytometry confirmed a T zone lymphoma (small to intermediate T cells with lost expression of pan-leucocyte antigen CD45 expressing high MHC class II with 80 % CD5+CD45-) which is profoundly unusual as a cause of massive lymphocytosis without lymphadenopathy.

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. Two post-contrast series of the head, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

There is marked loss of turbinate architecture within the left nasal cavity, resulting in a shriveled appearance of the turbinates. The remaining left nasal turbinates demonstrate associated mucosal thickening and amorphous soft tissue/fluid-attenuating material within the middle and caudal portions, resulting in a mild non-enhancing mass effect.

The nasal septum is preserved. The right nasal cavity demonstrates preserved turbinate architecture with a moderate multifocal amount of hypoattenuating fluid material.

There is mild multifocal paranasal bone osteolysis affecting the left nasal bone, squamous part of the frontal bone, and medial wall of the orbit. Additionally, a small focus of hyperostosis is present within the orbital part of the frontal bone.

No geometric radiopaque foreign body is identified.

Mild gravity-dependent fluid accumulation is present within the left frontal sinus. The right frontal sinus is unremarkable.

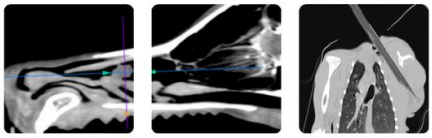
The cribriform plate is intact.

The oropharynx and nasopharynx are unremarkable.

The soft palate is within normal limits.

The globes, retrobulbar spaces, and periorbital soft tissues are within normal limits.

The tympanic cavities are within normal limits. Multifocal linear mineral foci are present within the walls of the bilateral external auditory canals, likely representing dystrophic mineralization.



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No intracranial mass effect or falx cerebri deviation is identified.

The temporomandibular joints are bilaterally congruent.

The mandibular lymph nodes are mildly enlarged. The medial retropharyngeal lymph nodes are within normal limits.

The salivary and thyroid glands are within normal limits.

Triadan 108 and 208 are absent.

There is a small soft tissue subcutaneous nodule within the left dorsal cervical region at the level of C3, measuring approximately 4.2 mm.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Marked destructive rhinitis affecting the left nasal cavity, characterized by severe turbinate lysis, mucosal thickening, and amorphous soft tissue/fluid-attenuating material resulting in mild non-enhancing mass effect. Mild multifocal osteolysis involves the left paranasal bones, with a small adjacent focus of hyperostosis. Primary differential diagnoses include fungal rhinitis (particularly aspergillosis), chronic lymphocytic-plasmacytic rhinitis, infiltrative nasal neoplasia such as lymphoma or carcinoma is less likely, consider concurrent secondary bacterial rhinitis.
- Moderate multifocal fluid accumulation within the right nasal cavity, compatible with concurrent rhinitis.
- Mild left frontal sinus fluid accumulation, compatible with secondary sinusitis.
- Mild mandibular lymphadenomegaly, likely reactive or metastatic considering the patient's history.
- Small subcutaneous soft tissue nodule in the left dorsal cervical region at the level of C3. Differential diagnoses include benign cutaneous/subcutaneous lesion, inflammatory nodule, mast cell tumor, or metastatic disease.
- Incidental dystrophic mineralization within the bilateral external auditory canal walls.
- Absent Triadan 108 and 208.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings demonstrate an aggressive destructive process centered in the left nasal cavity, characterized predominantly by marked turbinate destruction and mild non-enhancing mass effect, with comparatively limited soft tissue proliferation. Mild associated osteolysis of adjacent paranasal bones is present; however, the cribriform plate remains intact.

The imaging appearance supports fungal rhinitis, particularly aspergillosis, as a primary differential diagnosis. However, infiltrative nasal neoplasia, including lymphoma, cannot be excluded based on CT findings alone.

Further diagnostic investigation is recommended, including rhinoscopy with targeted biopsy and fungal culture/PCR testing. Nasal flush sampling may also be considered.

The mild mandibular lymphadenopathy is most consistent with reactive inflammatory change, although neoplastic involvement cannot be completely excluded.

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The small left cervical subcutaneous nodule should be correlated clinically and may be considered for cytologic evaluation if clinically indicated, particularly given the history of mast cell tumor.

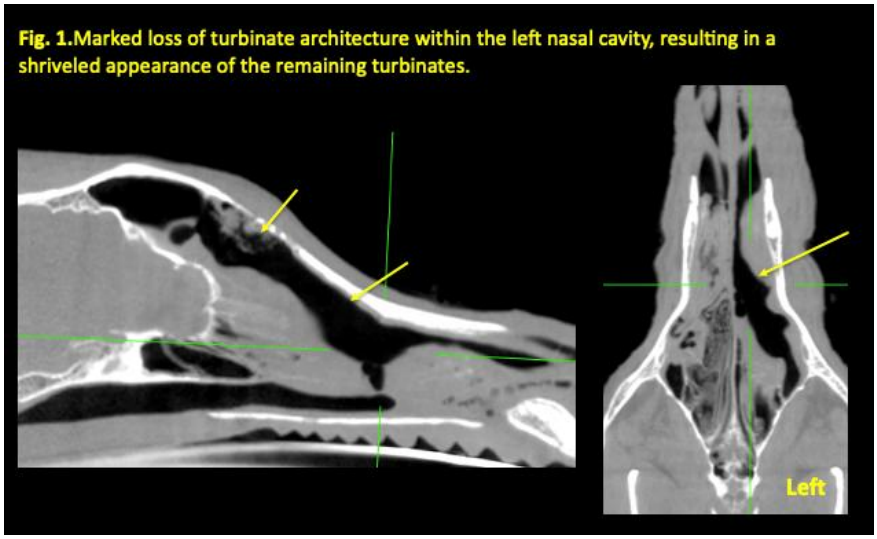

Fig. 1. Marked loss of turbinate architecture within the left nasal cavity, resulting in a shriveled appearance of the remaining turbinates.

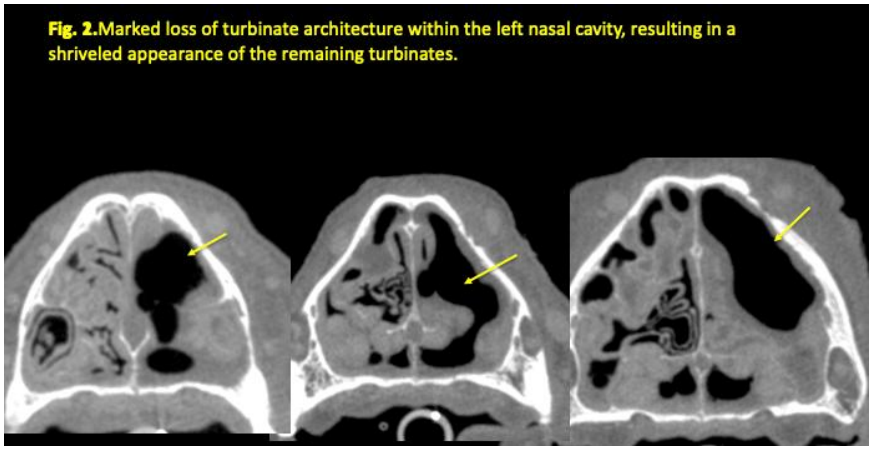

Fig. 2. Marked loss of turbinate architecture within the left nasal cavity, resulting in a shriveled appearance of the remaining turbinates.

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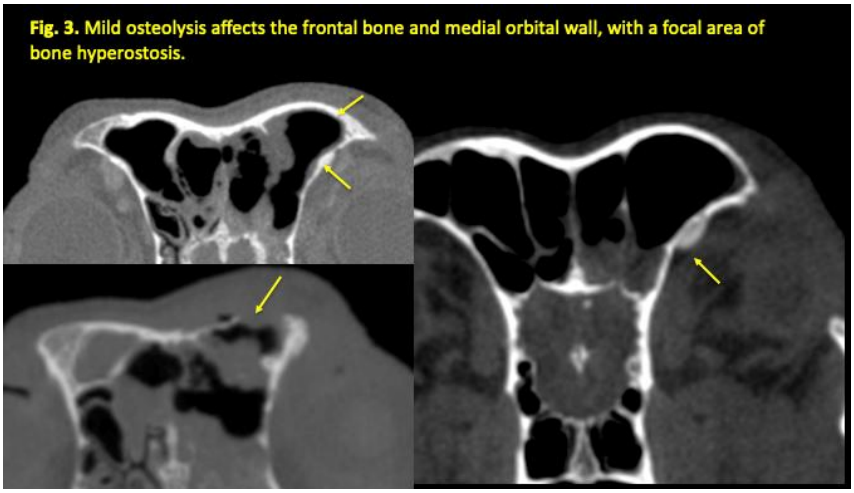

Fig. 3. Mild osteolysis affects the frontal bone and medial orbital wall, with a focal area of bone hyperostosis.

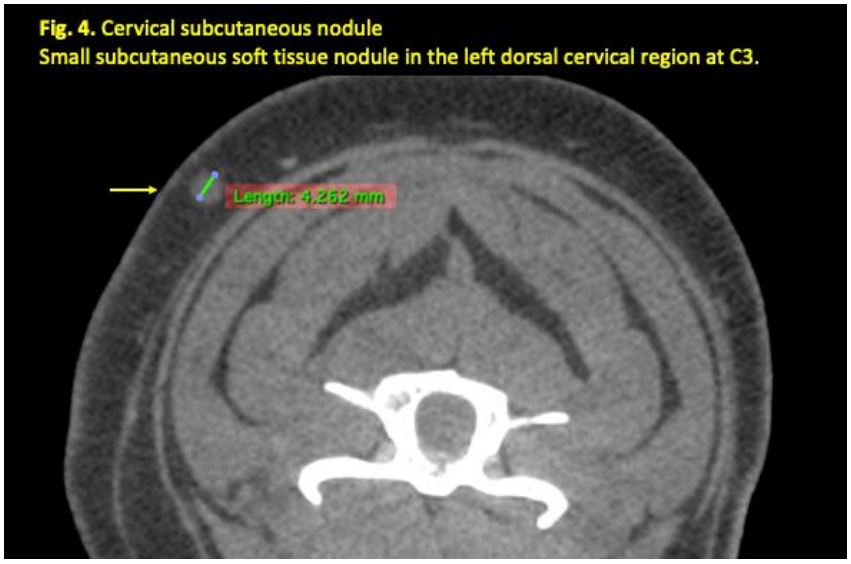

Fig. 4. Cervical subcutaneous nodule
Small subcutaneous soft tissue nodule in the left dorsal cervical region at C3.

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