



## PATIENT

Archie Zeller

## SPECIES

Canine

## BREED

Lab Mix

## SEX

Male Neutered

## AGE

13Y

## WEIGHT

56

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Nicholas Vitale, DVM

## HOSPITAL NAME

Wilson Veterinary  
Hospital

## REFERRING VET

Nicholas Vitale, DVM

## INVOICE

74976

## DATE

5-13-26

## PRESENTING CLINICAL SIGNS

Left sided epistaxis for months duration. All teeth removed by rDVM in effort to resolve possible tooth root problems.

Abnormal PE/Chem/CBC/UA Results: BW okay. Obvious mass present in the left nasal cavity. Biopsies taken and pending at the time of CT.

## 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

Within the left nasal cavity, there is an extensive, multilobulated, heterogeneous soft tissue mass occupying nearly the entire cavity lumen. The lesion is partially marginated and associated with marked destruction of the ipsilateral nasal turbinates. Aggressive osseous changes are present, characterized by multifocal osteolysis, cortical interruption, and bone loss involving the perpendicular plate of the ethmoid, left nasal bone, left palatine bone, left maxilla, hard palate, and adjacent periorbital region. The lesion measures at least approximately 7.1 × 2.3 cm.

The left nasal mass extends into and infiltrates the left periorbital soft tissues, including the region adjacent to the pterygoid musculature. Caudally, the lesion extends into the choanal region, predominantly on the left side, causing partial nasopharyngeal airway obstruction. Ventrally, the mass projects through the hard palate into the oral cavity.

Rostral and caudal to the mass, there is fluid accumulation within the remaining portions of the left nasal cavity associated with residual turbinate structures.

The left frontal sinus is filled with hypoattenuating fluid material and heterogeneous polypoid contrast-enhancing soft tissue material with imaging characteristics similar to the primary nasal lesion. The right frontal sinus is air-filled.

The cribriform plate remains intact.

The nasal septum is predominantly preserved, with mild rostral deviation toward the right secondary to mass effect. The right nasal cavity remains predominantly aerated, with preserved turbinate architecture.

Nearly all teeth are absent, except for Triadan 304 and 404.

The nasopharynx caudal to the choana obstructive component of the mass and the soft palate are preserved.

No intracranial mass effect, midline shift, or other intracranial abnormality is identified.

The tympanic bullae are air-filled with preserved osseous contours. The external auditory canals are unremarkable.

The mandibular, parotid, and zygomatic salivary glands are within normal limits.



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Mild enlargement of the left mandibular lymph nodes is present.

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

The temporomandibular joints are congruent bilaterally.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Extensive locally aggressive left-sided nasal cavity mass characterized by marked turbinate destruction, multifocal osseous lysis of adjacent facial bones, invasion of the left periorbital soft tissues, extension into the choana causing partial airway obstruction, and ventral extension into the oral cavity through the hard palate. Primary differentials include malignant nasal neoplasia.
- Additional similar soft tissue material is present within the left frontal sinus. Concurrent sinusitis and/or metastatic infiltration.
- Mild left mandibular lymphadenomegaly, reactive versus metastatic.
- Marked generalized edentulism, with only Triadan 304 and 404 remaining.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings demonstrate an extensive and locally aggressive left nasal cavity mass with associated severe turbinate destruction and multifocal invasion of adjacent osseous and soft tissue structures, including the periorbital region, hard palate, and choanal region. The cribriform plate remains intact, and there is no CT evidence of intracranial extension.

The primary differential diagnoses include malignant nasal neoplasia, such as adenocarcinoma, squamous cell carcinoma, undifferentiated carcinoma, chondrosarcoma and less likely lymphoma.

Severe fungal disease is considered less likely given the extensive infiltrative and enhanced soft tissue characteristics and pattern of destruction.

Biopsy samples were reportedly obtained at the time of CT, and histopathology is required for definitive diagnosis and tumor classification.

Mild enlargement of the left mandibular lymph nodes may represent reactive change or early metastatic involvement.

Thoracic staging, if not already performed, is suggested to assess for metastatic disease.



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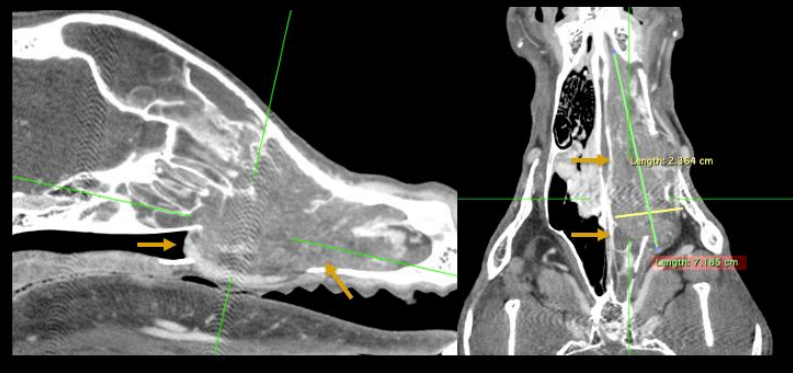
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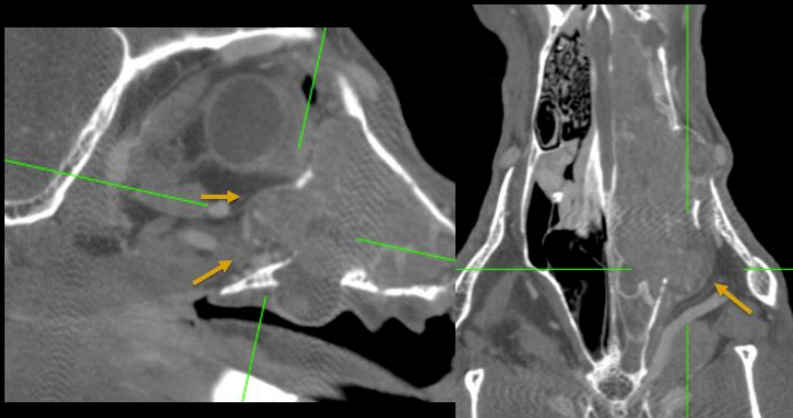
## DATE

5-13-26

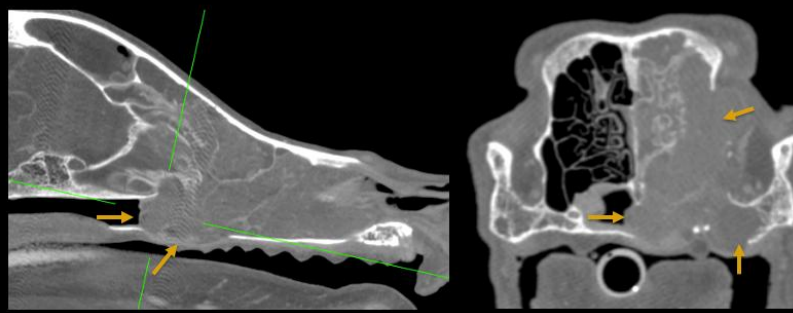
**Fig. 1.** Multilobulated heterogeneous soft tissue mass occupying left nasal cavity with marked destruction of the ipsilateral nasal turbinates.



**Fig. 2.** Periorbital extension by the left nasal mass  
Infiltration of the left periorbital soft tissues with extension adjacent to the pterygoid musculature.



**Fig. 3.** Aggressive osseous destruction associated with the left nasal soft tissue mass and extension into the choanae.





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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**  
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