



PATIENT

Zoey Dimmler

SPECIES

Canine

BREED

Old English Sheepdog

SEX

Female spayed

AGE

8Y, 10M

WEIGHT

36.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda and Lisa

HOSPITAL NAME

Casselton Vet Service

REFERRING VET

Laurie Huckle

INVOICE

74977

DATE

5-13-26

PRESENTING CLINICAL SIGNS

P presented at referring Veterinarian on 4/13/26 for green discharge from the right nostril for about a month. Then on 5/3/26 presented on emergency for difficulty breathing and bloody discharge for nose. P is unable to breathe through the nose. Currently on Prenisalone 20mg 1/2 tab BID, Pseudoephedine 30mg 1/2 tab BID-TID and Amoxi/Clav 500mg BID. No improvement with medications.

Abnormal PE/Chem/CBC/UA Results: ALT elevated 164 U/L. Otherwise CBC and Chem 17 WNL

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head was provided for review, including pre-contrast bone algorithm and post-contrast soft tissue algorithm acquisitions.

COMPUTED TOMOGRAPHIC FINDINGS

There is a large, predominantly mineralized, smoothly marginated mass occupying the mid-to-caudal aspect of the right nasal cavity. The lesion is elongated and multilobulated, with mildly irregular margins along its cranial aspect. The mass measures approximately 7.1 × 2.9 cm.

The lesion demonstrates marked mineralized and heterogeneous contrast enhancement with scattered peripheral hypoattenuating regions suggestive of necrotic or cystic components. Complete loss of normal turbinate architecture is present within the affected region. Cranial and dorsal to the mass, portions of the nasal turbinates remain partially preserved, although intermixed fluid accumulation is noted.

The mass causes mild multifocal osteolysis involving the palatine bone, perpendicular plate of the ethmoid bone, basal lamina of the ethmoid bone, hard palate, sphenoid sinus, and cribriform plate. Mild intracranial extension is present through the cribriform plate with invasion of the olfactory bulb region, resulting in a small extra-axial intracranial mass effect.

Caudally, the lesion extends into both sphenoid sinuses. The mass also extends laterally into the right periorbital region with infiltration of the right medial pterygoid muscle.

The mass also extends into the choanae, resulting in complete obstruction of the nasopharyngeal airway.

Moderate hypoattenuating fluid accumulation is noted within the right frontal sinus.

The left nasal cavity and left frontal sinus remain predominantly aerated and preserved. No significant nasal septal destruction is identified.

The left retrobulbar space and both globes are within normal limits.

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

The salivary glands are within normal limits.

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



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The temporomandibular joints are bilaterally congruent.

All teeth are present and appear within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large mineralized right nasal cavity mass with marked contrast enhancement, turbinate destruction, multifocal adjacent paranasal osseous lysis, sphenoid sinus and periorbital invasion, and mild cribriform plate disruption with small intracranial extension. Differential diagnoses primarily include nasal neoplasia, especially chondrosarcoma or osteosarcoma. Less likely considerations include a large invasive mineralized polypoid lesion or chronic fungal granulomatous disease.
- The large right nasal cavity mass also extends into the choanae, resulting in complete obstruction of the nasal airway.
- Moderate fluid accumulation within the right frontal sinus, likely secondary to obstructive sinus disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings reveal a large mineralized right nasal cavity mass with marked contrast enhancement, turbinate destruction, multifocal adjacent osseous lysis, sphenoid sinus and periorbital invasion, and mild cribriform plate disruption with small intracranial extension into the olfactory bulb region. The mass also extends into the choanae, resulting in complete obstruction of the nasal airway. These findings are most consistent with a nasal neoplasm, particularly chondrosarcoma or osteosarcoma. Less likely differential diagnoses include a large invasive mineralized inflammatory polypoid lesion or chronic fungal granulomatous disease.

Moderate fluid accumulation within the right frontal sinus is likely secondary to obstructive sinus disease caused by the mass effect.

Histopathologic confirmation through biopsy is recommended for definitive diagnosis.

Thoracic imaging for metastatic staging is also advised if not previously performed.

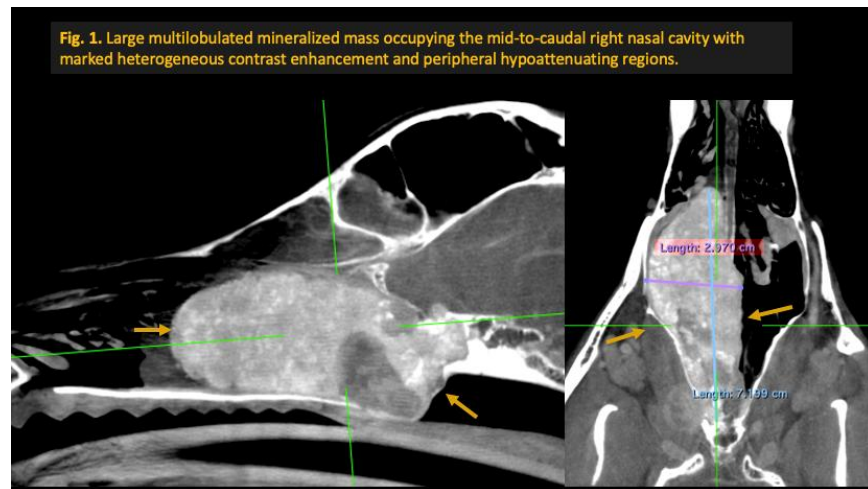


Fig. 1. Large multilobulated mineralized mass occupying the mid-to-caudal right nasal cavity with marked heterogeneous contrast enhancement and peripheral hypoattenuating regions.



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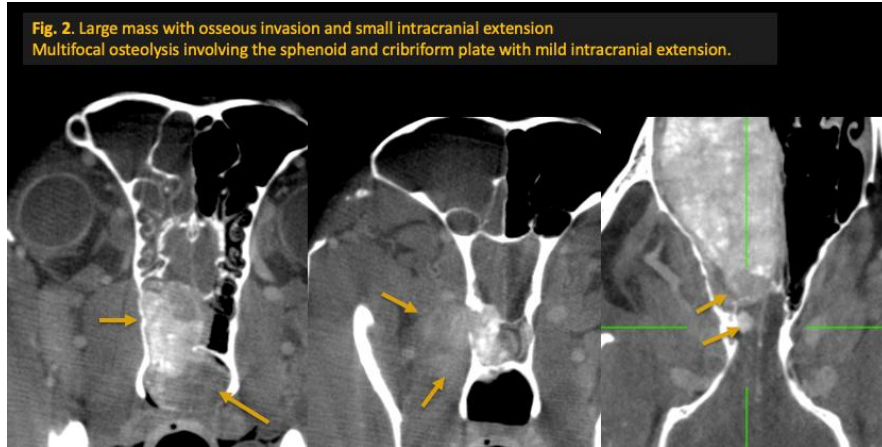
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Fig. 2. Large mass with osseous invasion and small intracranial extension
Multifocal osteolysis involving the sphenoid and cribriform plate with mild intracranial extension.



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