



PATIENT PRESENTING CLINICAL SIGNS

Wesley Gaylon Presented for a history of left epistaxis, open mouth breathing, and not moving air through the right nostril. Has had multiple teeth extractions.
Abnormal PE/Chem/CBC/UA Results: Normal

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD AND THORAX

A pre- and post-contrast CT study of the head and thorax are provided for review totaling four series. One pre-contrast of the head, one post-contrast soft tissue of the head, and two post-contrast of the thorax.

BREED

Beagle

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

SEX

MN

There is a hypoattenuating mass effect predominantly in the right nasal cavity. The mass effect extends rostrally to the level of the triadan 104 and caudally to the level of the cribriform plate. The mass effect is mildly heterogeneous and predominantly hypoattenuating with enhancing areas. The hypoattenuating mass effect produces more nasal turbinate destruction on the right side. In the mid portion of the mass, there is mild septum deviation, showing a mild contralateral invasion.

AGE

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The mass has an amorphous shape, ill-defined borders, and is surrounded by fluid accumulation. Due to this characteristic, a precise measurement is difficult. The mass effect measures approximately 3.4cm x 3.5cm x 2.1cm. In addition, the mass effect expands to the choana. The portion of the mass that infiltrates into the choana has a multilobular and polypoid shape, and obstructs the airway pathway partially, approximately 90% in the right side, and 70% in the left side in some portions.

INTERPRETED BY

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

The right frontal sinus is completely filled by hypoattenuating material. The left frontal sinus is unremarkable.

The cribriform plate is intact.

The nasopharynx and larynx are normal.

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

The triadans 108, 109, 210, 310, 410, 411 are absent. A small fragment of retained root of the triadan 109 is noted. Mild horizontal and vertical bone loss along the teeth is seen, and more resorptive lesion adjacent to the alveolar bone of the triadans 106, 107, 409 and 309. A small carie is present at the triadan 104.

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The tympanic bullae and external auditory canals are normal.

The retrobulbar spaces and globes are intact.

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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 and mandibular lymph nodes are unremarkable.



PATIENT THORAX

Wesley Gaylon The trachea is normal in luminal diameter and position.

The lumen of the main bronchus is normal.

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Few multifocal hyperattenuating foci in the subpleural lung fields are noted. The remaining pulmonary parenchyma is normal in attenuation.

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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.

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

SEX

The pleural space and diaphragm are normal.

MN

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Right side predominantly hypoattenuating mass effect in the 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.
- Mild left side nasal mass effect.
- Bilateral infiltration of the choana by the mass and/or fluid accumulation. Differential diagnosis includes polypoid lesions.
- Right side sinusitis.
- No involvement in the cribriform plate or retrobulbar spaces.
- Multiple absent teeth, diffuse periodontal disease, more exacerbated adjacent to the triadans 107, 409 and 309, and a small carie at the triadan 105.
- Few multifocal hyperattenuating foci in the subpleural lung fields, pulmonary osteoma. The remainder of the pulmonary parenchyma is normal in attenuation. No pulmonary micronodules or nodules are seen.

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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 right nasal cavity. The tomographic findings are correlated to the presented respiratory signs.

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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. A mass effect in the choana involves both sides, and partially obstructs the airway passage.

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Nasal flush biopsy is suggested for confirmation.

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The multiple absent teeth correspond to the previous extractions.



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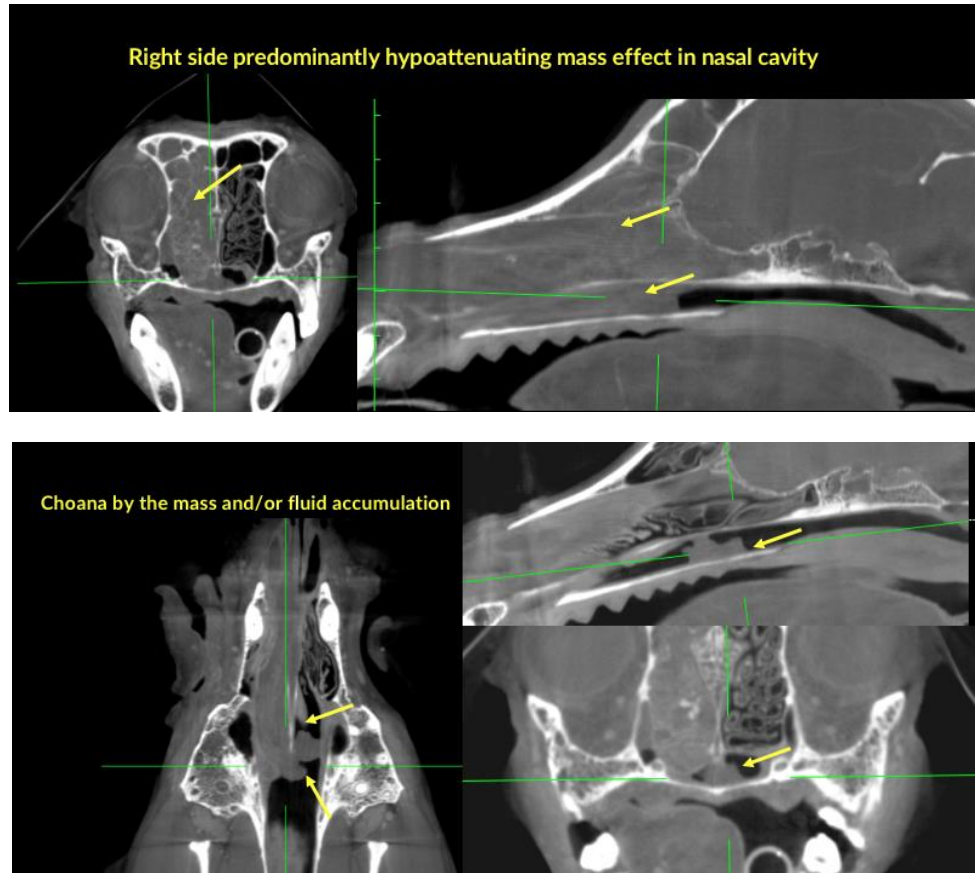
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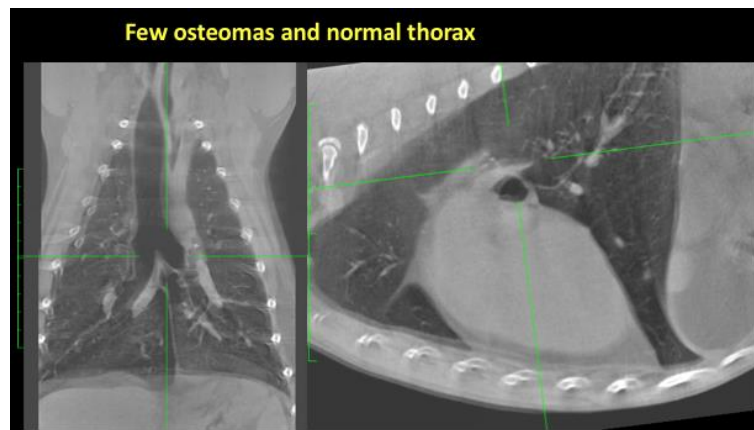
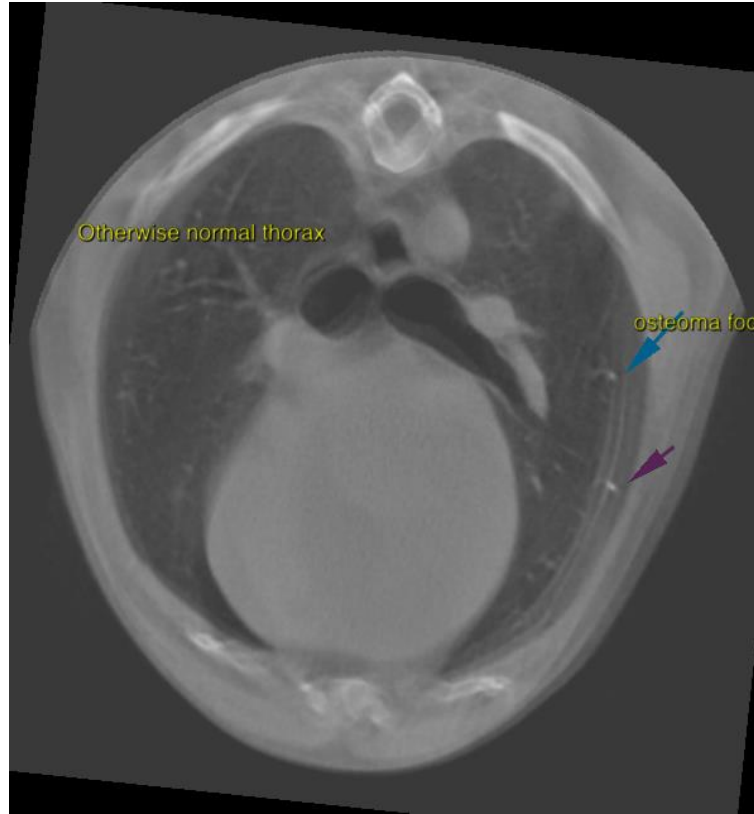
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PATIENT

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.

Wesley Gaylon

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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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