



PATIENT PRESENTING CLINICAL SIGNS

Woody Collins Pet initially presented to rDVM in early June for congestion. Antibiotics were dispensed, but no improvement was noted. rDVM then prescribed a tapering pred dose, with no improvement noted. In July, the owner noted muscle wasting on the L side of the head and mucoïd nasal discharge from the L nostril. Pet was referred for advanced imaging and a biopsy. After CT, a biopsy, bacterial and fungal culture were all taken from the left nasal passage.

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

BREED

Lab

A pre- and post-contrast CT study of the head are provided for review totaling 2 series. One pre-contrast series of the head, soft tissue algorithm. One post-contrast series of the head, soft tissue algorithm.

SEX

MN

Regional hypoattenuating fluid material, mucosal enhancement, and mild to moderate loss of the turbinate architecture are seen more ventrally and rostrally within the left nasal cavity. No evidence of mass effect or osteolytic changes in the adjacent bones.

AGE

9 Years

The right nasal cavity has minor hypoattenuating fluid material, without loss of turbinate architecture.

The cribriform plate is unremarkable.

The frontal sinuses are unremarkable.

INTERPRETED BY

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

Mild thickening of the mucosa associated with mild hypoattenuating fluid material within the choana is noted.

There is a large, rounded to multilobulated, mixed attenuating mass effect within the nasopharynx. The mass extends into and expands the nasopharynx wall to the left, and mildly displaces the external structures, for example the hyoid apparatus and common left carotid, in the height of bifurcation. The mass measures approximately 5.2cm by 4.9cm by 3.6cm. The mass obstructs almost 100% of the airway in this portion. The hyoid apparatus is displaced to the left, however, no evidence of osteolytic changes.

HOSPITAL NAME

Wilson Veterinary Hospital

The medial retropharyngeal lymph nodes and mandibular lymph nodes are unremarkable.

REFERRING VET

Dr. Vitale

The thyroid glands are unremarkable.

The left temporal, masseter, and digastric muscle mass is reduced in comparison with the contralateral.

INVOICE

59700

All teeth are present.

Mild to moderate hypoattenuating fluid accumulation fills the air space of the tympanic bullae, more left side. No evidence of osteolytic changes or hyperostosis.

DATE

8-15-23

Within the suprasellar region, the pituitary gland is enlarged measuring approximately 0.9cm by 0.9cm.



PATIENT

Woody Collins

The temporomandibular joints are bilaterally congruent.

The globes and retrobulbar spaces are unremarkable.

SPECIES

Canine

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large, rounded to multilobulated mass within the nasopharynx obstructing almost 100% of the airway passage. The differential diagnosis includes neoplasm process, for example, malignant neuroendocrine tumor, rhabdomyosarcoma, round cell tumor, undifferentiated tumor.

BREED

Lab

- Left side facial and cranial muscle mass disuse atrophy.
- Mild to moderate destructive rhinitis, more left side.
- Bilateral otitis media, > left side bulla fluid accumulation.
- Enlarged pituitary gland, the differential diagnosis includes pituitary macroadenoma, individual variation, or adenocarcinoma.

SEX

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

To confirm the etiological diagnosis of the nasopharynx mass, a biopsy is required. Consider endoscopy or cervical ultrasonography as a further approach.

AGE

9 Years

Bilateral destructive rhinitis is seen and more prominent on the left side and is correlated to the patient history. The differential diagnosis includes allergic rhinitis, inflammatory lymphocytic plasmocytic, fungal rhinitis, viral rhinitis, and/or concurrent bacterial. Nasal flush biopsy is suggested for confirmation.

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The otitis media commonly is correlated to the obstruction of the Eustachian tube due to the nasopharynx mass.

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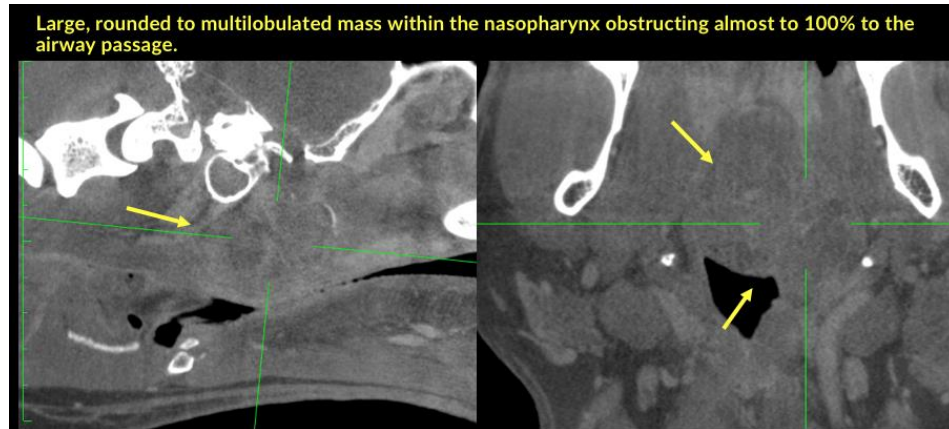
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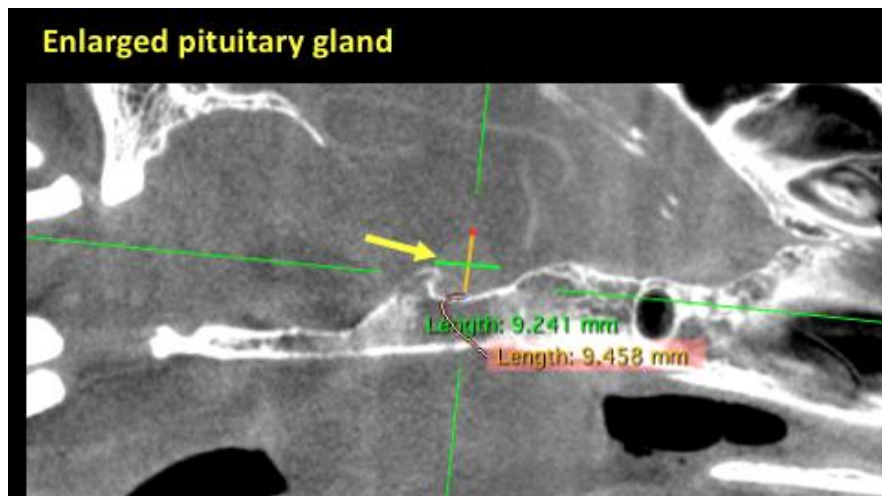
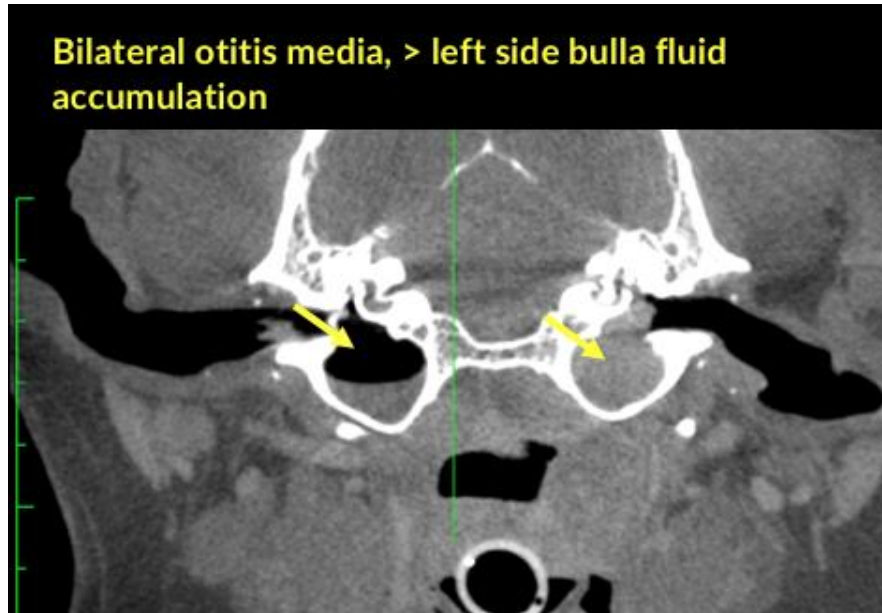
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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