



VETCT
CONSULTANTS IN TELEMEDICINE

REPORTING SERVICE: CT

Report number: VETCT-1234

Report date: 04/12/2017

Referring Veterinarian:

Referring Practice: South Devon Referrals

Email address:

Owner: Patient:

Species: Canine Breed: Whippet Sex: Male Entire Age:

Associated cases:

Clinical History:

Subjective (Hx): Right eye has had watering eye 15 months ago - was seen at Rosemullion. Seemed to improve on Maxitrol last summer - clear Sept-feb, then recurred when was bitten on nose in feb - stopped again on Maxitrol.

Was fine until June this year. Started off with sneezing. Was seen a few times by vets. Around August noticed was having some "breathing issues - wheezing and struggling for breath". Now dose a lot of snorting and "popping noises" from nose. Was doign a lot of reverse sneezing. Getting mucous discharge - always from right eye. Also started getting some bleeding - small amounts - most days. Eye has been watering for last month.

Excercises fine, fine in self, playing and bright. EDDU all normal. Not insured and cost a concern. Was on metacam - initially seemed to help but then problems recurred - last had yesterday.

Objective (CSx): Sneezing in consult. Airflow almost absent right nostril - good airflow left nostril. percussion of sinuses symmetrical, nasla cavity less percussive right side than left - and seemed a bit uncomomfortable when percuss right of nose. Righth Submandibular lymph node enlarged. Right eye serous discharge and sl exothalmous (?). Teeth minimal calc. M.ms pink, CRT < 2 sec, HR 110, normal lulse volume. Lung ausc WNL - some referred URT noise. Upper airways increased nasal noise. Abdo plap NAD. T38.2. Reviewing radiographs providewd by referring practice suspect some soft tissue opacity right nostril and some loss of turbinate definition.



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Diagnosis: Suspect nasal tumour but other differential diagnosis (e.g. fb) not completely excluded

Diagnostics: CT head, and also thorax (to check for potential coexisting pathology or metastasis)

Questions to be answered:

Nasal tumour?

Number of series / images: 7 / 2359

Series: [1MM LUNG 1.0 LUNG STD. VOLUME, 1MM BODY 1.0 BODY HYBRID VOL, 1MM ST 1.0 SFT TISSUE STANDARD CE, 2MM BODY 2.0 BODY HYBRID VOL CE, 0.5MM BONE 0.5 BONE STANDARD, 2.0, 1MM ST 1.0 SFT TISSUE STANDARD]

Study dated: 01/12/2017

Study received: 01/12/2017

Anatomic regions: Thorax, Head

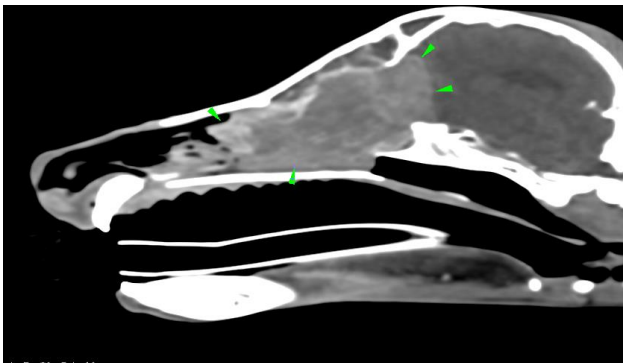
Details of study and technical comments:

Pre-and post-contrast series of the head and thorax are available in soft and sharp algorithms. The study is of good quality.

Diagnostic interpretation:

Head

Occupying the majority of the right nasal cavity there is a large, moderately enhancing soft tissue mass with concurrent destruction of the nasal turbinates and extension into the left nasal cavity, nasopharynx, right retrobulbar space and through the cribriform plate into the olfactory region of the frontal lobe. The right frontal sinus is filled with homogeneous soft tissue attenuating non-enhancing material.

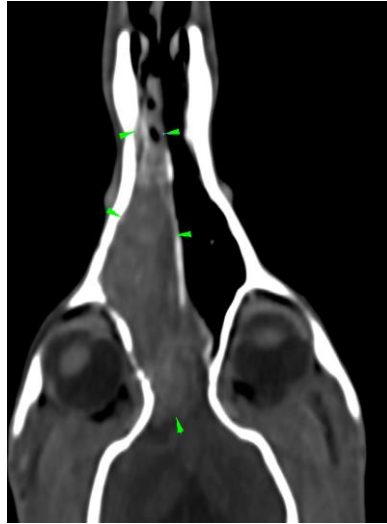
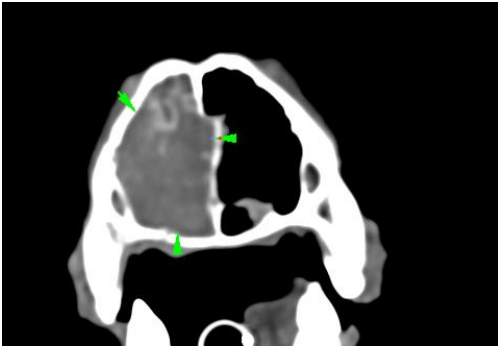


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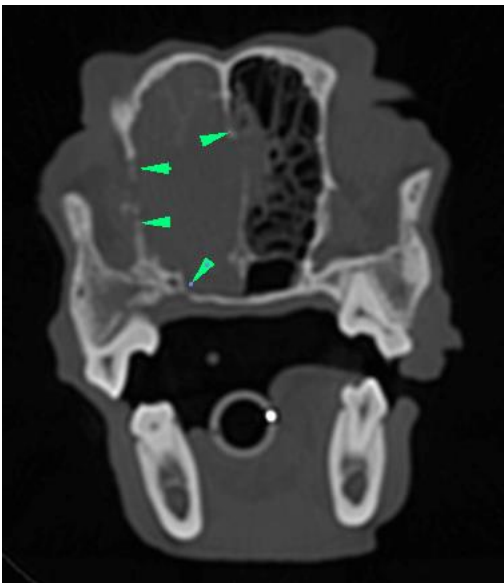
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There is extensive moth-eaten to permeative lysis of the frontal, palatine, lacrimal and maxillary bones with concurrent lysis of the cribriform plate (pink ellipse below), vomer and nasal septum.



The right mandibular and medial retropharyngeal lymph nodes are mildly enlarged. The right superficial cervical lymph node is also slightly enlarged.

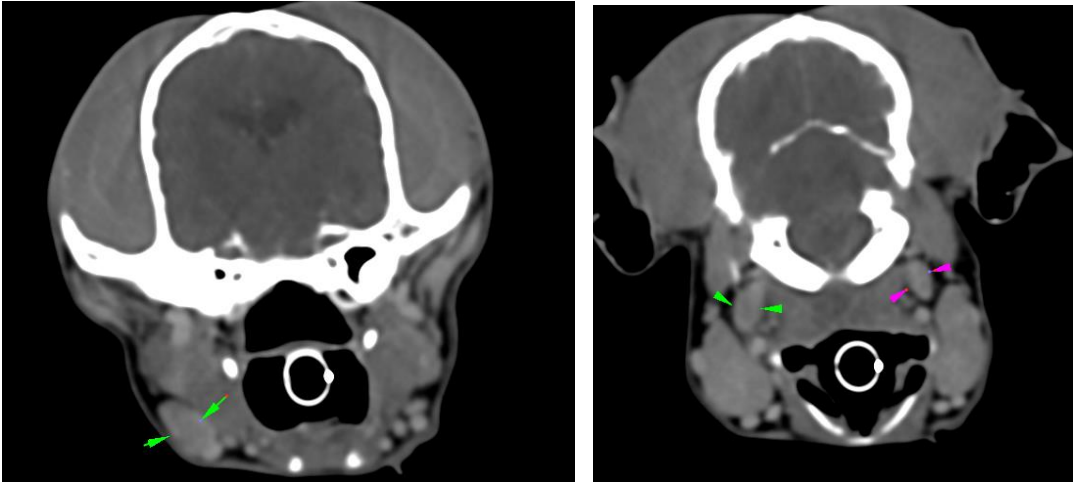


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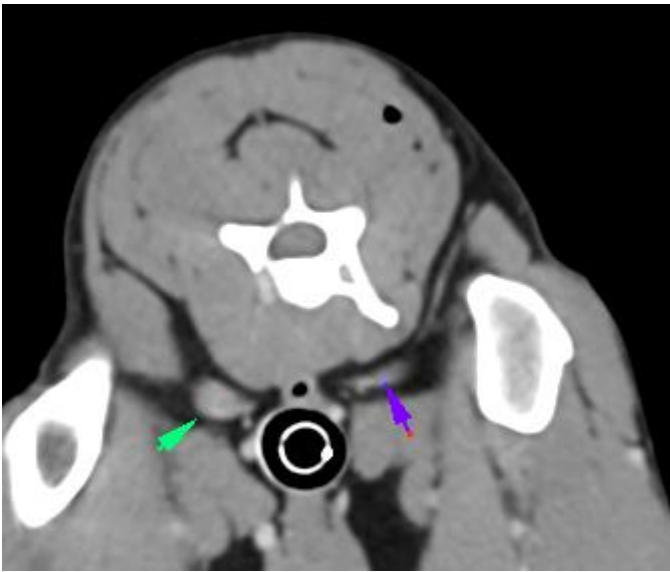
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The remaining structures of the head I within normal limits.



Thorax

The thoracic lymph nodes, mediastinum and its contents, pleural space, pulmonary parenchyma, thoracic wall, spine and remaining soft tissues are unremarkable.

Conclusions:

1. Extensive, invasive, right nasal cavity mass with nasopharyngeal, mild right retrobulbar and moderate intracranial extension. The right frontal sinus fluid accumulation is likely secondary to obstruction of the nasofrontal opening.
2. Mild right mandibular, retropharyngeal and superficial cervical lymphadenomegaly, this may be reactive or metastatic.
3. There is no evidence of thoracic metastasis.

Additional comments: The mass is almost certainly neoplastic in nature with common differentials including carcinoma or less likely sarcoma, round cell neoplasia or other. Rhinitis or a foreign body reaction are considered very unlikely.



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Reporting Radiologist:

XXXX

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