

Ref : 55759 Stephenson^Peanut  
Steve

Sep 11, 2018

## Diagnostic Imaging Report

**Owner**  
Stephenson

**Patient**  
Peanut Steve : Dog  
Crossbreed  
Male castrated 3 years  
**CT** Performed on Sep 10, 2018  
**by** Gemma Dutton

### History

Rhinitis with granuloma

Granuloma protruding from the nasal cavity.  
05.09.18- irritating dog and has been rubbing face. Sneezed out large piece of tissue from nose. Still coughing and snorting.

### Description

The study consists of 8 series of 1 mm thick transverse CT images of the head, neck and thorax taken before and after IV injection of iodinated contrast medium.

On precontrast images, partial filling of the nasal cavity is identified affecting particularly the right side. The lesion extends caudally resulting in complete obstruction of the choana. Filling of the right frontal sinus is also seen. Massive destruction of underlying ventral nasal conchae and nasal septum is noted, associated with erosion of the hard palate and dorsal aspect of the maxillary bone. Focal soft tissue swelling with several gas bubbles is identified on the dorsal right aspect of the nose, adjacent to a maxillary bone defect. The cribriform plate is intact. The brain tissue has normal attenuation, particularly the olfactory lobes. The ventricular system is asymmetrical, but is of normal size. Tympanic bullae are filled with air. Mandibular, medial retropharyngeal, and cervical lymph nodes are of normal size. In the thorax, lungs are well inflated. No diffuse or focal pulmonary infiltrate is identified. No pulmonary nodule is detected. Cranial mediastinal structures are within normal limits. No pleural abnormalities are seen. Surrounding skeleton is unremarkable.

On post-contrast images, enhancement of previously described right sided nasal lesion is identified, demonstrating a perfused mass. The content of the right frontal sinus is not enhancing, suggesting fluid accumulation secondary to obstruction of the naso-frontal opening. No abnormal brain enhancement is seen.

### Conclusion

Locally aggressive nasal lesion compatible with a malignant neoplastic process. No evidence of local lymphatic or distant metastases. Unremarkable thorax.

### Recommendations

Rhinotomy and biopsies may be considered for further evaluation, as clinically indicated.

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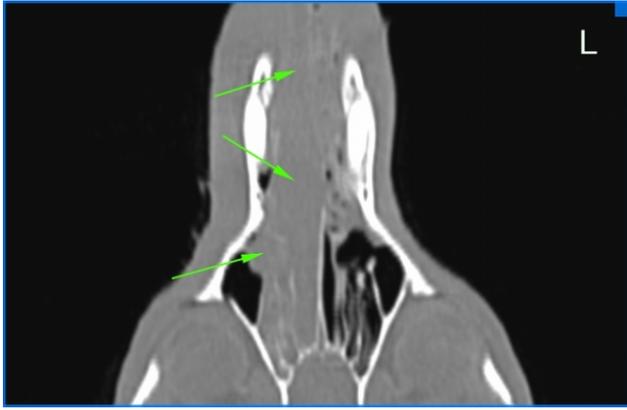


Fig.1 : Dorsal reconstruction of the head showing filling of the right side of the nasal cavity (arrows).

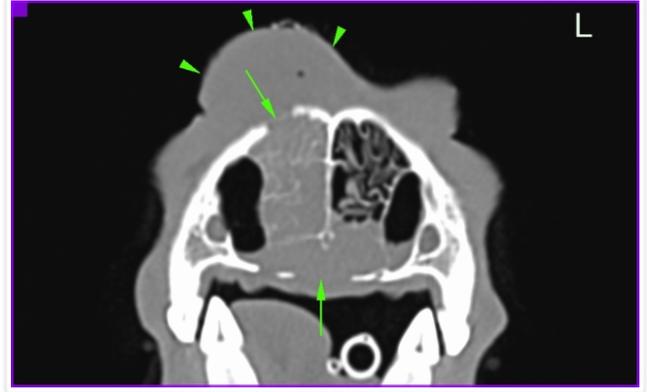


Fig.2 : Transverse image of the head showing filling of the right side of the nasal cavity, focal lysis of the right frontal bone and had palate (arrows) and protrusion of the lesion on the dorsal aspect of the nose (arrowheads).

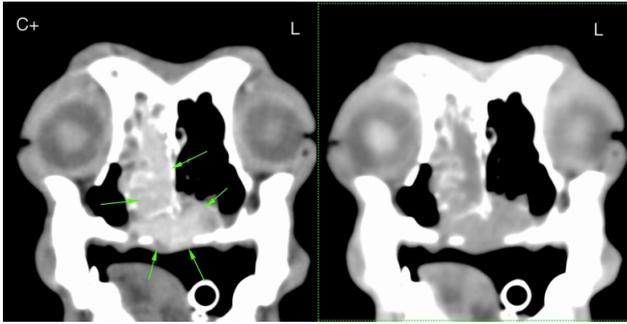


Fig.3 : Pre- (right) and postcontrast (left) transverse images of the head showing enhancement of the caudal nasal lesion (arrows).

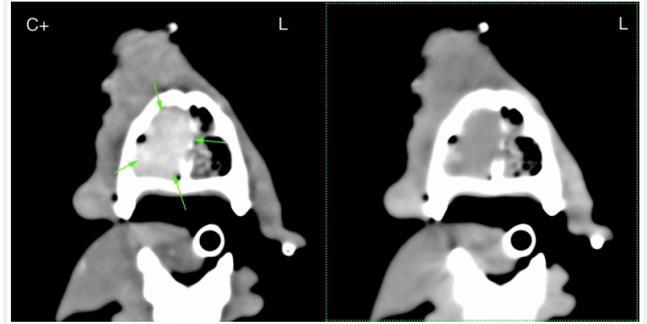


Fig.4 : Pre- (right) and postcontrast (left) transverse images of the head showing enhancement of the cranial nasal lesion (arrows).