



PATIENT PRESENTING CLINICAL SIGNS

Twister Miller Twister presents for nasal congestion and epistaxis. He has a dermal mass over the bridge of the nose and severe nasal discharge from the left nostril.

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Feline Plain and post contrast studies of the head and post contrast study of the thorax available for review.

BREED COMPUTED TOMOGRAPHIC FINDINGS

DSH **Head**

SEX

MN

AGE

14 Years

An irregular shaped and ill-defined soft tissue attenuating mass with strong heterogeneous contrast enhancement is seen within the left nasal cavity. The mass measures approximately 3.5 x 3 x 3 cm and fills all three thirds of the left nasal cavity. Polyostotic aggressive osteolytic changes of the left nasal, maxillary, palatal, and sphenoidal bone are seen as well as of the left bony orbita which do allow for extension of the mass onto the dorsum of the nose within the rostral third of the nose as well as into the left orbita and nasal fundus. The mass also appears to extend into the right nasal cavity within the cranial third of the nose and obliterates the left nostril. Mild lateral and dorsal deviation of the left eye is seen however the left eye presents microphthalmos and lens luxation with mineralizing nuclear sclerosis. The cribriform plate is intact. No intracranial extension is seen at this point. The left frontal sinus is filled with fluid attenuating contrast negative material. The left presphenoidal sinus and nasal fundus contain fluid attenuating material as well.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The left medial retropharyngeal and submandibular lymph nodes present mild symmetric enlargement.

HOSPITAL NAME

Critical Vet
Care/Suncoast
Veterinary

Thorax

Motion related artifacts are seen in the caudal thorax.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

REFERRING VET

Dr. Young

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

INVOICE

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The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

DATE

1-23-23



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COMPUTED TOMOGRAPHIC DIAGNOSIS

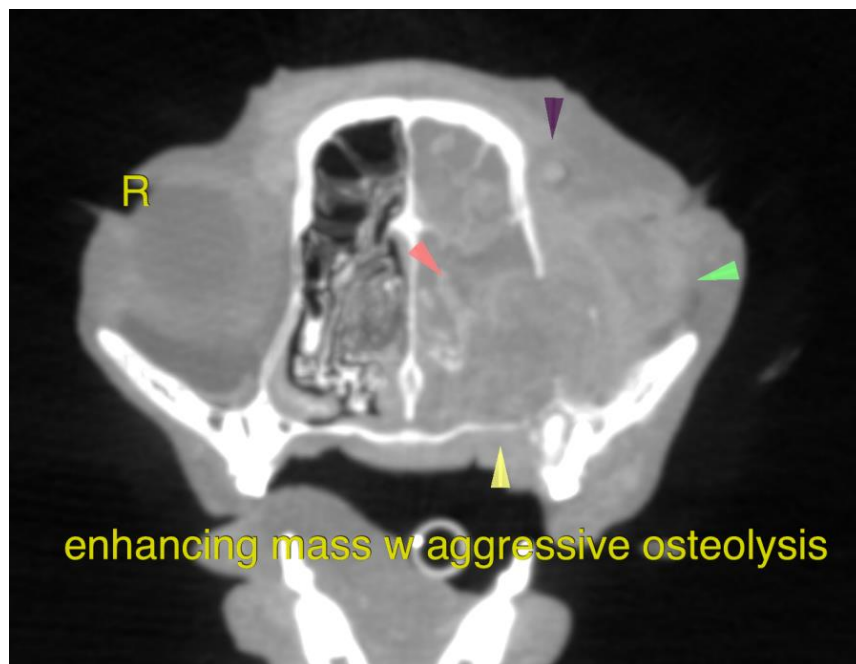
- Soft tissue mass within the left nasal cavity with aggressive biological behavior and extension into the left orbita as well as onto the dorsum of the nose.
- Secondary obstructive left frontal and presphenoidal sinusitis.
- Left sided microphthalmos, lens luxation, and nuclear sclerosis.
- Left sided medial retropharyngeal and submandibular lymphadenomegaly.
- No evidence of pulmonary metastases.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with a malignant soft tissue neoplasia within the left nasal cavity with extension into the left orbita and onto the dorsum of the nose. Differential diagnosis includes adenocarcinoma, other carcinoma, lymphosarcoma, and less likely soft tissue sarcoma. Final diagnosis would require sampling for histology which can be obtained under endoscopic guidance if not performed already. Direct sampling from the left nostril and dorsum of the nose may be an option as well in this case.

The lymph node changes are equivocal for reactive hyperplasia versus early metastatic disease.

The findings of the left eye may be caused by the mass and mass effect. However, no direct infiltration of the tissues of the globe are seen and independent pathology of the left eye cannot be ruled out either.





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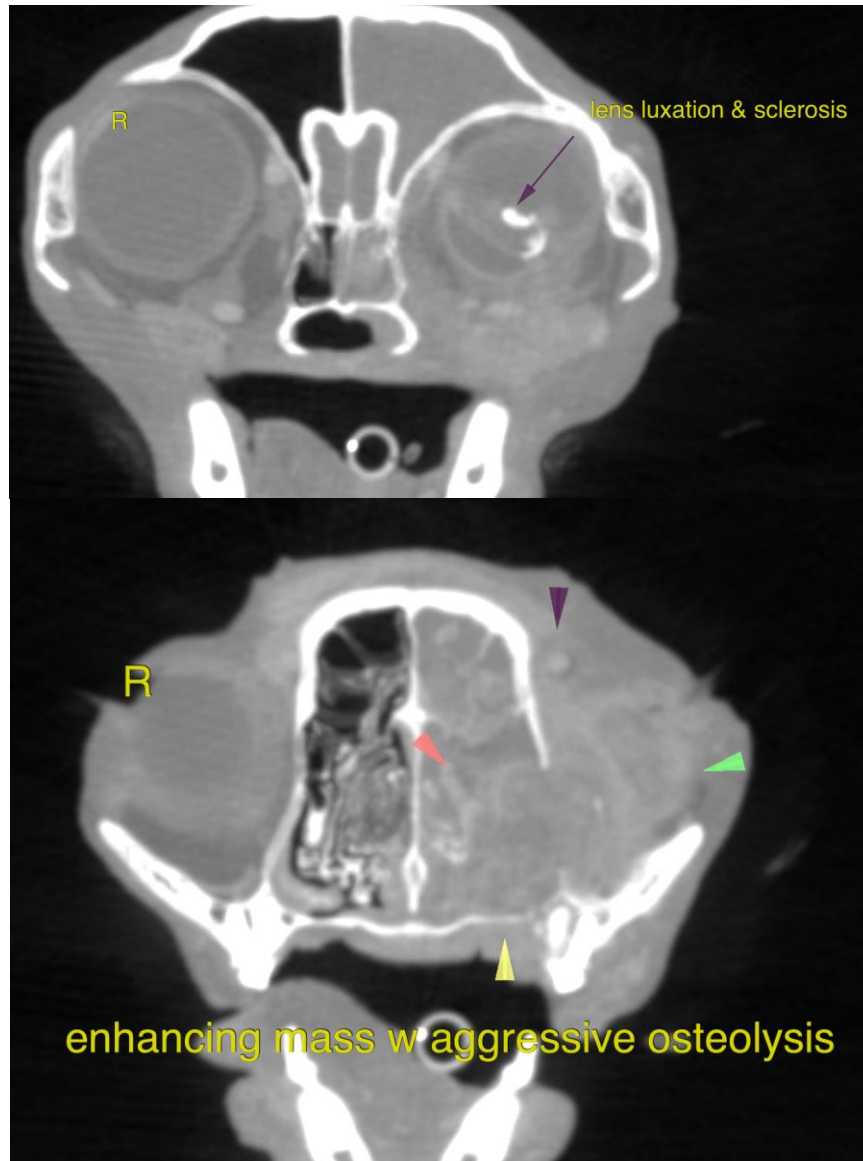
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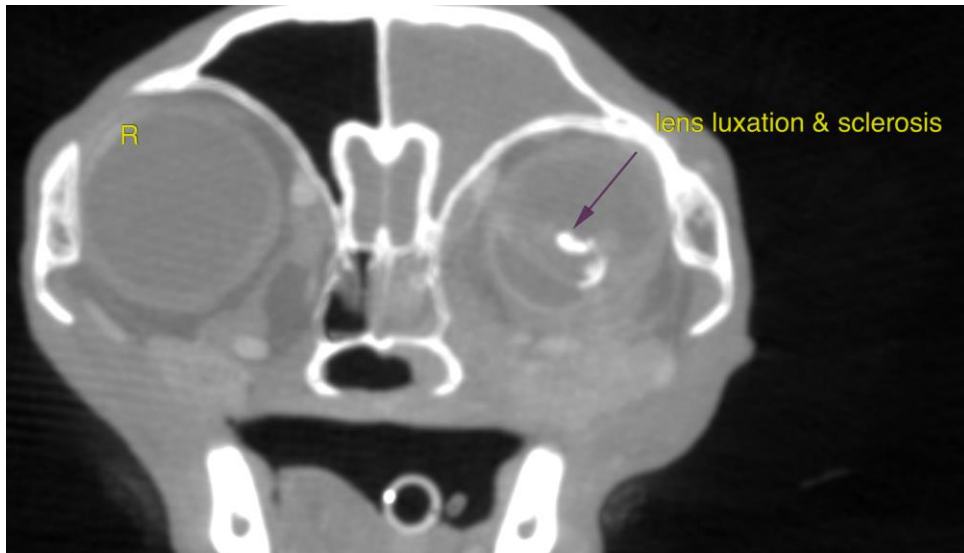
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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