



PATIENT

Tinkerbelle Defa

SPECIES

Feline

BREED

Main Coon

SEX

F

AGE

4Y

WEIGHT

4.12kg

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

David Mason

HOSPITAL NAME

Mountain West
Veterinary Specialists

REFERRING VET

David Mason

INVOICE

73516

DATE

1-28-26

PRESENTING CLINICAL SIGNS

Hx of ear infection late 2025. Head tilt persisted after treatment. Multiple courses of antibiotics with no or little improvement. Past 4 months P was snorting, had discharge from the nose, and abscesses above the right side of the nose. Antibiotics have not cleared the infection.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A large irregular marginated soft tissue mass centered within the right nasal cavity with marked turbinate destruction and adjacent bone lysis of the nasal, maxillary, palatal bones, right bony orbita, and nasal septum is seen. The mass extends across the nasal septum with paranasal extension into the left nasal cavity, nasal fundus, and onto the bridge of the nose as well as into the right orbital region. The mass is measuring approximately 4 x 3.5 x 3 cm. The right frontal sinus is filled with fluid compatible with obstructive sinusitis. No evidence of intracranial extension is noted at this time. The cribriform plate remains intact.

Mild bilateral submandibular lymph node enlargement is noted. The retropharyngeal lymph nodes present within normal limits.

Ears and tympanic bullae present within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large right nasal mass with paranasal extension and aggressive biological behavior.
- Secondary obstructive right frontal sinusitis.
- Mild bilateral submandibular lymphadenomegaly.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a malignant right nasal neoplasia with extensive turbinate destruction, facial bone lysis, orbital involvement, and cross midline extension as well as extension onto the bridge of the nose and into the nasal fundus. Differential diagnosis includes nasal neoplasia, most likely carcinoma, and less likely lymphoma or sarcoma. Definitive diagnosis can be achieved via tissue sampling for histopathology.

Cytology of the submandibular lymph nodes can be considered for staging. The CT changes of the submandibular lymph nodes are mild and suggest reactive hyperplasia rather than metastatic disease even though this cannot be completely excluded.



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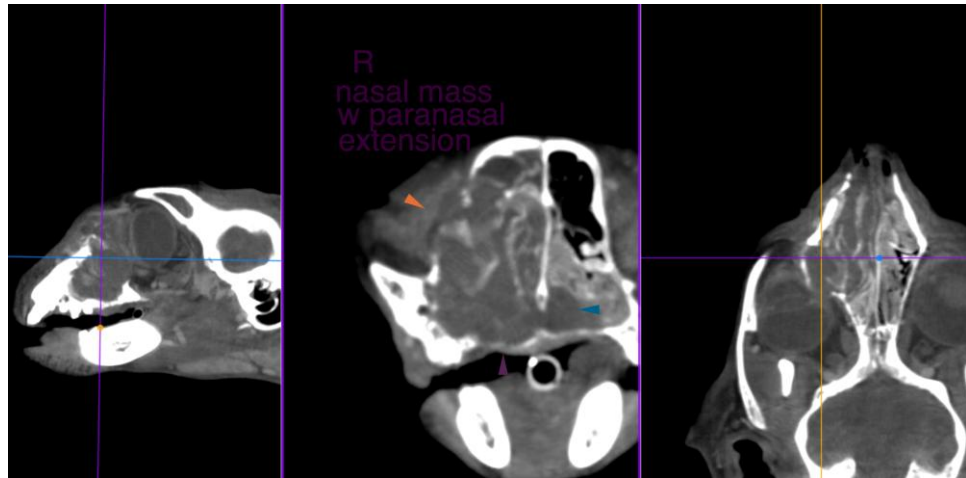
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
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