



PATIENT

Steve Trolan

SPECIES

Feline

BREED

Tabby

SEX

MN

AGE

10

WEIGHT

6.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patricia Sanchez
Sanchez

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Patricia Sanchez Sanchez

INVOICE

73023

DATE

12-18-25

PRESENTING CLINICAL SIGNS

recently has started making abnormal noises from his nose/throat. Snoring or wheezy noise. Goes away if O moves him into different position. O feels it's getting worse. No nasal discharge, occasional sneezing and weeping from the eyes. Coughs sometimes, has been seen in the past for potential cat asthma. Otherwise no other concerns.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & NECK

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A 14 x 10mm sized, ovoid, well delineated, soft tissue mass is seen in the left tonsillar region. The lesion has a thin wall, presents rim enhancement, and focal mineralization. The center of the mass is contrast negative and hypodense. The appearance of the mass suggests origin from the left tonsil. The right tonsil is normal in size and morphology. No evidence of bony involvement or destructive changes in surrounding skull or mandible is seen.

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

The cervical lymph nodes present within normal limits as well.

The thyroid gland presents within normal limits.

The salivary glands present within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Focal mass in left tonsillar region with rim enhancement and focal mineralization.
- No evidence of regional lymphadenopathy in the head and neck.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging appearance is consistent with a tonsillar mass. Differential considerations include neoplasia such as lymphoma or squamous cell carcinoma and less likely atypical cyst or chronic granuloma. No evidence of regional lymphadenopathy or local invasion can be identified at this time. Biopsy of the left tonsillar mass for histopathology is recommended to determine a definitive diagnosis and plan further management such as surgical.



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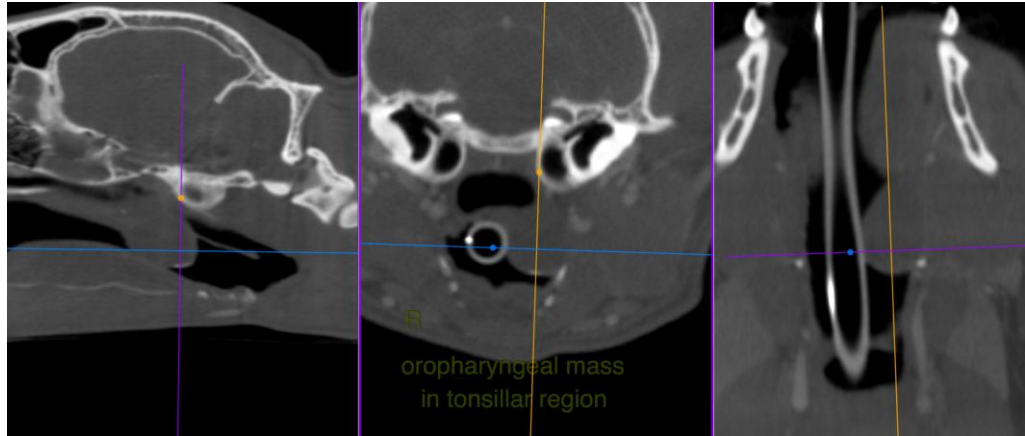
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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