



## PATIENT

Kitty Hadjinicolaou

## SPECIES

Feline

## BREED

Norwegian Forest Cat

## SEX

FS

## AGE

15Y, 7M

## WEIGHT

4.7kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Ana

## HOSPITAL NAME

Animal Trust - Bolton

## REFERRING VET

Ana Valega

## INVOICE

73770

## DATE

2-17-26

## PRESENTING CLINICAL SIGNS

- External referral
- 29/01 "large firm mass on central forehead. causing mass effect compression of RIGHT eye, eye slightly retropulsed, cornea and conjunctiva look ok. nose swollen bilaterally. slide test shows airflow from both nostrils. no nasal discharge. concern nasal carcinoma or other neoplasm."
- Sneezing at home since, on AMs and NSAIDs, no improvement noted
- FNA at RV - lymphoid proliferation noted

Abnormal PE/Chem/CBC/UA Results: WNL except TP and globulins elevated

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Plain and post contrast studies are available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

### Head

A large, irregularly shaped, and ill-defined bilateral dorsal nasal mass measuring approximately 5 x 4 x 3 cm is seen with paranasal extension over the bridge of the nose. The mass presents moderate nonuniform contrast enhancement. Aggressive invasion of the nasal cavities characterized by marked turbinate destruction, osteolysis of the nasal bones and dorsal maxillary structures is seen. The mass extends into the craniomedial orbits bilaterally causing mass effect; right more evidently than left.

The frontal sinuses contain fluid on both sides.

Mild bilateral retropharyngeal lymphadenomegaly is noted.

### Thorax

Focal atelectasis is present in the caudal aspect of the cranial subsegment of the left cranial lung lobe. The remaining pulmonary parenchyma is well aerated. There is no evidence of pulmonary nodules, masses, or consolidations.

Mediastinum, trachea, and heart present within normal limits.

No pleural effusion or thoracic lymphadenopathy is identified.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral dorsal nasal soft tissue mass with paranasal extension and orbital extension.
- Mild bilateral retropharyngeal lymphadenomegaly.
- Bilateral secondary frontal sinus obstruction.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with malignant nasal neoplasia. Nasal lymphoma and sinonasal carcinoma are primary differential diagnoses. Other round cell neoplasia or severe fungal disease with granuloma formation cannot be ruled out entirely but are considered by far less likely.

The mild retropharyngeal lymph node enlargement is suggestive for reactive change. Early metastatic involvement cannot be excluded completely but is considered less likely.



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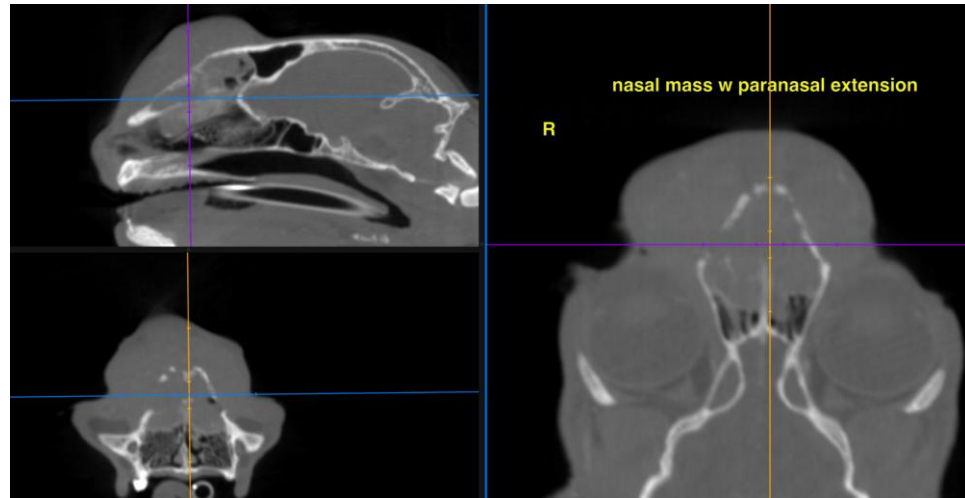
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There is no CT evidence of pulmonary metastasis.

Definitive tissue diagnosis requires core biopsy. With a confirmation of lymphoma, systemic staging could be considered prior to chemotherapy. With a confirmation of carcinoma, radiation therapy could be discussed as a primary treatment option. The long term prognosis, however, is very guarded to poor, unfortunately.



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DipECVDI

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.

## IMAGING PERFORMED BY

Ana

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

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Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.

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