



**PATIENT**

Bella Lawrence

**PRESENTING CLINICAL SIGNS**

Mass Left Nares  
Abnormal PE/Chem/CBC/UA Results: CBC, Biochem, Urinalysis Unremarkable

**SPECIES**

Feline

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD**

Plain and post contrast studies available for review.

**BREED**

DSH

**COMPUTED TOMOGRAPHIC FINDINGS**

An irregular shaped and ill-defined mass of approximately 3.5 cm length and 1 cm diameter is seen within the left nare and on the floor of the left nasal cavity. Distortion, expansion, and partial obstruction of the left nare are noted. The mass presents nonuniform contrast enhancement. Regional turbinate destruction along the ventral nasal concha is noted. No aggressive osteolytic lesions are seen in the proximity of the mass. However, the mass obstructs the left ventral nasal meatus. The cribriform plate is intact. The frontal sinuses present within normal limits.

**SEX**

FS

The medial retropharyngeal lymph nodes present within normal limits.

**AGE**

17

Mild left hand sided submandibular lymphadenomegaly is seen.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Soft tissue mass within the left nare with extension on the floor of the left nasal cavity with regional turbinate destruction.
- Left submandibular lymphadenomegaly.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals a soft tissue mass which expands and obstructs the left nare and extends along the floor of the left nasal cavity under turbinate destruction. Differential diagnosis includes squamous cell carcinoma and less likely nasal adenocarcinoma, fibrosarcoma, or round cell neoplasia. Final diagnosis will require sampling for histology. Regional destructive rhinitis with granuloma formation cannot be ruled out entirely but is thought by far less likely. Correlation with the results of the sampling recommended.

**HOSPITAL NAME**

Holy Family  
Veterinary Hospital

**REFERRING VET**

Dr. Torado

The lymphadenomegaly of the left submandibular lymph node is mild and suggests reactive hyperplasia. Fine needle aspiration is recommended in order to rule out the less likely possibility of early metastatic disease.

**INVOICE**

56855

**DATE**

2-21-23



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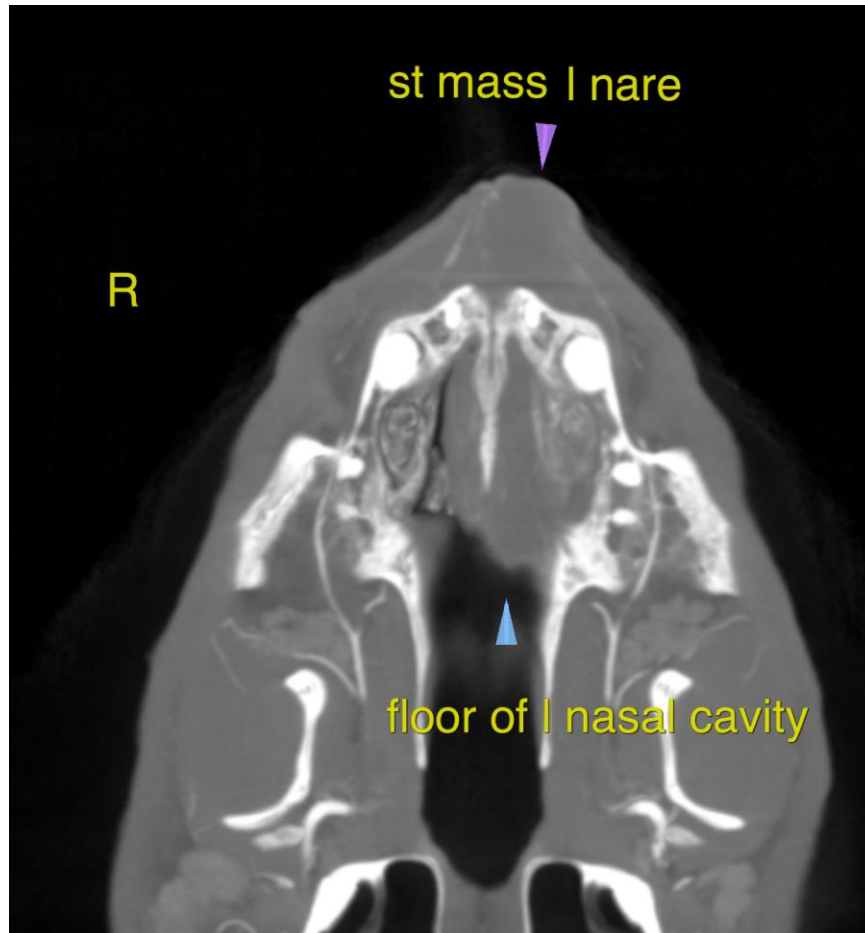
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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