



PATIENT PRESENTING CLINICAL SIGNS

Hagrid Semmlinger

Owner presented Hagrid for consultation regarding a growing spot on his nose and a lump on his head, which has doubled in size since December and is located above his left eye. Owner reported sneezing, initially after starting lysine, with sneezing blood (primarily from the left nostril) occurring about half the time, and persistent nasal discharge and weeping from the left eye. Sneezing and huffing episodes are frequent, estimated at about 10 times daily. Vomiting occurred after car rides, particularly after gabapentin administration; owner reported Hagrid vomited and defecated multiple times during travel to the clinic. History includes FIV positivity, previous urinary obstruction and suspected cystitis in 2021, and presence of two BBs in the body from prior unknown trauma. No current medications except gabapentin given prior to travel, which was vomited; previously received lysine and an unspecified antibacterial/antibiotic that temporarily improved symptoms. Diet consists of Smalls brand wet food; no prescription diet currently. Owner noted increased playfulness after introduction of a new kitten but mentioned Hagrid is generally difficult at veterinary visits and has a history of aggression and stress during hospitalization.

SPECIES

Feline

BREED

Tabby

SEX

MN

Abnormal PE/Chem/CBC/UA Results: PE: Fear/Anxiety/Stress Score: 3/5 - Nervous, requires gabapentin.; Eyes: OS: Serous discharge present. OD: Clear, no discharge.; Lymph Nodes: Large lymph node on the lower left side; Integument: Large lymph node palpable on the lower left side.; CBC: WBC 18.20; Neutrophils 13.52; Monocytes 1.15; Chem: Glucose 204; Globulin 5.5;

AGE

8yr

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

INTERPRETED BY

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

COMPUTED TOMOGRAPHIC FINDINGS

THORAX

There is no evidence of interstitial pulmonary nodules.

HOSPITAL NAME

Catskill Veterinary
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Moderate generalized bronchial lung pattern with mild tree in bud appearance consistent with mucus plugging is seen.

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

Joseph D'Abbraccio,
DVM

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

HEAD

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchyma attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

INVOICE

23970

The cribriform plate is intact.

DATE

02/24/2026



PATIENT
Hagrid Semmlinger
A left sided frontal and nasal bone mass with aggressive permeative osteolysis and periosteal new bone formation is seen. The mass extends both extra and intranasally, as well as within and outside of the frontal sinus. The soft tissue component of the mass presents non-uniform contrast enhancement.

SPECIES
Feline
A left sided intranasal mass with regional turbinate lysis is seen affecting the mid and rostral third of the left nasal cavity. Lesion margins are ill-defined. Non-uniform contrast enhancement is noted.

A 15 by 5 mm sized nasopharyngeal soft tissue mass is broadly attached to the nasopharyngeal roof. Lesion margins are ill-defined. The mass presents non-uniform contrast enhancement. Obstruction of the upper airways is noted.

BREED
Tabby
The regional submandibular and retropharyngeal lymph nodes present normal in size and morphology.

SEX COMPUTED TOMOGRAPHIC DIAGNOSIS

- SEX**
MN
- Aggressive left sided nasal and frontal bone neoplasia with bony destruction, turbinate lysis, and extension into the nasal and frontal sinuses, as well as dorsal nasopharyngeal soft tissue mass.
 - Thoracic changes consistent with chronic inflammation and mucus plugging compatible with allergic airway syndrome.
 - No evidence of pulmonary metastatic disease.

AGE

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INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The CT study reveals three masses in the head region with aggressive biological behavior. There is a left sided nasal and frontal bone neoplasia, a left sided intranasal mass, and a dorsal nasopharyngeal soft tissue mass causing upper airway obstruction. Differential considerations include lymphoma with multifocal manifestation or separate entities such as squamous cell carcinoma or other carcinoma, osteosarcoma, and less likely soft tissue sarcoma or melanoma. Tissue sampling of the various masses is required for definitive diagnosis.

HOSPITAL NAME

Catskill Veterinary
Services

The thoracic CT appears unremarkable for metastatic disease. Treatment considerations depend on the tissue diagnosis. In case of nasal carcinoma, referral for radiation therapy +/- surgery could be considered. Lymphoma would require oncology consultation for systemic therapy.

REFERRING VET

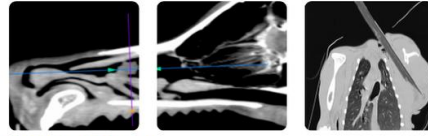
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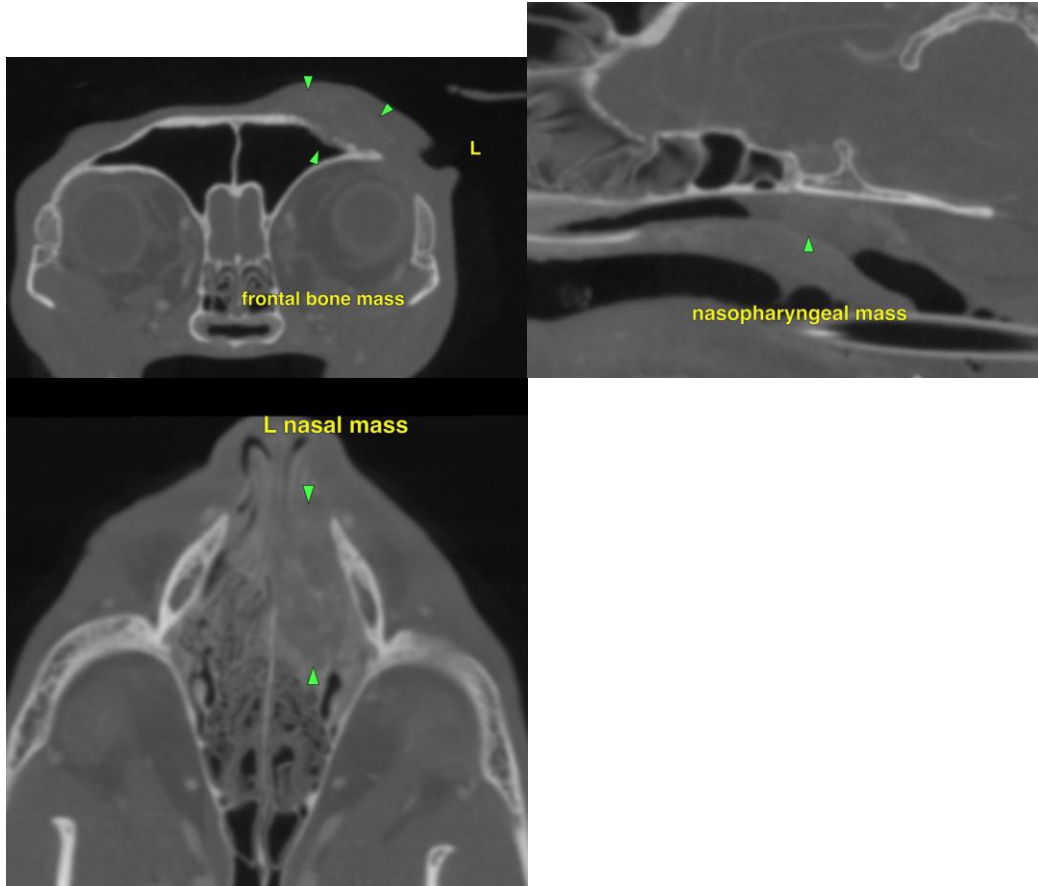
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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