



PATIENT

Ming Ling Couto

SPECIES

Feline

BREED

Bengal

SEX

Male Neutered

AGE

12Y, 11M

WEIGHT

3.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Christina

HOSPITAL NAME

Pet Emergency &
Referral Center - NVA

REFERRING VET

Elizabeth Lechner Hines

INVOICE

74047

DATE

3-4-26

PRESENTING CLINICAL SIGNS

Over the past 6 weeks, progressive upper respiratory signs including mucopurulent discharge. Signs are worse on the right compared to the left but is present bilaterally. No positive response to corticosteroids, antimicrobials, Or antiviral therapy. Patient is now become progressively anorexic as well. There is a degree of right facial swelling present and right ocular discharge. CT, rhinoscopy, an esophagostomy tube placement was performed today. Samples collected for culture, fungal culture, and histopathology with primary differential being neoplasia based on entire clinical picture. Patient also has underlying it enteropathy and has been on prednisone long-term for that. Rhinoscopic examination revealed coin obstruction worse on right compared to the left mucopurulent discharge on the right and relatively normal mucosa on the left but during biopsy sample, tissue was noted to be subjectively friable bilaterally.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Marked soft tissue proliferation is seen within the dorsal and ventral nasal meatuses of the right nasal cavity. Turbinate lysis is extensive resulting in partial loss of normal turbinate architecture. The mucosal is irregular and mild to moderately contrast enhancing. No cribriform plate destruction, bone, or nasal septum lysis is identified. The adjacent frontal sinuses demonstrate mild mucosal thickening with mild fluid attenuation. Mild soft tissue thickening and fluid accumulation are present in the left nasal cavity with no evidence of turbinate lysis and no extensive soft tissue proliferation.

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal 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.

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Chronic bilateral rhinitis and sinusitis with more severe involvement on the right side.
- Extensive soft tissue proliferation and turbinate lysis in the right nasal cavity suspicious for early neoplasia.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals signs of chronic bilateral rhinosinusitis. However, extensive soft tissue proliferation and turbinate lysis are also present in the right nasal cavity suggesting potential for early neoplasia. Primary differentials include carcinoma, lymphoma, and less likely sarcoma or infectious granuloma. Evidence of regional lymph node metastasis or lymphadenitis is not seen. Histopathologic confirmation of right nasal soft tissue proliferation via biopsy has already been obtained. Fungal and bacterial culture of nasal tissues to rule out infectious contribution should be considered as well if not performed already.



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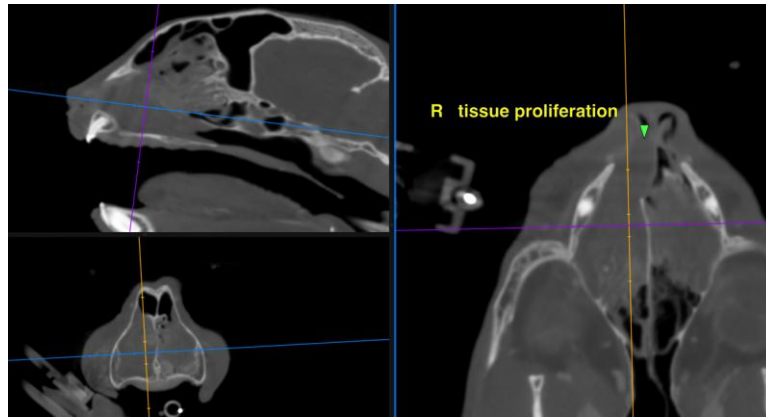
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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