

**PATIENT**

Mimi Blaber

**PRESENTING CLINICAL SIGNS**

chronic stertor, sneezing and intermittent epistaxis since 3/2022. Treated as URI with minimal response. Mass effect noted on right side with exophthalmus With retroflex nasopharyngoscopy a large mass obstructs the nasopharyngeal meatus (biopsy obtained) R/o carcinoma vs lymphoma vs other neoplasia vs less likely benign (granuloma, other)

**SPECIES**

Feline

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD**

Plain and post contrast studies in soft tissue and bone windows available for review.

**BREED**

DLH

**COMPUTED TOMOGRAPHIC FINDINGS**

A large expansile irregular shaped soft tissue attenuating mass is seen within the right nasal cavity. The mass measures approximately 5 cm in length and 4 cm in diameter. Regional conchae and turbinate destruction is noted as well as polyostotic aggressive osteolysis of the right nasal, maxillary, palatinal, and frontal bones as well as lysis of the bony nasal septum, cribriform plate, and pterygoid bone allowing for extension of the mass beyond the limits of the nasal cavity into the right orbita, right frontal sinus, left nasal cavity, nasal fundus, and cranial vault. The mass also extends onto the dorsum of the nose and expands the frontal sinus. The mass presents moderate nonuniform enhancement on the post-contrast study.

**SEX**

Female Spayed

**AGE**

16

The regional lymph nodes present within normal limits.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Soft tissue mass with aggressive biological behavior within the right nasal cavity and extension into the right orbita, left nasal cavity, frontal sinus, nasal fundus, and cranial vault.
- Obstructive right frontal sinusitis.
- No evidence of regional lymph node metastases.

**HOSPITAL NAME**

Green Dog Dental and  
Wellness

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings are compatible with malignant soft tissue neoplasia within the nasal cavity with extension into the right orbita, nasal fundus, left nasal cavity, frontal sinus, and cranial vault. Differential diagnosis includes adenocarcinoma, other carcinoma, lymphosarcoma, and less likely soft tissue sarcoma. Final diagnosis would require sampling for histology. However, the extensive tumor growth has to be considered, including the invasion of the cranial vault, and the long term prognosis is poor unfortunately.

**REFERRING VET**

Michael Geist, DVM,  
DACVIM

**INVOICE**

52203

**DATE**

5-31-22



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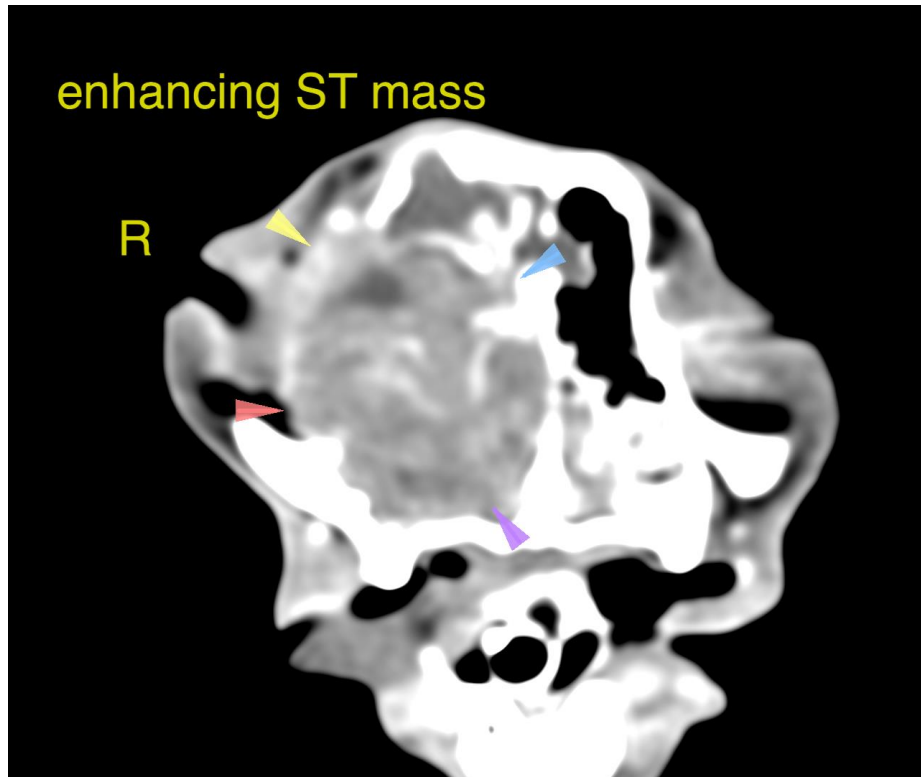
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
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