



PATIENT

Ralph Stenson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male

AGE

12

WEIGHT

4.6

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Hollie Sharp

HOSPITAL NAME

Animal Trust -
Ellesmere Port

REFERRING VET

Margarita Zikou

INVOICE

73363

DATE

1-19-26

PRESENTING CLINICAL SIGNS

History:

- last couple of weeks painful when eating, food falls from mouth
- R nostril small mass blocking passage, OR sneezed once and some pieces form mass came out
- no difficulties in swallowing according to O
- on nsaids improved with eating, now off again and seems uncomfortable
- Physical Examination/Findings:
 - nostrils normal and not painful on palp
 - small mass visible on R nostril
 - mouth exam unremarkable, no signs of discomfort when opening mouth and teeth not in very bad condition to explain mouth pain
 - ears nad
 - chest ausc unremarkable

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

A high resolution pre- and post-contrast CT study of the skull and thorax are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent.

The right nasal cavity is obliterated by soft tissue attenuating and mild irregular contrast enhancing material. Destruction of the associated nasal conchal structures is seen. Destruction of the associated nasal conchal structures is seen. The osseous lining of the right nasal cavity presents multifocal moth eaten osteolysis. Caudally the right nasal soft tissue material is extending into the choana, that are completely obliterated.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The right mandibular lymph nodes are prominent.

Thorax

The bony and surrounding soft tissue structures are within normal limits.



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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 is uniform and considered within normal limits.

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

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

In the pictured parts of the cranial abdomen, the pyloric antrum of the stomach presents an intramural, roundish uniform soft tissue attenuating and irregular moderate contrast enhancing mass; measuring 2.0 cm in diameter.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right nasal soft tissue mass with secondary polyostotic aggressive osteolytic lesions of the osseous lining
- Lymphadenopathy mandibular lymph nodes
- Intramural mass pyloric antrum of the stomach
- Multiple absent teeth
- Normal thorax, no evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right nasal soft tissue mass is consistent with primary nasal neoplasia. Differentials include adenocarcinoma, squamous cell carcinoma lymphosarcoma, other. Rhinoscopy including biopsy can be performed for specification. The Adam tumor stage is 2.

The intramural gastric mass may support the diagnosis of underlying lymphosarcoma.

Recommend FNA sampling of the enlarged mandibular lymph nodes and the gastric mass as well.



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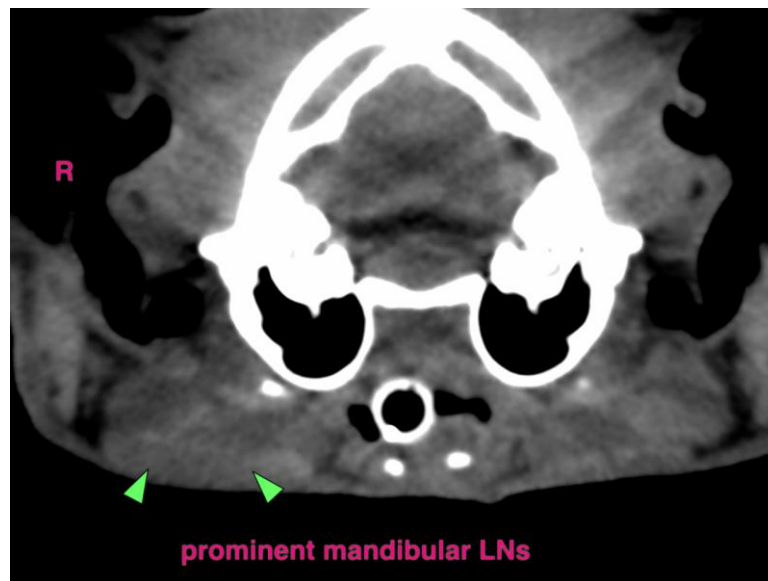
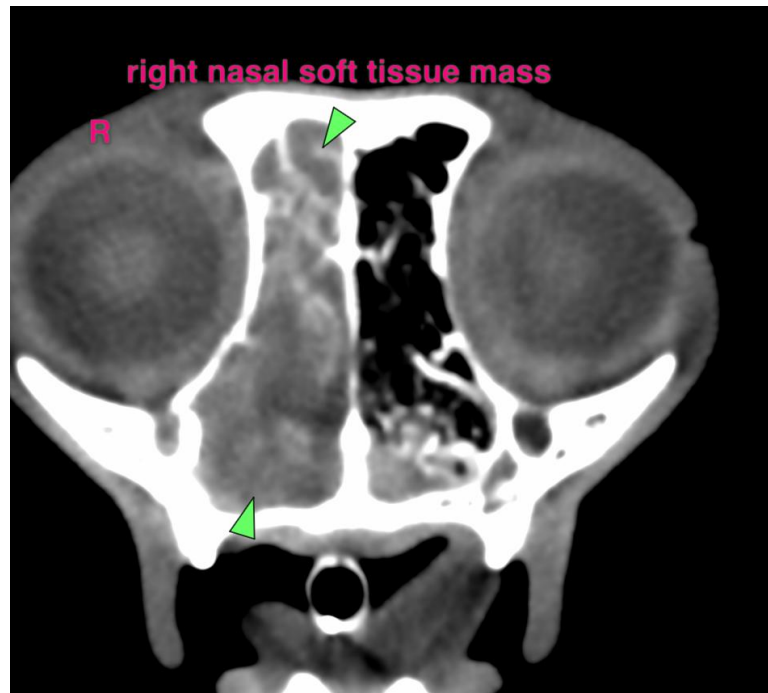
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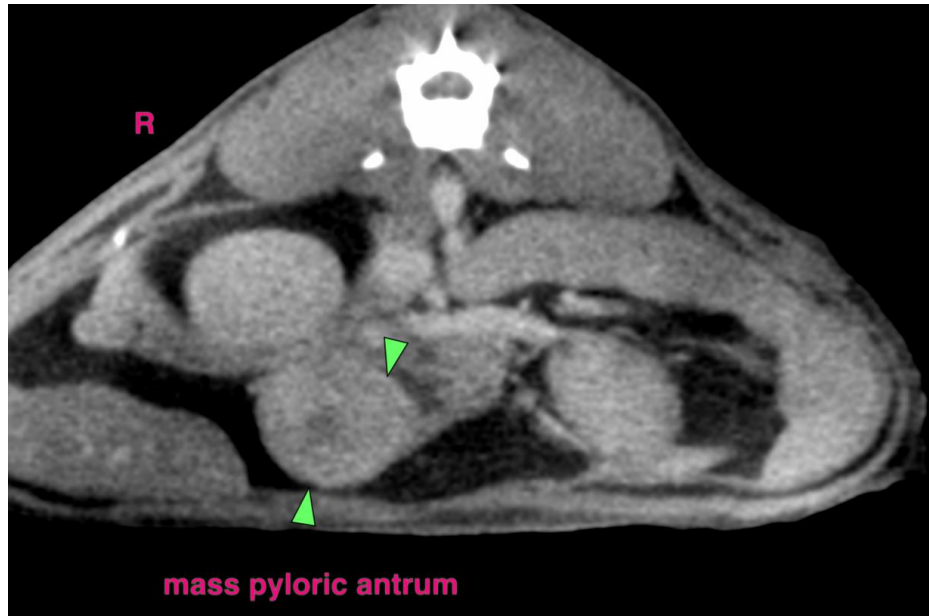
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com