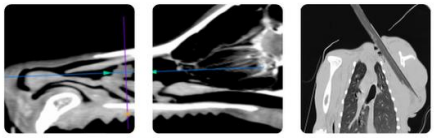

PATIENT

Emerson Madura

SPECIES

Feline

BREED

Ragdoll

SEX

MN

AGE

14Y

WEIGHT

10.5lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

WS

HOSPITAL NAME

Aloha Pet & Bird Hospital

REFERRING VET

Dr. Becton

INVOICE

73429

DATE

1-21-26

PRESENTING CLINICAL SIGNS

History:

- Chronic URI Systems, not responding to antibiotics or steroids, bloody discharge from left nares ; not eating ; fungal and bacteria cultures pending and uri panel pending

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

The left nasal cavity is obliterated by expansile, uniform soft tissue attenuating and irregular mild contrast enhancing material. Destruction of the associated nasal conchal structures is seen. The left nasal soft tissue material is extending caudally into the sphenoid sinus and is obliterating the choana. The ethmoid bone, presphenoid bone and cribriform plate present aggressive osteolysis and the cranial fossa is perforated. The left frontal sinus is filled with fluid attenuating material.

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 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.

The endotracheal tube is positioned in the esophagus.

Thorax

The caudal segment of the thoracic spine presents spondylosis formation.

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.

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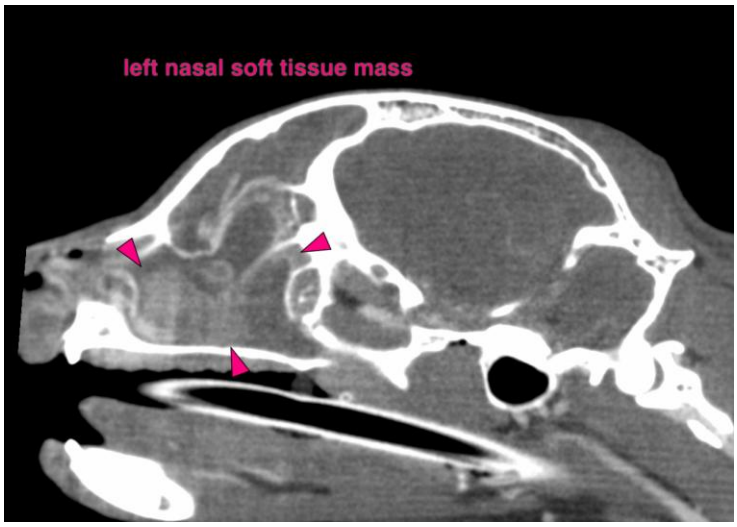
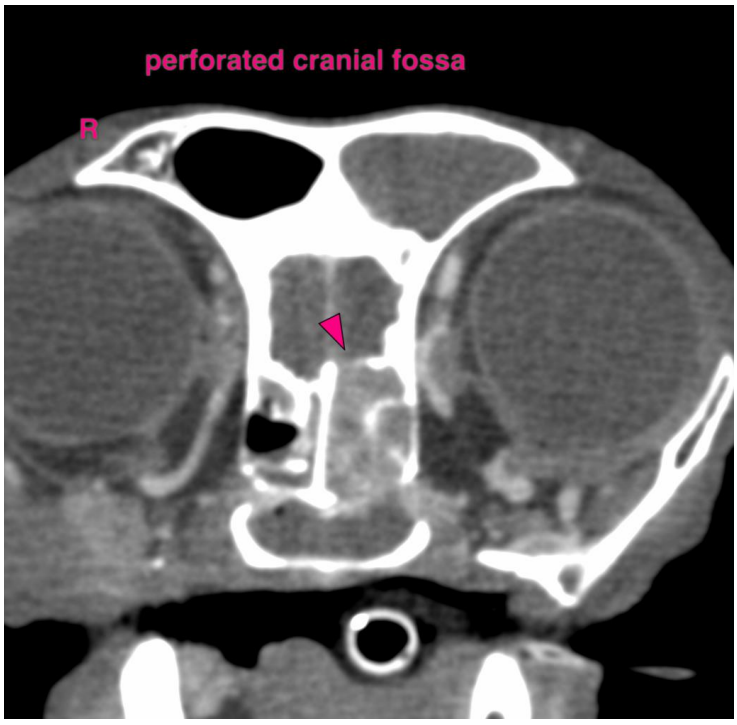
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left nasal soft tissue mass with polyostotic aggressive osteolytic lesions and perforation of the cranial fossa
- Spondylosis deformans caudal thoracic spine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left nasal soft tissue mass is compatible with primary nasal soft tissue neoplasia. Differentials include adenocarcinoma, squamous cell carcinoma lymphosarcoma, other. Rhinoscopy including biopsy can be performed for specification. The Adam tumor stage is 4.





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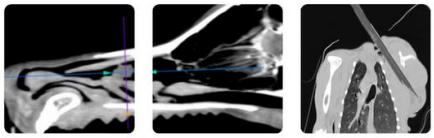

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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