



PATIENT

Bella Starr

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

3.5 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Victoria Bradshaw

HOSPITAL NAME

Gulf Shore VSS

REFERRING VET

Dr. Byron Young DVM,
MS, DACVS

INVOICE

35625

DATE

1/27/26

PRESENTING CLINICAL SIGNS

Bella presents for CT and rhinoscopy. She has a chronic rhinitis with sneezing that has not been responsive to medical management. Following CT Bella was moved to the endoscopy suite for rhinoscopy. An exam was performed to evaluate the nasopharyngeal region for polyp. No mass effect or discharge was seen in this region. A rigid endoscope was passed through the nares into each nasal passage in turn. Left nasal passage: red, inflamed nasal mucosa with moderate amount of thick white discharge. Right nasal passage: mucoid nasal discharge, inflamed mucosa with similar discharge. Bilateral culture swabs submitted for bacterial and fungal culture, nasal mucosal biopsies submitted for histopathology.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX

A high-resolution plain CT study of the skull and thorax is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

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

The caudal aspect of the nasal cavity is obliterated by soft tissue attenuating material and destruction & hyperostosis of the associated conchal structures is noted, L>>R. The cribriform plate and perpendicular plate of the left palatine bone present moth-eaten defects are perforated respectively. The left frontal sinus is filled with soft tissue material. The left nasal soft tissue material is protruding into the choana, presenting convex shaped margins.

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 submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

Thorax

In the subcutaneous tissue at the left caudoventral thoracic wall, a well-defined, ovoid shaped soft tissue attenuating mass with peripheral mild granular mineralization is appreciated, measuring 4.3 x 1.6 x 4.3 cm.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation 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.



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

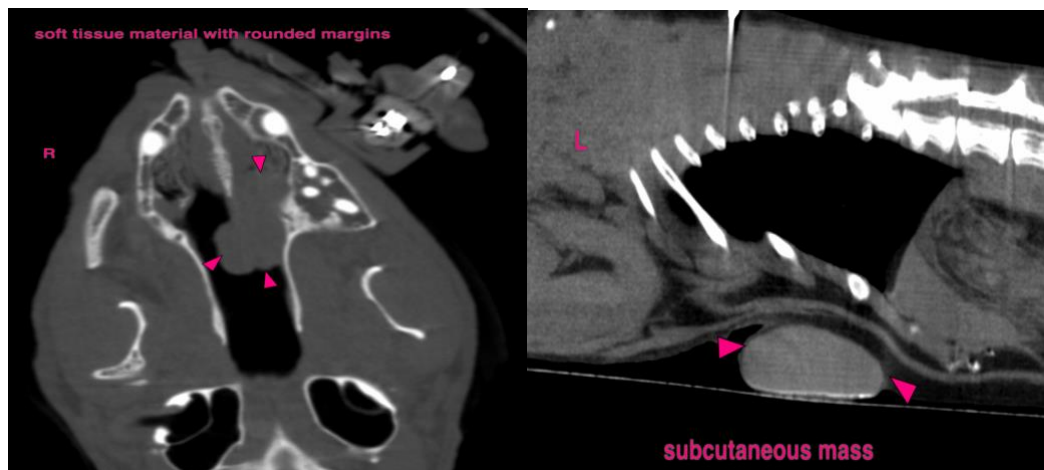
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Nasal soft tissue material with well-defined convex shaped margins and polyostotic semiaggressive osteolytic lesions of the osseous lining
- Sinusitis left frontal sinus
- Subcutaneous soft tissue mass left caudoventral thoracic wall with peripheral dystrophic mineralization
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the diagnostic yield of the plain CT is limited for specification of the nasal pathology – the convex shaped margins can increase the odds for a nasal soft tissue mass (e.g. neoplastic infiltration such as lymphosarcoma) or significant nasal mucosal swelling (e.g. secondary to rhinitis or granuloma). Rhinoscopy including biopsy has already been performed for specification.

The subcutaneous mass at the left caudoventral thoracic wall is concerning for primary – possibly cavitated – soft tissue neoplasm (e.g. benign inclusion cyst or sarcoma).



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.

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