



**PATIENT**

Wellington 28948E-  
CT Blood-Anderson  
Completely Cat Clinic

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

5 Years, 6 Months

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Gentle Doctor Animal  
Hospitals

**REFERRING VET**

Pete Bashara, DVM

**INVOICE**

54794

**DATE**

10-25-22

**PRESENTING CLINICAL SIGNS**

In as a referral this AM Skull/Sinus CT with consideration for rhinoscopic biopsy and culture Concerns with steroid responsive unilateral nasal discharge Non-targeted antibiotic therapy with poor response Progressive nature of condition over several weeks resulted in steroid trial Dramatic improvement in clinical symptoms with long-duration steroid product administered 10 days return of symptoms prompted start of oral steroid therapy Current steroid therapy has been discontinued for 72 hours with now bi-lateral mucoïd blood-tinged discharge and respiratory dyspepsia noted. Reported changes in appetite without steroid but normal attitude despite increase in clinical symptoms Imaging goals today Nose to neck for complete sinus and dental evaluation Pending findings - CT directed rhinoscopic exam and biopsy as indicated Consider culture pending findings knowing 2 weeks of current steroid use  
Abnormal PE/Chem/CBC/UA Results: Nasal discharge not cultured prior Normal chem/CBC with normal PT/PTT

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

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

The left nasal cavity is occupied by uniform soft tissue attenuating and mild irregular contrast enhancing soft tissue material. Advanced destruction of the associated conchal & turbinate structures is appreciated. The nasal septum is mildly bulging into the right nasal cavity. The perpendicular plate of the left palatine bone presents focal mild lateral deviation of an osseous lamella into the left orbit with signs of moth eaten osteolysis. The left frontal sinus is filled with fluid attenuating material. Level with the choana, the left nasal soft tissue material is extending to the right side, obliterating 100% of the cross-sectional area of the choana at the same level.

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.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Left nasal soft tissue mass with signs of malignancy
- Left sided obstructive sinusitis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The left nasal soft tissue mass is highly suggestive for primary nasal neoplasia. Differentials include lymphosarcoma, adenocarcinoma, squamous cell carcinoma, other. Theoretically rare inflammatory nasal adenomatoid polyp is a consideration, but the odds are low. Rhinoscopy



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including biopsy can be used as advanced diagnostic tests. Based on the results of the advanced diagnostic tests, the chances of radiation therapy can be discussed with oncologist.

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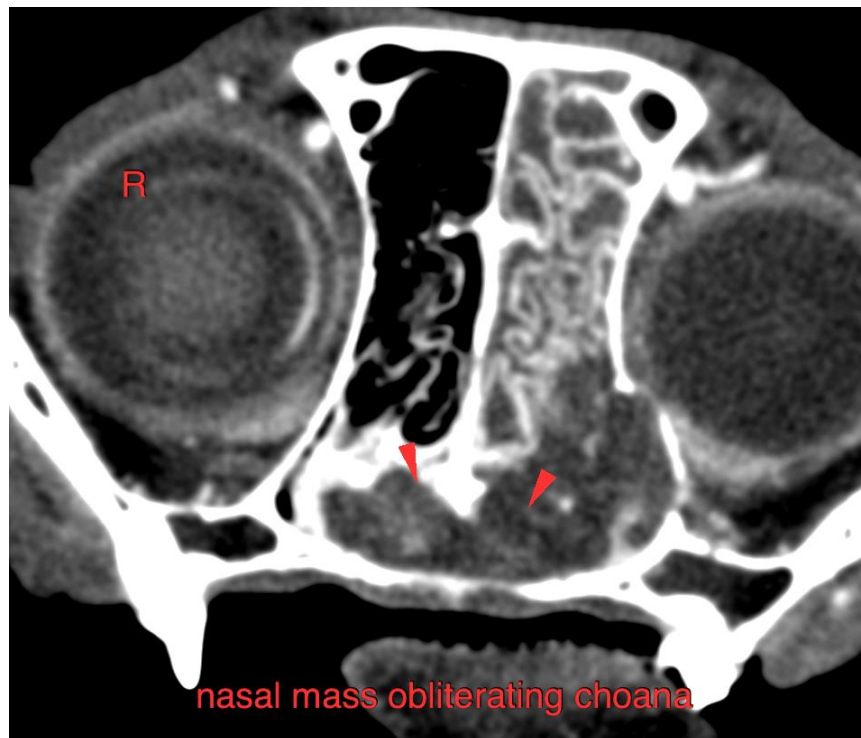
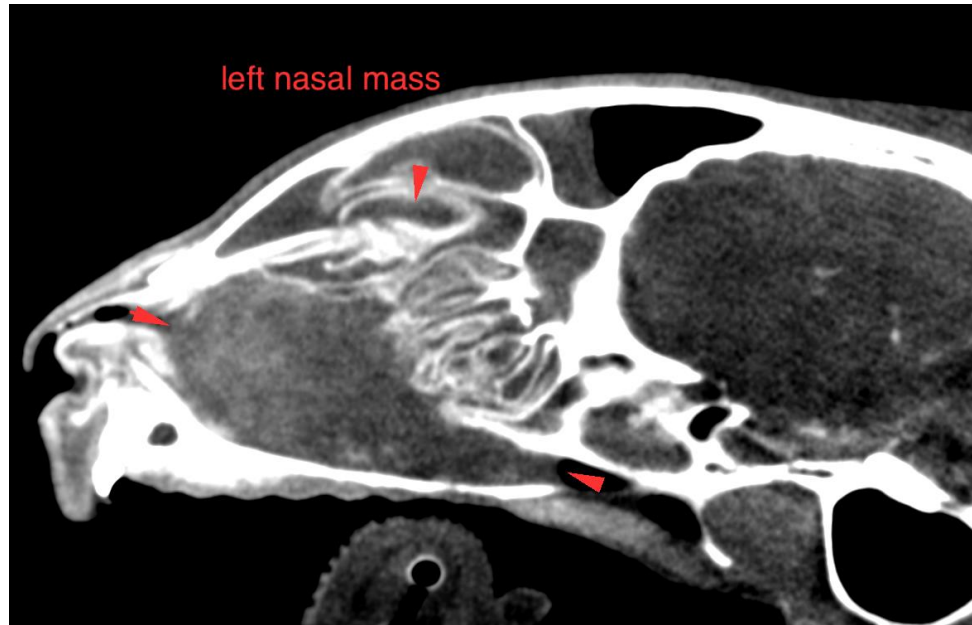
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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  
sebast.schaub@gmail.com

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