



**PATIENT PRESENTING CLINICAL SIGNS**

Machu Gebrehiwet

Chronic history of feline asthma, but he started sneezing frequently. He was treated for an upper respiratory infection and got Convenia last month, but it has not improved. Dr. Frank saw a pink, fleshy mass in the right nostril so he was brought here for further diagnostic and treatment plan. He has been eating, although not as much and he is still drinking as well. Blood was drawn to submit for pre-anesthetic panel. Stertorous breathing and nasal congestion; no nasal discharge noted. Pink fleshy mass obstructing the right nares several millimeters in from the opening. Thoracic auscultation: No heart murmur or arrhythmias ausculted; no wheezes or crackles, but difficult to auscult due to the increased upper airway noise

**SPECIES**

Feline

**BREED**

**COMPUTED TOMOGRAPHY OF THE SKULL**

DSH

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

Male Neutered

The pictured parts of the dentition are complete. Triadan 407 presents advanced resorptive lesions of the tooth roots.

**AGE**

8 Years

The rostral segment of the nasal cavity bilaterally is obliterated by soft tissue attenuating and contrast enhancing soft tissue material. Localized destruction of the nasal conchal structures is appreciated. The nasal mass is extending caudally up to the level of the alveolar crest of the maxillary canine teeth. In the caudal aspect of the nasal cavity bilaterally, fluid attenuating material is attached to the nasal mucosal lining. The right frontal sinus presents advanced hyperostosis of the osseous lining and fluid attenuating material in the remaining spaces of the right frontal sinus.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

**HOSPITAL NAME**

Mobile Pet Imaging

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 mildly prominent.

**REFERRING VET**

Seraydar

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Rostral nasal soft tissue mass with upper airway obstruction
- Mild rhinitis and chronic right sided sinusitis right frontal sinus
- Mild lymphadenopathy mandibular and medial retropharyngeal lymph nodes
- Dental resorptive lesions 407

**INVOICE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

10-31-22

The rostral nasal mass is highly concerning for nasal neoplasia, such as lymphosarcoma, melanoma, adenocarcinoma, squamous cell carcinoma, other. Theoretically a nasal polyp is a potential, but I would expect unilateral extend. Rhinoscopy including biopsy should be considered as advanced diagnostic tests.



**PATIENT** The prominent tributary lymph nodes of the skull are equivocal for reactive hyperplasia or metastatic spread – recommend FNA sampling for differentiation.

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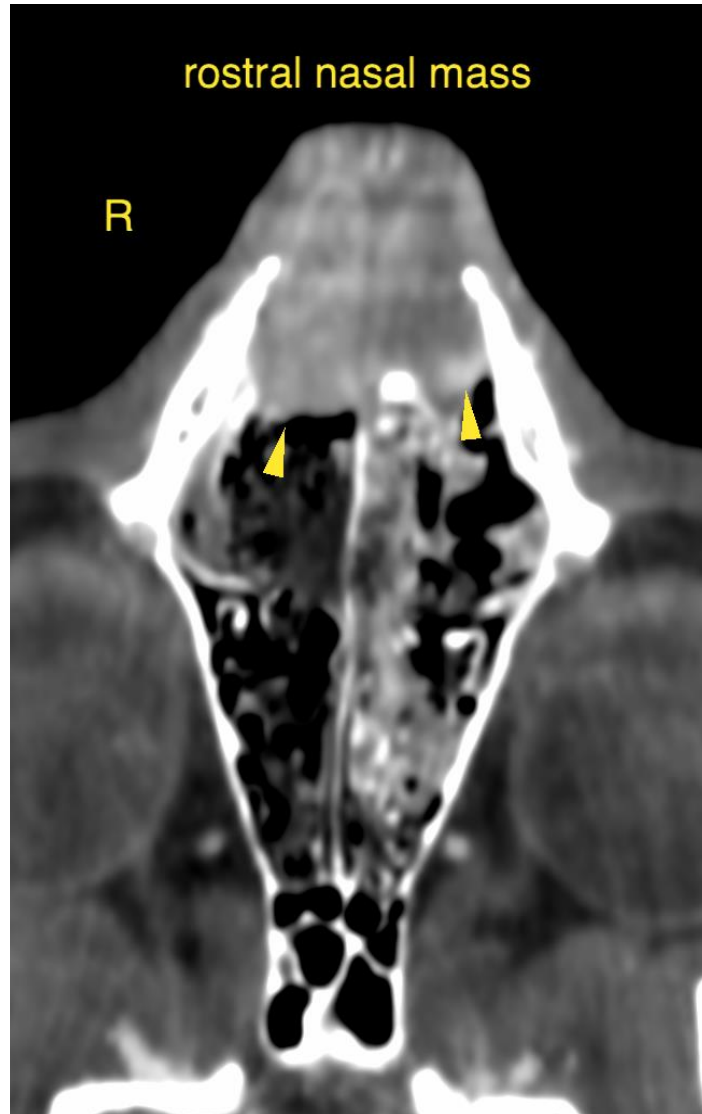
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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