



PATIENT

Nancy Bharucha

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11

WEIGHT

4.4

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary
Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

72734

DATE

11-24-25

PRESENTING CLINICAL SIGNS

Presented for swelling of on the right side of the face and proptosed right eye.
Abnormal PE/Chem/CBC/UA Results: HCT 26%

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent.

The right nasal cavity is obliterated by an expansile uniform soft tissue attenuating and mild contrast enhancing mass. Destruction of the associated nasal conchal structures is seen. The right maxillary bone and horizontal plate of the right palatine bone present permeative osteolytic lesion. The right nasal mass is protruding into the right orbital cavity; the right ocular bulb is displaced rostr dorsally by the mass effect. The right frontal sinus is filled with fluid attenuating material. The cribriform plate is perforated and the right nasal mass is bulging into the rostral cranial fossa; a midline shift of the falx to the left is present.

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

Both tympanic bullae contain a small amount of soft tissue attenuating material. 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.

Thorax

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

The sternal lymph nodes are prominent.

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 peritoneal fat presents mild to moderate soft tissue striation.



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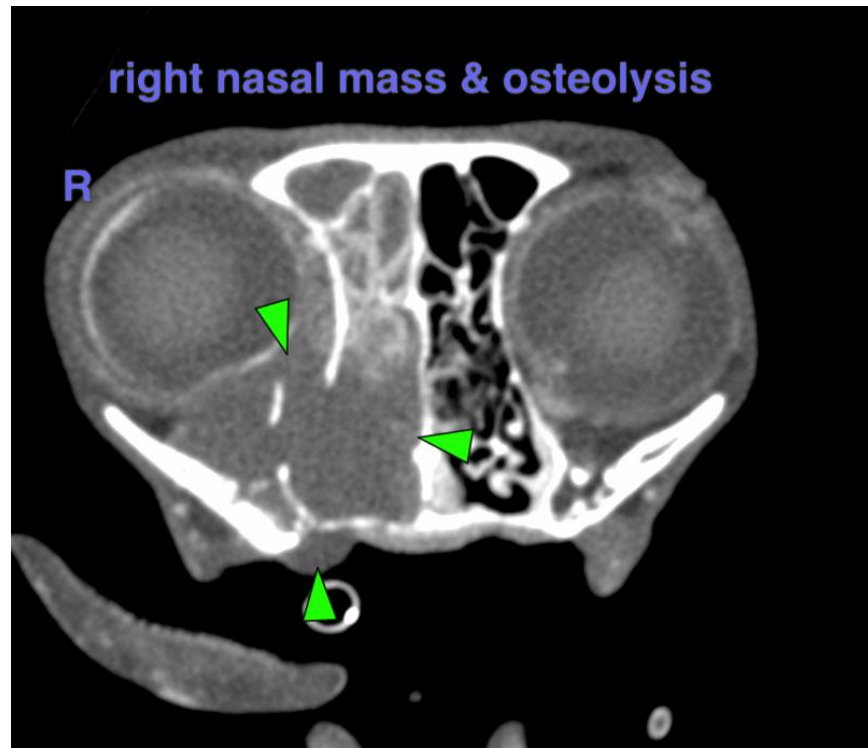
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Biologically aggressive primary right nasal soft tissue mass with polyostotic osteolytic lesions and perforation of the cranial fossa
- Lymphadenopathy sternal lymph nodes
- Peritoneal effusion/peritonitis
- Very mild otitis media
- 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 soft tissue neoplasm. Differentials include adenocarcinoma, squamous cell carcinoma lymphosarcoma, other. Rhinoscopy including biopsy can be performed for specification. The Adam tumor stage is 4.

The lymphadenopathy of the sternal lymph nodes is a sequela to the appreciated peritonitis/peritoneal effusion – consider abdominal imaging for further specification.





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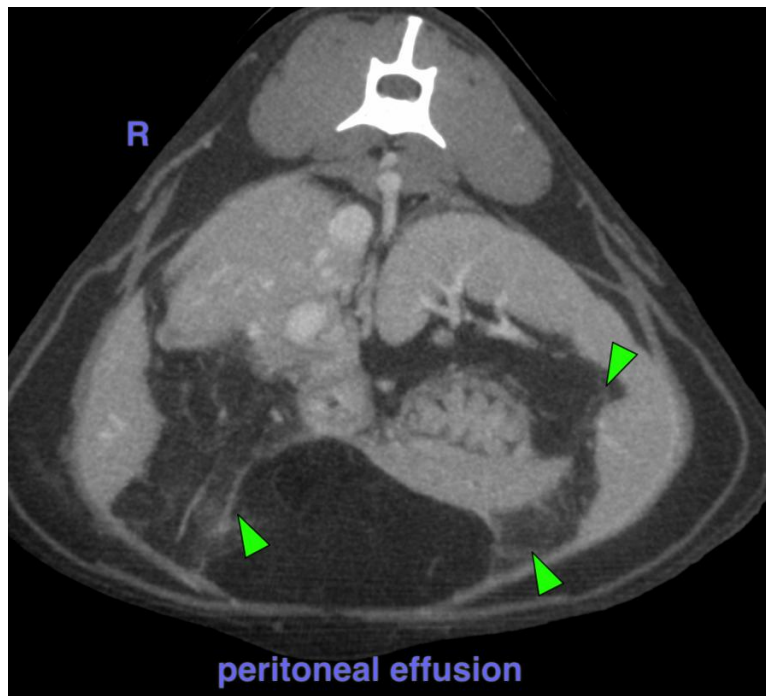
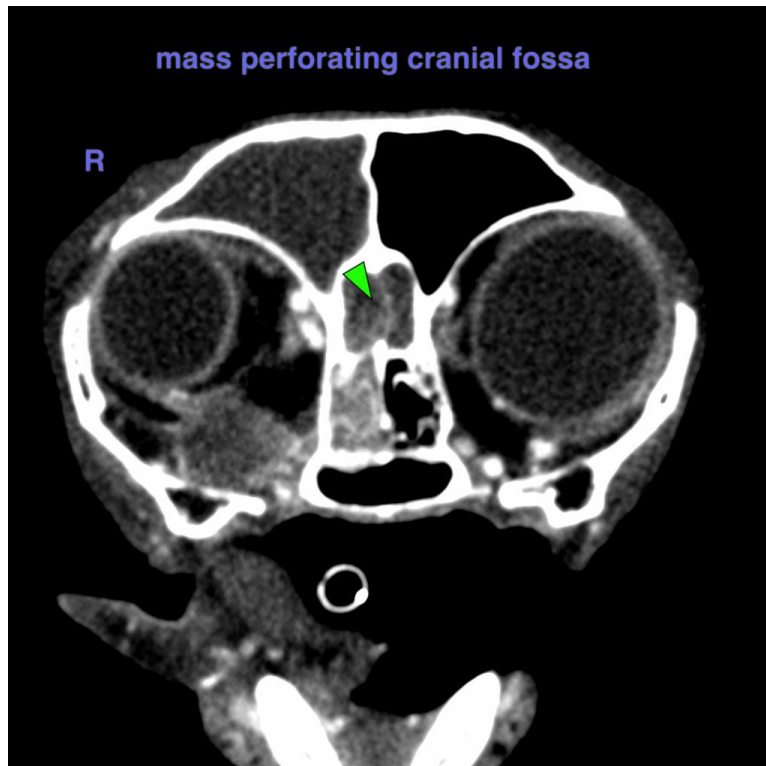
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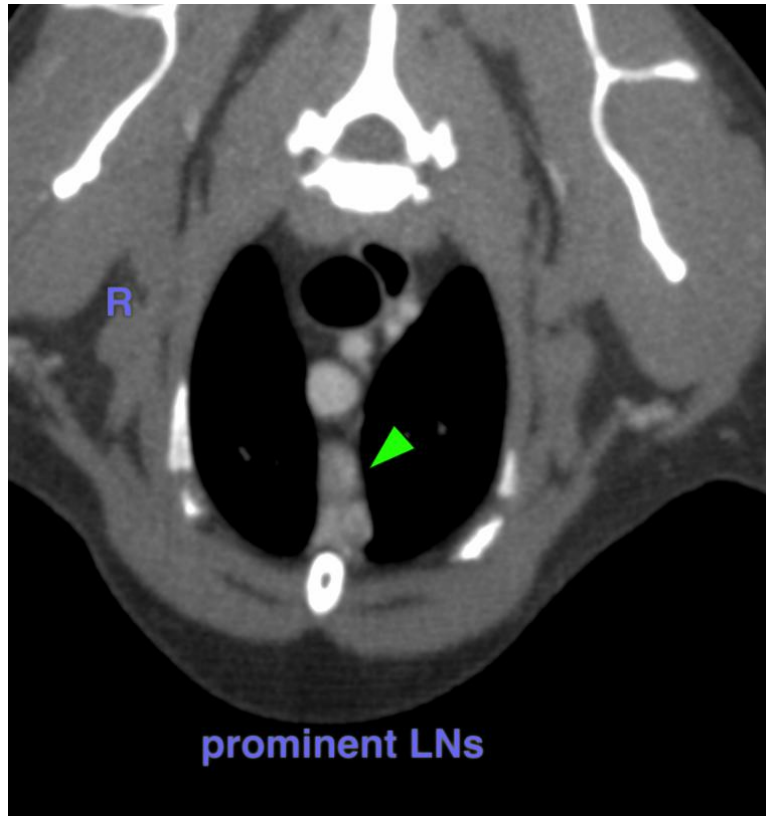
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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