



PATIENT

Honey Rounsaville

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

17

WEIGHT

5.25kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

EH

HOSPITAL NAME

Crown Veterinary
Specialists and
Associates

REFERRING VET

Carly Bloom

INVOICE

72498

DATE

11-4-25

PRESENTING CLINICAL SIGNS

Honey presented for further work up of nasal congestion and decreased appetite. She has a history of controlled diabetes mellitus and pancreatitis. She is taking low dose of prednisolone and Lantus insulin BID. At home her owner has noticed stertor and decreased nasal airflow for the past 1-2 months, with no cough, sneeze, or nasal discharge, and no improvement with nebulization or intranasal steroids. Abnormal PE/Chem/CBC/UA Results: Blood work shows mild azotemia and mild hyperglycemia. Exam shows reduced bilateral nasal air flow, occasional inspiratory stertor, and no nasal discharge. Retroflex rhinoscopy shows a large, multilobulated mass in the nasopharynx that appears to be arising from the ventral wall of the nasopharynx, from the soft palate. The mass was biopsied, and aspirated.

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

Triadan 106 and 109 are absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. The mid segment of the nasopharynx is obliterated by a polypoid, uniform soft tissue attenuating mass, protruding from the roof of the nasopharynx; measuring approximately 14 x 9 x 14 mm.

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

Both tympanic bullae are partially obliterated by fluid attenuating material, R>L. The osseous lining of the tympanic bullae is mildly thickened and smooth. The external ear canals are within normal limits.

In the right caudodorsal aspect of the cranial fossa, dorsal to the tentorium cerebelli osseum, a faint mineralized, moderate contrast enhancing convex shaped mass is seen; measuring 15 x 10 x 18 mm. The underlying right parietal bone presents mild hyperostosis.

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

- Nasopharyngeal soft tissue mass – likely originating from the roof of the nasopharynx
- Intracranial extraaxial mild mineralized and moderate contrast enhancing mass right supratentorial region with hyperostosis of the underlying bone
- Bilateral otitis media – likely secondary to mechanical obstruction by the nasopharyngeal mass
- Absent triadan 106 and 109

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nasopharyngeal soft tissue mass is highly suggestive for primary soft tissue neoplasia – such as lymphoma or sarcoma. Biopsy of the nasopharyngeal mass has already been performed for specification.

The intracranial extraaxial mass is consistent with meningeal neoplasia and in combination with the mild hyperostosis meningioma is the diagnosis.



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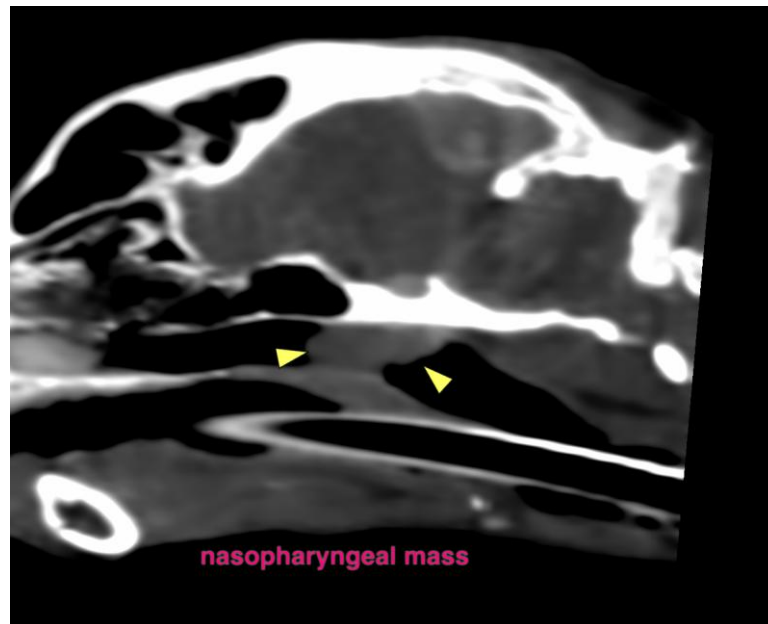
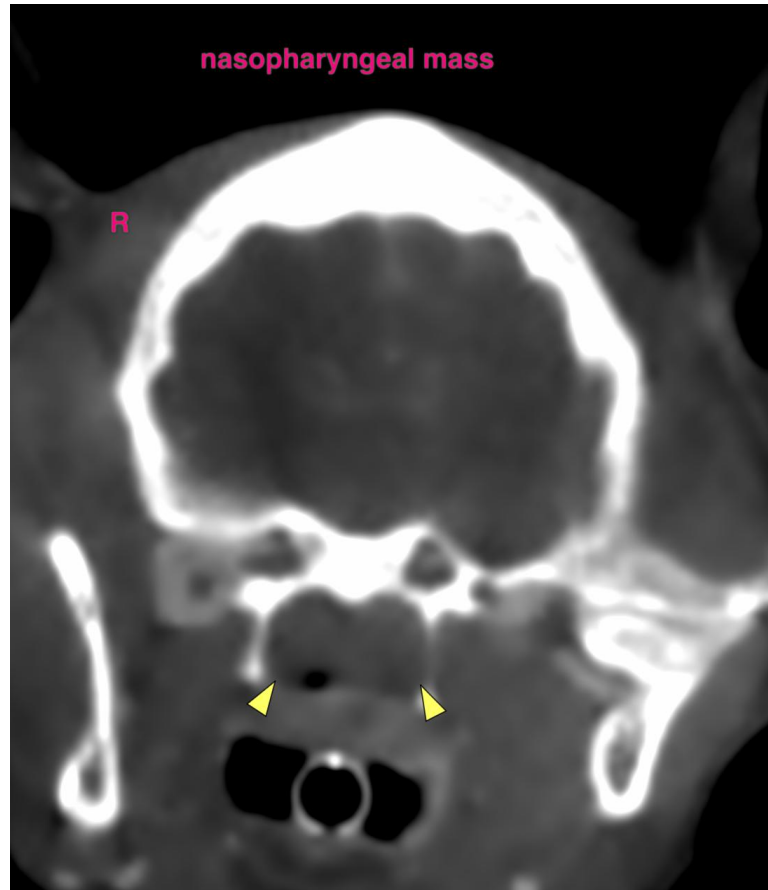
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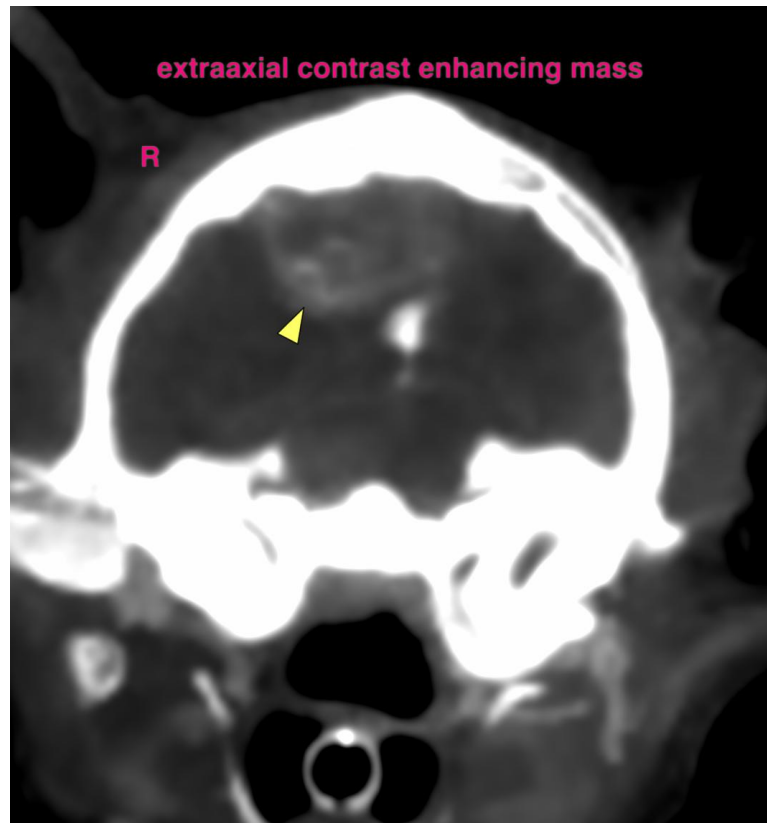
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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