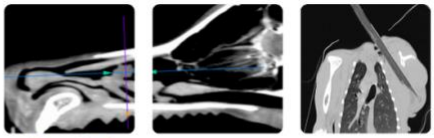

PATIENT

Lily Meyers

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

8.38 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

BH

HOSPITAL NAME

Crown VS and Associates

REFERRING VET

Dr. Alexandra Kuvaldina

INVOICE

36222

DATE

3/13/26

PRESENTING CLINICAL SIGNS

- Lily is an 8 year old, female spayed domestic shorthair cat that was presented to the Crown Emergency Service on 3/12/26 with a 3+ day history of vomiting and not eating. The left eye was enucleated when she was a kitten, not at the best facility and it has opened up a couple of times/revised and was managed until it healed over. She has a history of stertor since 2024 that has not been investigated. Since kitten to now, aside from stertor 2 years ago, she hasn't had issues. On oral exam, there was a red pinpoint lesion on right palatoglossal fold and right arytenoid. The left molar bulge/molar pad on the left side was more inflamed, and it was biopsied on 3/13/26
- Abnormal PE/Chem/CBC/UA Results: neutrophilia 10,191 (ref 2500-8500); creatinine 1.9 (ref 0.6-2.4); otherwise, unremarkable; usg 1.040

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

Triadan 206 is absent.

The left nasal cavity is obliterated by uniform soft tissue attenuating and heterogeneous contrast enhancing, mild expansile soft tissue material. Destruction of the associated nasal conchal structures is seen. The nasal septum is deviated to the right by the mass effect. The left maxillary bone presents a zone with permeative osteolysis and is perforated – the nasal mass is protruding into the subcutaneous tissue at the rostromedial aspect of the left orbital cavity.

In the right nasal cavity, a nasoesophageal tube is present. In the right nasal cavity, a small amount of soft tissue material is attached to the nasal conchal structures.

The tonsils are prominent.

The left ocular bulb is absent, and the volume of the left orbital cavity is decreased – indicative for loss of the ocular bulb early in life.

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

Both tympanic bullae are obliterated by soft tissue attenuating material; the osseous wall is mildly irregularly thickened. 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 medial retropharyngeal lymph nodes are prominent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left nasal soft issue mass with aggressive osteolysis of the left maxillary bone
- Lymphadenopathy medial retropharyngeal lymph node bilaterally and prominent tonsils
- Bilateral otitis media

PATIENT

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SPECIES

Feline

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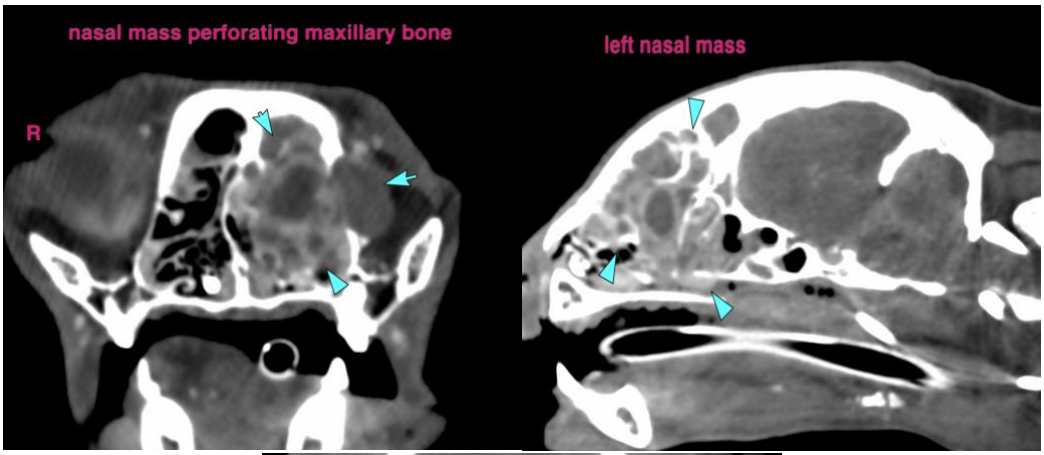
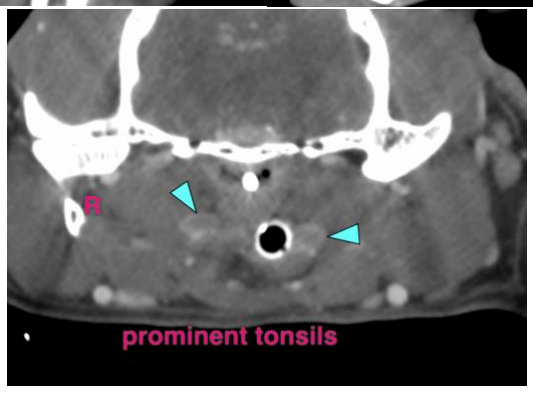
- History of left sided enucleation
- Absent triadan 206

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left nasal soft tissue mass is highly concerning for primary nasal soft tissue neoplasia – such as adenocarcinoma, squamous cell carcinoma lymphosarcoma, other. Theoretically, granulomatous nasal disease is a potential, but I consider the odds very low. FNA sampling of the subcutaneous extent of the nasal mass or rhinoscopy including biopsy can be performed for specification. The Adam tumor stage is 3.

The odds for reactive lymphoid hyperplasia versus metastatic spread the enlarged lymphatic tissues along the skull are equal.





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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com