



**PATIENT PRESENTING CLINICAL SIGNS**

Tusia Klepaldo Large hard lump on frontal nasal area. R/O Neoplasia VS Infection

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

Feline **COMPUTED TOMOGRAPHIC FINDINGS**

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

13 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Clinic of  
Queens

**REFERRING VET**

Dr J Mucera

**INVOICE**

57391

**DATE**

3-21-23

The tooth elements 106-108, 203, 204, 206-209, 307-309 and 407 are absent. Multiple remaining roots are seen – with loss of the periodontal space. The alveolar bone of the upper jaw quadrants and the left lower jaw quadrant has an increased volume and coarse trabecular pattern with moth eaten osteolytic lesions.

Approximately two third of the left nasal cavity are obliterated by uniform soft tissue attenuating and peripheral contrast enhancing material, presenting a fluid attenuating center. The soft tissue material of the left nasal cavity is perforating the nasal septum into the right nasal cavity and dissecting through the nasal/maxillary bone into the subcutaneous tissue at the dorsal aspect of the nose – resulting in a prominent subcutaneous soft tissue swelling. The left nasal and maxillary bone present permeative osteolytic lesions. Contrast enhancing material is perforating the cribriform plate into the left rostral cranial fossa. The left frontal sinus is obliterated by fluid attenuating material.

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 prominent and have a heterogeneous contrast enhancement pattern.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Expansile biologically aggressive nasal soft tissue neoplasia with polyostotic aggressive osteolytic lesions and subcutaneous extent and perforation of the cranial fossa
- Lymphadenopathy mandibular and medial retropharyngeal lymph nodes
- Suspect chronic osteomyelitis alveolar bone upper jaw quadrants bilaterally and left mandible – likely due to preceding periodontal disease/gingivostomatitis
- Multiple absent teeth

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The clinically appreciated large subcutaneous mass is the subcutaneous extension of primary nasal soft tissue neoplasia. The mass presents evidence of perforation of the cranial fossa as well. Differentials include adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, lymphosarcoma, other. Biopsy/FNA sampling of the subcutaneous swelling ± rhinoscopy 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. The Adam tumor stage is T4.

The enlarged tributary lymph nodes are concerning for metastatic disease – FNA sampling can be used



**PATIENT** for further definition.

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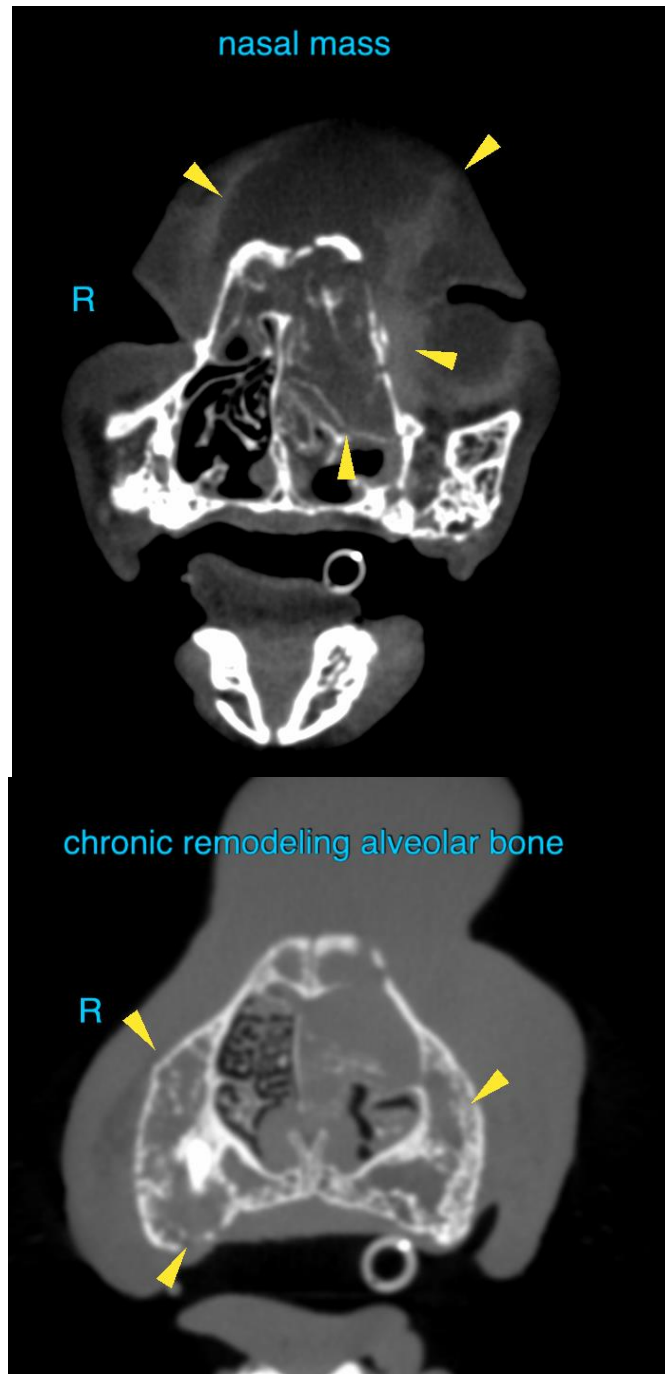
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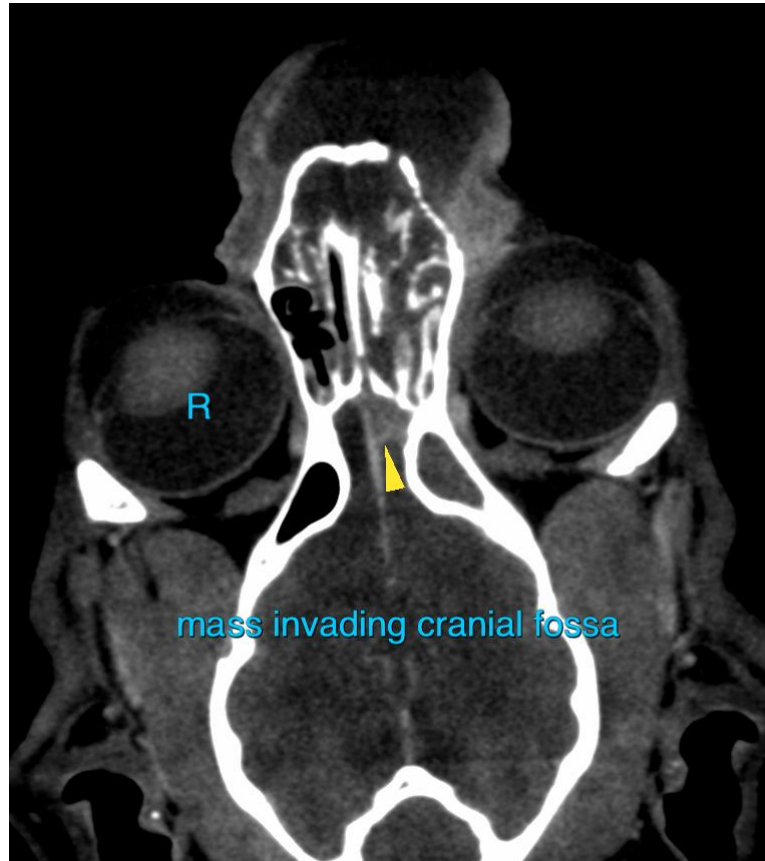
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**REFERRING VET**

Dr J Mucera

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

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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