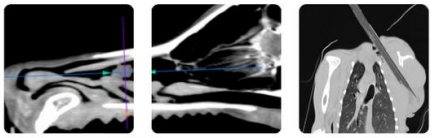


PATIENT
Rosie Owens

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
10Y, 10M

WEIGHT
7lbs

INTERPRETED BY
Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY
Mobile Pet Imaging

HOSPITAL NAME
Mobile Pet Imaging

REFERRING VET
Novoa

INVOICE
74064

DATE
3-5-26

PRESENTING CLINICAL SIGNS

- Rosie has a history of nasal discharge and nasal congestion. Previously treated (2/11/26) with antibiotics, antivirals and steroids (Veraflox, Famciclovir, Chlorpheniramine PLO, Prednisolone) with minimal improvement using antibiotics/ antifungals. Patient has a history of FIB (few years ago), and Calicivirus/Herpesvirus (last year). She was seen again on 2/23/26 for nasal congestion. Was sedated for radiographs of the head and thorax. Radiologist report concerned for fungal infection of the nasal cavity and granuloma in the lung. Highly suspect obstructive sinusitis. Performed fungal serology (2/24/26) was negative for fungus. Bloodwork (2/24/26). CBC: WNL. Chem: ALT 19 U/L (27 - 158), CREA 0.7 mg/dL (0.9 - 2.3). CT was requested to assess for neoplasia

Abnormal PE/Chem/CBC/UA Results: PE: T 99.2 F, HR 204, RR 34, MM Pink, CRT <2 seg. Corneal opacity OD, Prominent lump on the soft palate (right side), Clear nasal discharge and congestion, bleeding on the right nostril, Stertor.

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

All premolar and molar teeth are absent.

The nasal cavity is obliterated by uniform soft tissue attenuating and contrast enhancing material. Destruction of the associated nasal conchal structures is seen. The nasal soft tissue material is extending caudally into the rostral half of the nasopharynx that is completely obliterated by the soft tissue material. The nasal soft tissue material is dissecting into the medioventral aspect of the right orbital cavity and retropharyngeal space at the same level. The right hamulus of the pterygoid bone presents permeative osteolysis. The right frontal sinus is filled with non-contrast enhancing soft tissue material.

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

Both tympanic bullae are partially filled with gravity dependent, fluid 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.

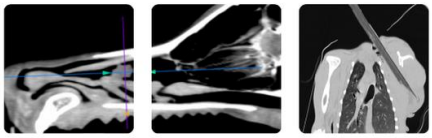
The medial retropharyngeal lymph nodes are prominent.

Thorax

Along the caudal thoracic spine, multifocal mild spondylosis formation is seen.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.



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The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected. Multiple bronchiole are obliterated by soft tissue material and prominent – resulting in a fine branching pattern.

In the ventral aspect of the right caudal lung lobe, a well-defined, ovoid shaped, soft tissue attenuating mass with interspersed granular mineralization is seen; measuring 10 x 9 x 9 mm. The remainder of 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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Biologically aggressive primary nasal soft tissue neoplasia with invasion of the right orbital cavity and retropharyngeal space
- Secondary obstructive sinusitis right frontal sinus
- Lymphadenopathy medial retropharyngeal lymph node bilaterally
- Obstructive bilateral otitis media
- Solitary pulmonary soft tissue nodule ventral aspect right caudal lung lobe with dystrophic mineralization
- Mild bronchial pattern – suggestive for feline bronchial disease
- Multiple absent teeth
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nasal soft tissue mass presents local aggressive biological behavior, and the presumptive diagnosis is primary nasal soft tissue neoplasia. Differentials include adenocarcinoma, squamous cell carcinoma lymphosarcoma, other. Rhinoscopy including biopsy can be performed for specification. The Adam tumor stage is 3.

The pulmonary soft tissue nodule with interspersed mineralization is most suggestive for a second entity and the odds for granuloma are high. A differential can be a second entity such as primary pulmonary neoplasia (e.g. carcinoma); the finding is unusual for pulmonary metastasis.

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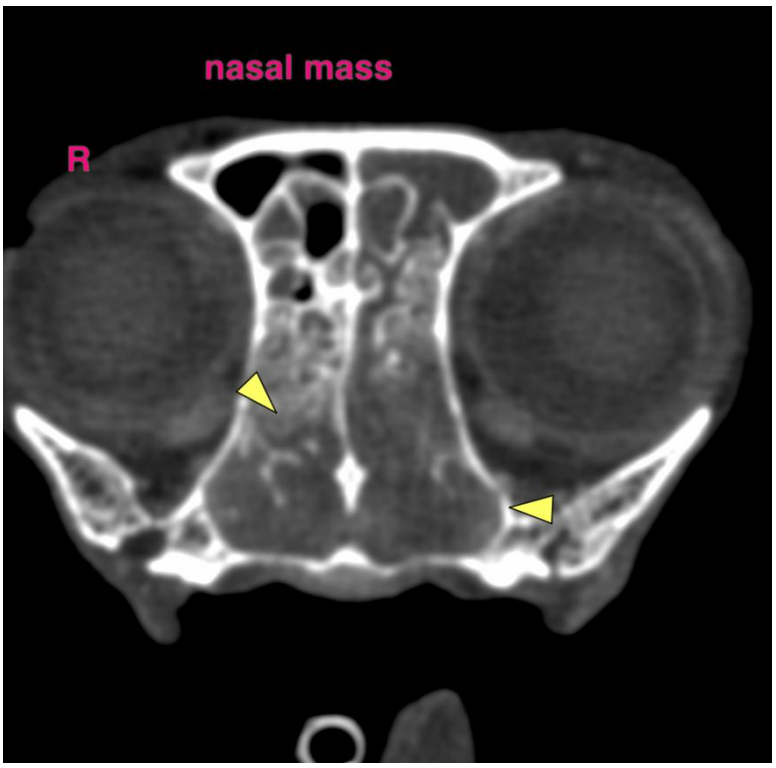

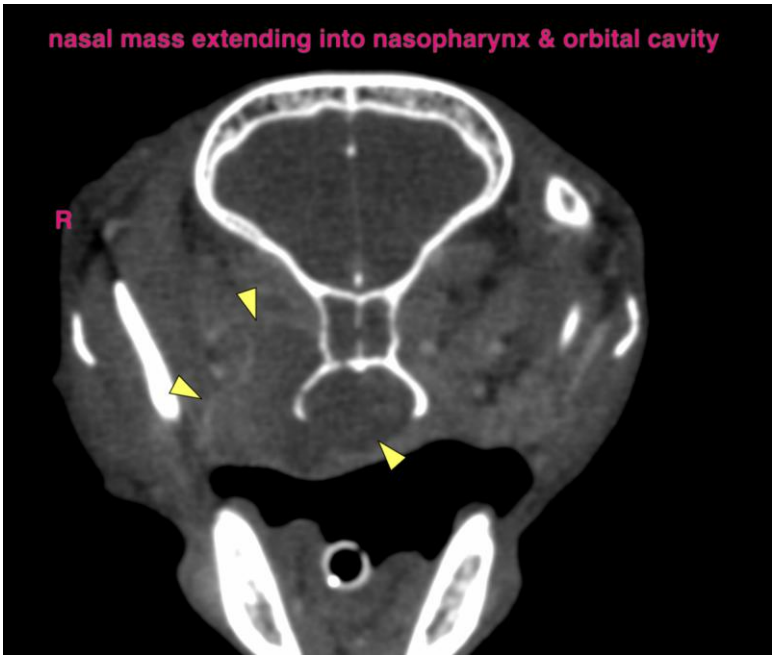

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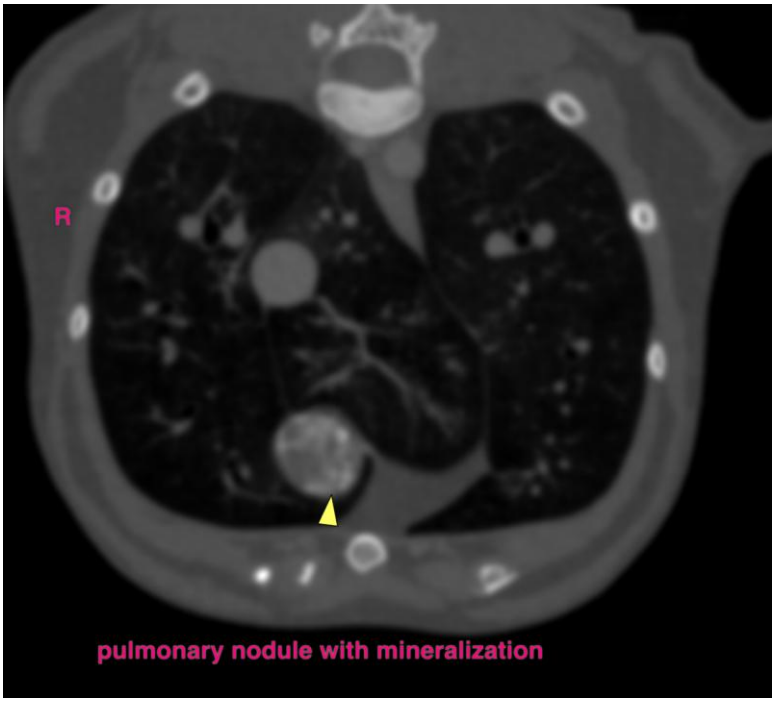

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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