



PATIENT

Chester White

SPECIES

Feline

BREED

Domestic Short Hair

SEX

MN

AGE

17Y

WEIGHT

2.39

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Laila Soliman

HOSPITAL NAME

Neel Veterinary
Hospital

REFERRING VET

Dr. Alyson Fryer

INVOICE

74701

DATE

4-21-26

PRESENTING CLINICAL SIGNS

- 04/18: RDVM noticed a mass in the nasal passageways 1 week prior while swabbing. P also was NE around that time as well. O recalls that breathing began being raspy and effort was increased prior to presentation at RDVM. P was referred to us for CT and Rhinoscopy. O declined both on this day. A few days after presentation at RDVM O noticed a mass on the over the frontal sinus.

- 04/19: P presented because mass over the frontal sinus ruptured and has purulent discharge.

- 04/21: P presented for labored breathing that has increased since 04/18, P has begun to eat on his own at this time but O has been supplementing with syringe feedings. Mass on head continued to have purulent discharge.

- P has continuously been on a nebulization solution (w/Dex), mirtazapine trans-dermal (1.5in on pinna SID), and oral antibiotics (from RDVM unsure what kind). RDVM initially suspected URI due to P having respiratory issues since Feb. P has been on 3 rounds of antibiotics since Feb 2026 as well.

- Current differential dx is cancer vrs fungal, sending out culture of head wound and nasal discharge, sending out biopsy of nasal passages

Abnormal PE/Chem/CBC/UA Results: PE: 2/9 BCS, mass and hole in frontal sinus region, bilateral mucopurulent discharge Radiographs: collapse right middle lung lobe and diffuse bronchial pattern
CBC: non-regenerative anemia (RDVM DX), 04/21: RBC 4.66, HCT: 23.0, HGB: 7.5, WBC: 19.12, NEU: 13.98, MON: 1.71 Chem: GLU: 182, BUN: 39, GLOB: 6.0.

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

Multiple teeth are absent.

The right nasal cavity is obliterated by uniform soft tissue attenuating and mild irregular contrast enhancing material. Destruction of the associated nasal conchal structures is seen. The nasal septum is deviated to the left by the mass effect. Caudally the right nasal soft tissue material is extending into the rostral segment of the nasopharynx, causing complete upper airway obstruction. The left nasal cavity and frontal sinus bilaterally are filled with fluid attenuating material. The cribriform plate is perforated. The osseous lining of the right nasal cavity presents multifocal moth eaten osteolytic lesions, and the nasal mass is extending into the subcutaneous tissue along the dorsal aspect of the nose.

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 non-contrast enhancing soft tissue material. The osseous lining of the tympanic bullae is moderately thickened and smooth. 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.

In the region of the left thyroid gland, a uniform soft tissue attenuating and irregular contrast enhancing, ovoid shaped mass is seen.



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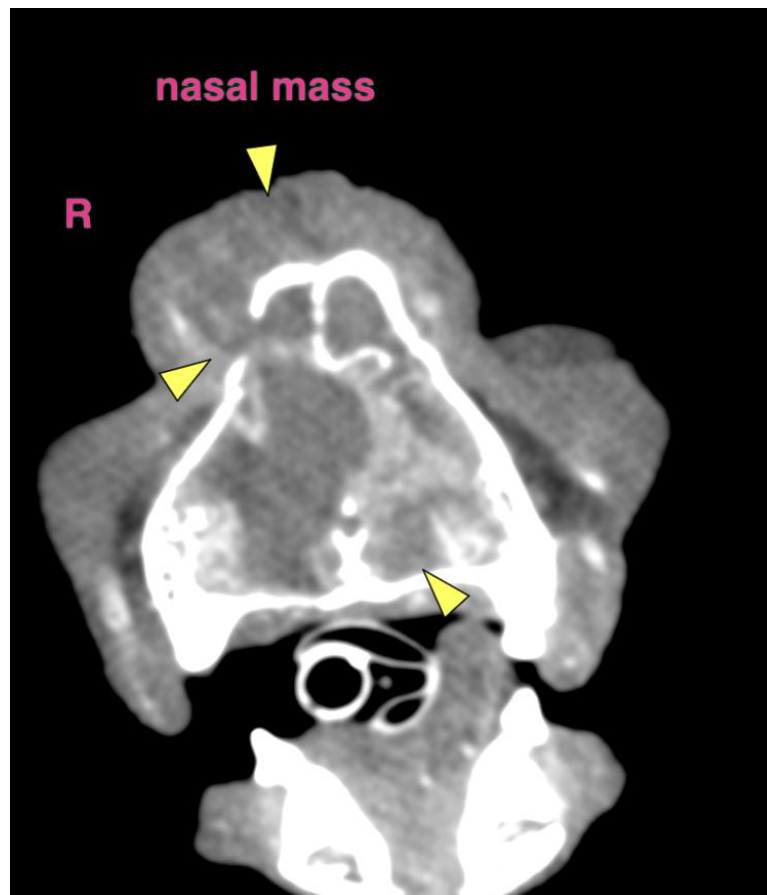
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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Biologically aggressive primary nasal soft tissue neoplasia with polyostotic aggressive osteolytic lesions and perforation of the cranial fossa
- Secondary obstructive sinusitis frontal sinus bilaterally
- Bilateral otitis media
- Left thyroid soft tissue mass - (non)functional adenoma versus carcinoma
- Multiple absent teeth with chronic osseous remodeling of the alveolar bone

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nasal soft tissue mass is consistent with primary nasal soft tissue neoplasia. Differentials include adenocarcinoma, squamous cell carcinoma lymphosarcoma, other. Biopsy has already been performed for specification. The Adam tumor stage is 4.





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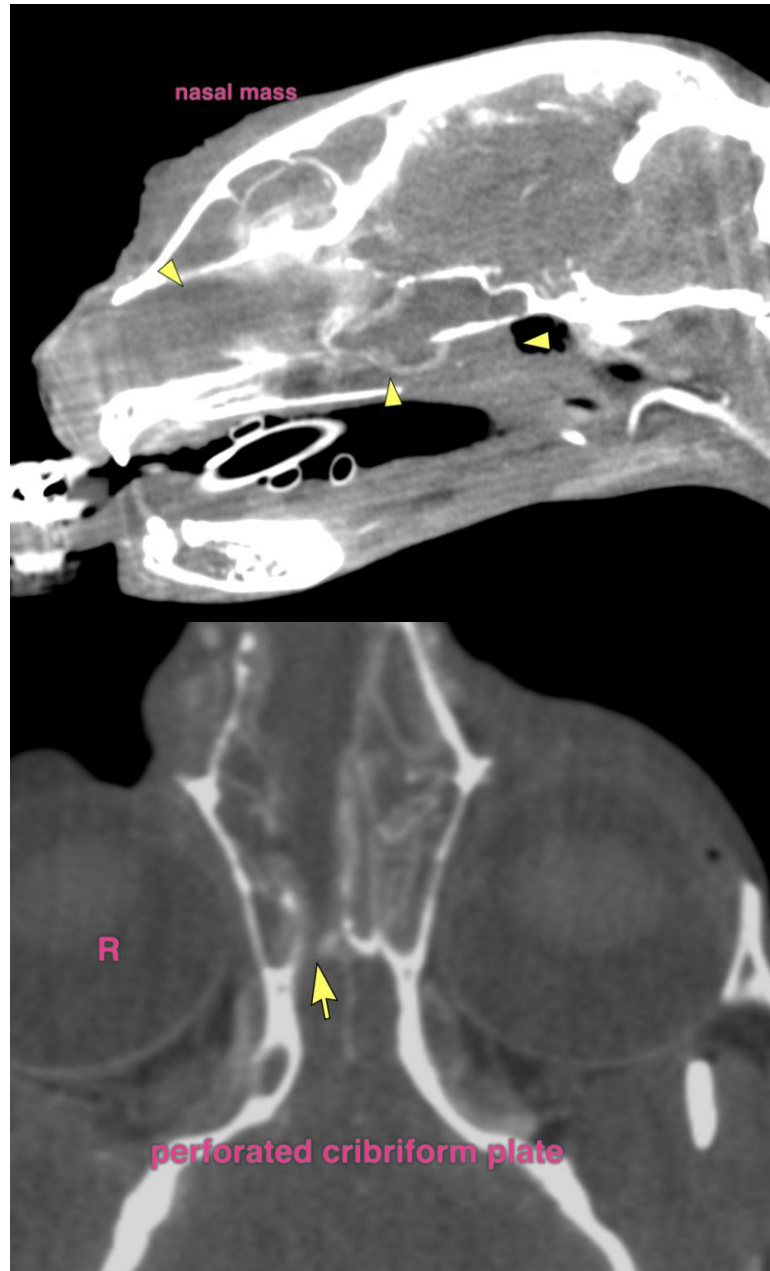
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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