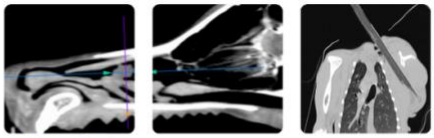

PATIENT

Oreo Forteza

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

14.5 Pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

José L. Alvarado Bruno, CVT

HOSPITAL NAME

Veterinary Image Center

REFERRING VET

Monica Dominguez, DVM

INVOICE

36807

DATE

4/26/26

PRESENTING CLINICAL SIGNS

History: Pet had been sneezing for about 2 weeks at home prior to presentation, developed bloody nasal discharge day of visit (4/14/26). On PE pet was stable with bilateral epistaxis and normal lung on auscultation.

Drugs and dosage administered: depomedrol, convenia, nebulization with saline and dexamethasone
Radiograph report: Questionable nasal passages/frontal sinuses, abnormal opacity
CT head is recommended to try to corroborate a potential emerging sinonasal disease process. Radiographic recheck, particularly if the clinical signs persist or progress despite medical management, may also help.

Differentials to consider for the lung pattern might include subclinical previous/chronic or current/active bronchial inflammation, which could be allergic, infectious and/or parasitic in origin, or mild idiopathic interstitial fibrosis.

Suspicious cavitated lung lesion which could indicate a pulmonary mass/tumor, abscess, granuloma, or hematocele.

Thoracic CT is recommended to confirm. Radiographic recheck in 3-4 weeks, centered at the thorax, only to follow upon progression of these changes may also help.

Abnormal PE/Chem/CBC/UA Results: CBC, Chemistry, FIV and FeLV testing was unremarkable, skull and chest radiographs were sent out for radiology interpretation. Oreo was hospitalized and improved with supportive care in clinic 2 days after.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

The rostral segment of the nasal cavity is obliterated by uniform soft tissue attenuating and contrast enhancing material. The rostral nasal soft tissue material is protruding into the right nasal opening.

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 lateral ventricles of the brain are asymmetrical, R>L.

The mandibular lymph nodes are prominent and have a heterogeneous contrast enhancement pattern.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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The left tracheobronchial lymph node is prominent and has a heterogeneous contrast enhancement pattern.

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

In the cranial aspect of the left caudal lung lobe, an ill-defined, irregular shaped, heterogeneous contrast enhancing mass with zones of cavitation is appreciated; measuring approximately 2.0 x 1.7 x 2.0 cm. Multifocal throughout the lung parenchyma, well-defined, soft tissue attenuating nodules are seen; measuring up to 3 mm in diameter.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

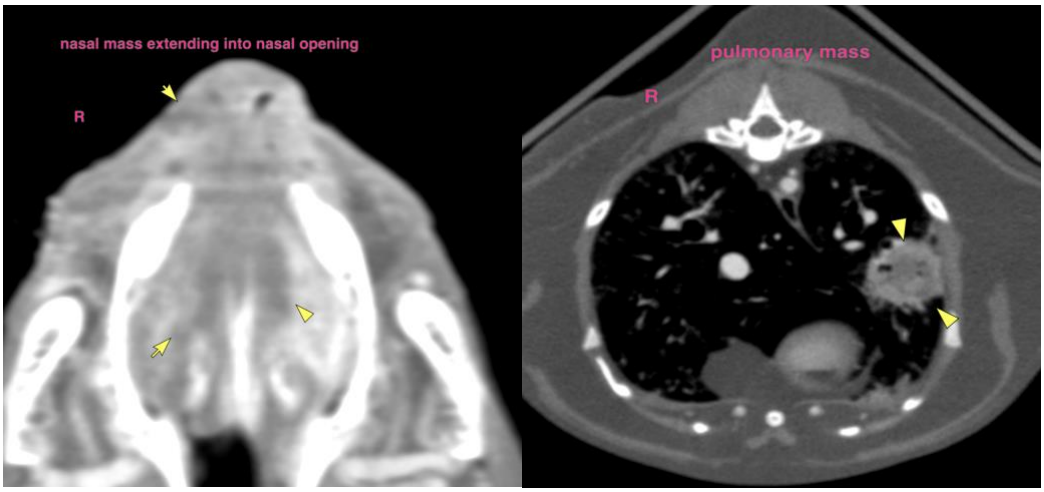
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Thick walled cavitary soft tissue mass left caudal lung lobe
- Structured nodular interstitial lung pattern
- Rostral nasal soft tissue mass
- Lymphadenopathy mandibular lymph nodes and left tracheobronchial lymph node

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pulmonary findings are compatible with primary pulmonary neoplasia – carcinoma is most likely – and disseminated pulmonary metastatic spread and likely lymph node metastasis. Theoretically granulomatous lung disease is a differential (e.g. mycotic), but I consider the odds low. Ultrasound guided FNA sampling of the pulmonary mass can be used for confirmation.

The nasal soft tissue mass can present nasal metastasis of the supposed pulmonary neoplasia, a second entity with formation of primary nasal soft tissue neoplasia is a potential - differentials include adenocarcinoma, squamous cell carcinoma lymphosarcoma, other. Biopsy of the nasal mass can be considered as advanced diagnostic tool as well.



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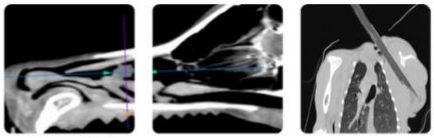

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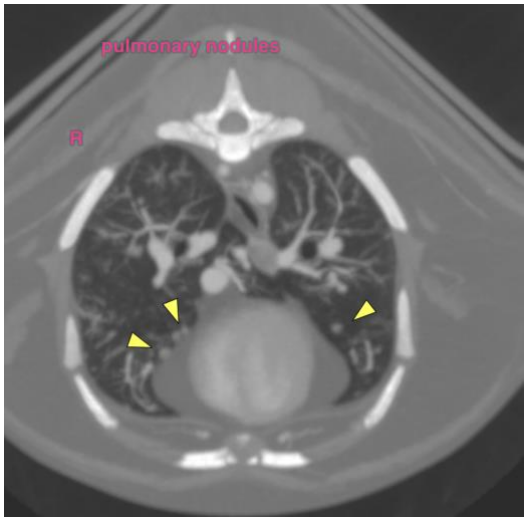

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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