



PATIENT

Misty Miller

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9Y

WEIGHT

12.3lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Kirsten Packer, CVT

HOSPITAL NAME

Williamsport West
Veterinary Hospital

REFERRING VET

Natalie Kolczynski,
VMD

INVOICE

75539

DATE

6-17-26

PRESENTING CLINICAL SIGNS

9yo FS DSH indoor & outdoor. Sneezing, respiratory wheezing and R-sided yellow-green nasal discharge of ~1mo duration. Clinical signs responded to Convenia abx and Depo-Medrol steroid injections given on 5/15/2026 and then repeated again on 6/11/2026 when signs recurred. No imaging of the chest nor bloodwork has been done. No nasal swabs, cultures nor viral respiratory PCR testing has been performed. rDVM suspects neoplasia vs polyp vs periodontal disease vs foreign body vs other.

Abnormal PE/Chem/CBC/UA Results: 1. moderate to marked dental calculus and gingivitis focal to #108 and #208 2. fleas 3. no nasal or respiratory clinical signs today, rDVM historically noted: - 5/15 - respiratory: lung sounds are clear, wheezing noted on auscultation consistent with upper airway noise - 6/11 - EENT: yellow mucoid discharge present in only right nostril with audible wheeze

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

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

The caudal half of the right nasal cavity is partially obliterated by uniform soft tissue attenuating and mild irregular strong contrast enhancing material. Destruction of the associated nasal conchal structures is seen. The soft tissue material is protruding caudoventrally into the choana, presenting a convex shaped well-defined border. The perpendicular plate of the right palatine bone that is in contact with the right nasal soft tissue material presents moth eaten osteolytic lesions and is perforated.

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 small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right nasal soft tissue mass with monostotic semiaggressive osteolytic lesions of the perpendicular plate right palatine bone

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right nasal soft tissue mass is highly concerning for primary nasal soft tissue neoplasia, such as adenocarcinoma, squamous cell carcinoma lymphosarcoma, other. Less likely differentials can include nasal adenomatoid polyp or nasal granuloma formation. Rhinoscopy including biopsy can be performed for specification. The Adam tumor stage is 3.



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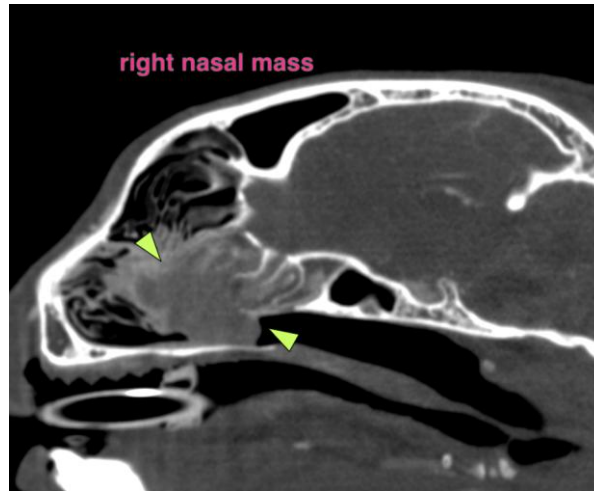
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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