



**PATIENT**

Cleopatra Dunitriu

**PRESENTING CLINICAL SIGNS**

Hx of URI, for the past few days O noticed swollen upper nasal region, Abnormal PE/Chem/CBC/UA Results: Swollen upper nasal region. loss weight, muscle waste. BW 6/18/2022 CBC: WNL CHEM: WNL T4: WNL

**SPECIES**

Feline

**COMPUTED TOMOGRAPHY OF THE SKULL & NECK**

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

**BREED**

DSH

**COMPUTED TOMOGRAPHIC FINDINGS**

The tooth elements 101-103, 108, 201, 203, 301-303, 401-403 are absent.

**SEX**

FS

The right nasal cavity is occupied by an expansile soft tissue attenuating and heterogeneous mild contrast enhancing mass. Advanced destruction of the associated conchal & turbinate structures is appreciated and the right maxillary and right nasal bone present permeative osteolytic lesions. The nasal mass is bulging into the subcutaneous tissue at the dorsal and lateral aspect of the nose. The right nasal mass is perforating the medial wall of the right orbit and a mass effect on the right ocular bulb is seen, that is distorted.

**AGE**

8 Years

Both frontal sinuses present advanced hyperostosis of the osseous lining.

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

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The right mandibular lymph nodes are prominent and present a mild heterogeneous contrast enhancement pattern.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Dr. Thomas

- Right sided biologically aggressive nasal soft tissue neoplasia with secondary polyostotic aggressive osteolytic lesions and mass effect on the right ocular bulb and extension into the subcutaneous tissue
- Lymphadenopathy right mandibular lymph nodes
- History of chronic upper respiratory tract infection with secondary hyperostosis of the frontal sinuses
- Multiple absent teeth

**INVOICE**

52515

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

6-20-22

The findings are consistent with primary nasal neoplasia originating from the right nasal cavity and the mass is bulging into the subcutaneous tissue – explaining the presenting clinical signs. Differentials include lymphosarcoma, adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma,, other. Either FNA sampling of the subcutaneous swelling (might contain mucinous material) or rhinoscopy including biopsy sampling can be used as advanced diagnostic tests. Based on the results of the advanced diagnostic tests, the chances of radiation therapy can be



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discussed with oncologist.

Consider complementing full tumor staging by FNA sampling of the prominent right mandibular lymph nodes and 3-view thoracic radiographs ± abdominal imaging.

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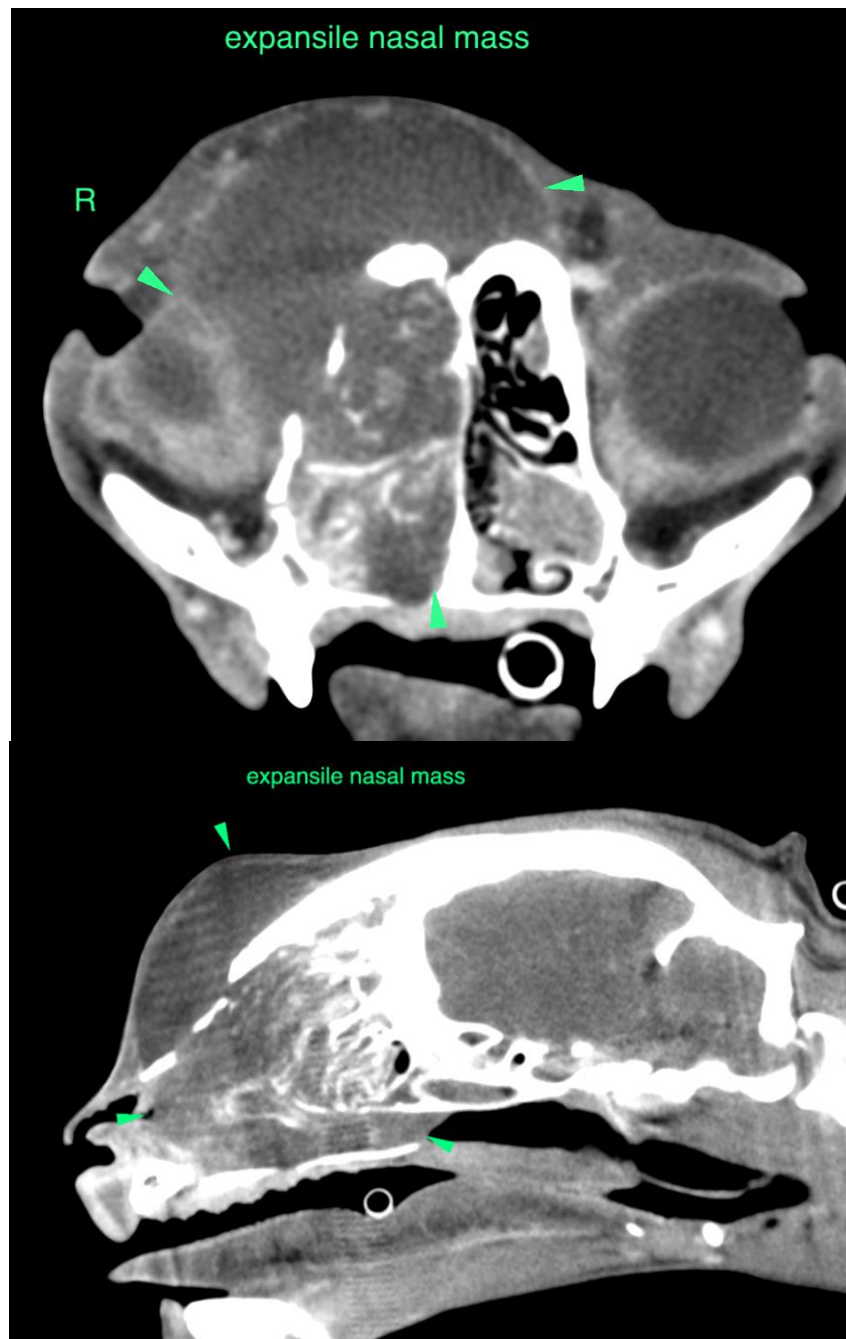
Dr. Thomas

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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.

**BREED**

DSH

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  
sebast.schaub@gmail.com

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