



**PATIENT PRESENTING CLINICAL SIGNS**

Mosh Pytko A more chronic state of URI signs with acute onset of epistaxis (single episode) and progressive congestion with difficulty breathing has been noted. Labwork revealed NSF. Radiographs revealed evidence of soft tissue opacity of the left nares. Minimal response to therapy with 2 different abx at this stage has been noted. On exam, there is nasal congestion and discharge that appears to be mostly affecting the left nare. Strong concern for mass effect within the nasal passage due to the appearance of the left nare on exam

**SPECIES**

Feline

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

**BREED**

Domestic Shorthair

**COMPUTED TOMOGRAPHIC FINDINGS**

The tooth elements 101 and 201 are absent.

**SEX**

MN

The left nasal cavity is obliterated by a soft tissue attenuating and irregular mild contrast enhancing soft tissue mass. Destruction of the associated nasal concha & turbinate structures is appreciated. The nasal septum is mildly deviated to the right. Caudally the left nasal mass is protruding into the choana, occupying 100% of the cross-sectional area. The left maxillary and palatine bone present moth eaten osteolytic lesions and the nasal soft tissue material is dissecting through the maxillary bone into the subcutaneous tissue at the left dorsolateral aspect, level with triadan 204. The left frontal sinus is filled with fluid attenuating material.

**AGE**

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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.

**HOSPITAL NAME**

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The left mandibular lymph nodes are mildly prominent.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Dr. Lechner

- Left nasal soft tissue mass with polyostotic aggressive osteolytic lesions of the osseous lining of the left nasal cavity
- Secondary complete upper airway obstruction
- Secondary left sided obstructive sinusitis
- Lymphadenopathy mandibular lymph nodes
- Absent triadan 101 and 201

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The left nasal mass is consistent with primary nasal neoplasia and secondary aggressive osteolytic lesions of the associated osseous structures. Differentials include lymphosarcoma or less likely adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, other. Rhinoscopy biopsy can be used as advanced diagnostic tests. The Adam tumor stage is T3.

**DATE**

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Recommend complementing workup by FNA sampling of the tributary lymph nodes to screen for metastatic disease.



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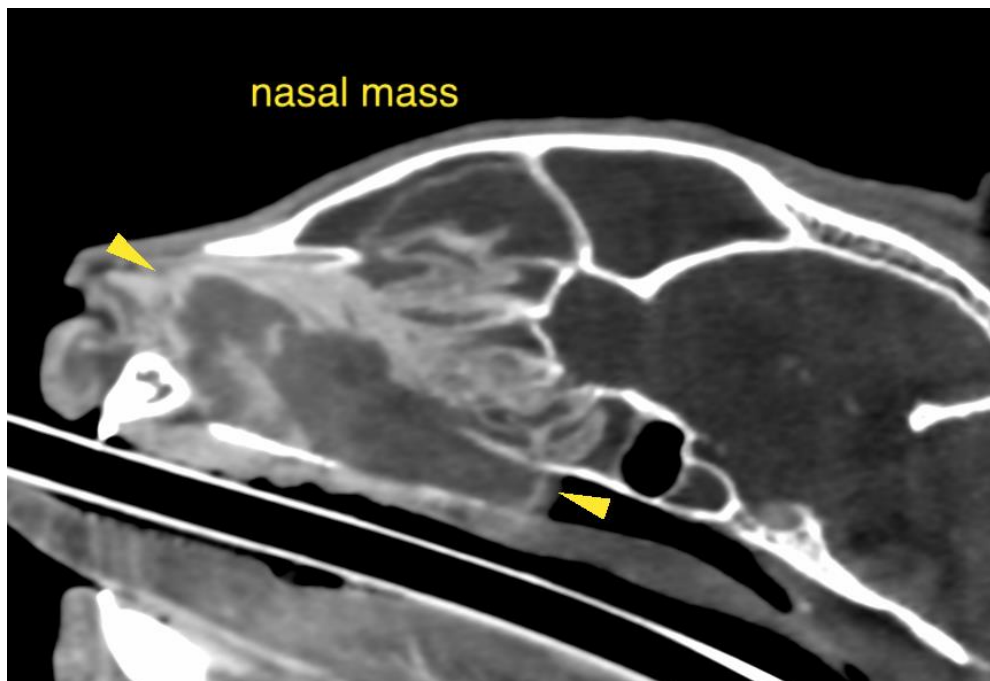
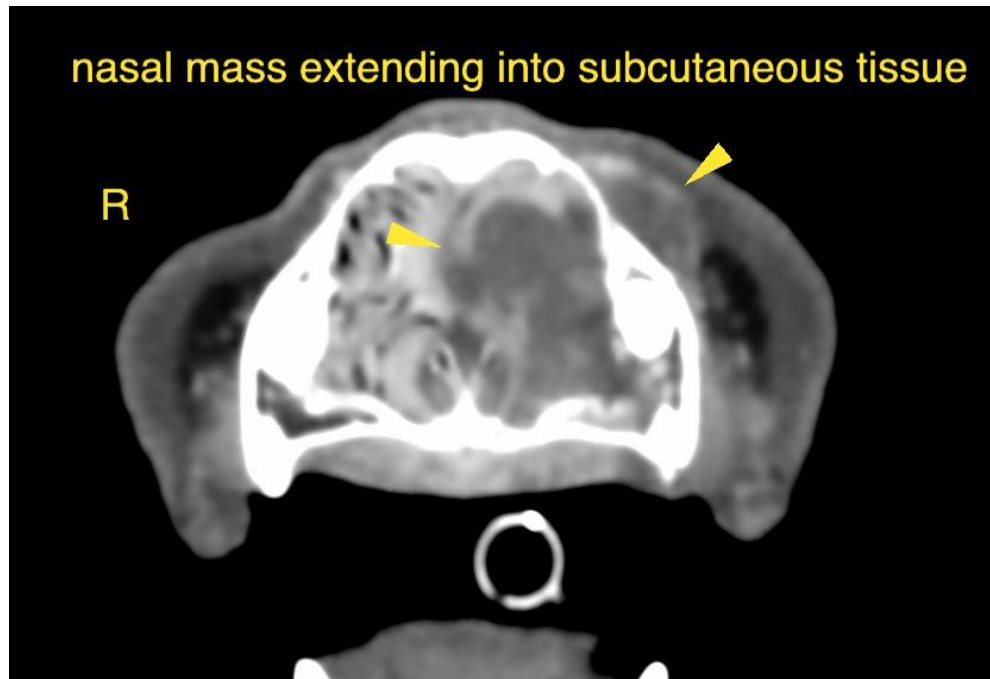
Dr. Lechner

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**PATIENT**

Mosh Pytko

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.

**SPECIES**

Feline

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.

**BREED**

Domestic Shorthair

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