



PATIENT PRESENTING CLINICAL SIGNS

Preston Moe Episodes of epistaxis started 2 weeks ago along with worsening congestion.

COMPUTED TOMOGRAPHY OF THE SKULL

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

Feline **COMPUTED TOMOGRAPHIC FINDINGS**

BREED

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The tooth elements 307, 309, 407 and 409 are absent. The alveolar bone of triadan 101 to 106 presents generalized moderate sclerosis and thickening of the bone; level with the alveolar crest of triadan 104 irregular solid new bone formation is noted. The roots of triadan 101-104 present advanced resorptive lesions. The right maxillary bone presents multifocal moth eaten osteolytic lesions.

SEX

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In both nasal cavities, homogeneous soft tissue attenuating material without overt contrast enhancement is obliterating the spaces between the conchal & turbinate structures. In the right ventral nasal meatus, an irregular contrast enhancing mass is seen, causing local destruction of the right nasal conchal structures. The choana and the rostral segment of the nasopharynx are obliterated by soft tissue attenuating and mild irregular contrast enhancing material.

AGE

10 Years

In the frontal sinus bilaterally, a small amount of non-contrast enhancing material is attached to the mucosal lining.

INTERPRETED BY

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.

HOSPITAL NAME

CARE Surgery Center

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.

REFERRING VET

Samantha Parkinson

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass in right ventral nasal meatus, choana and nasopharynx
- Advanced sclerosis and mild hyperostosis alveolar bone 101-106 and semiaggressive osteolytic lesions right maxillary bone
- Obstructive rhinitis
- Absent triadan 307, 309, 407 and 409

INVOICE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

7-19-23

The CT right nasal mass, extending into the nasopharynx, causing upper airway obstruction, is compatible with primary nasal neoplasia. Differentials include lymphosarcoma, adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, other. In combination with the osseous changes of the right maxillary bone, granulomatous nasal disease –e.g. due to mycotic infection – can be a potential. Rhinoscopy/retrograde evaluation of the nasopharynx including biopsy can be used as advanced diagnostic test.



PATIENT The osseous changes of the right maxillary bone might also be unrelated to the nasal mass and can be a sequela to advanced periodontal disease and chronic osteitis.

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INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

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REFERRING VET

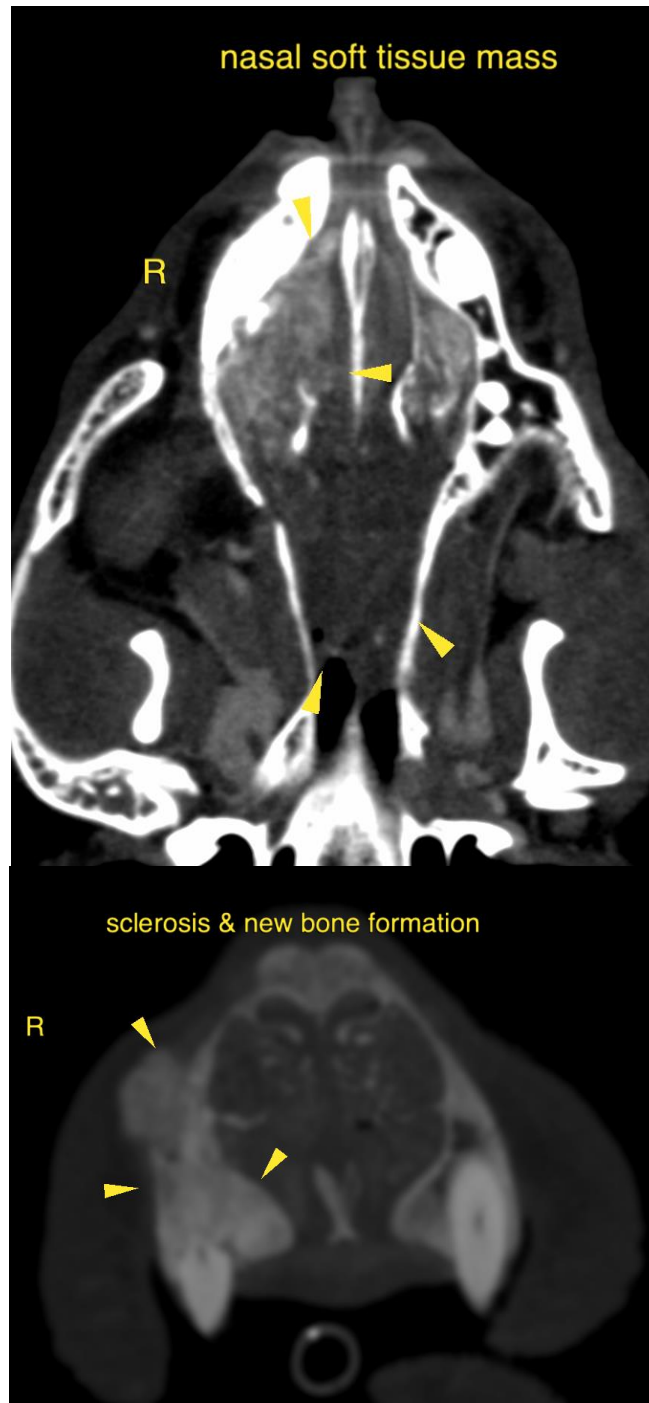
Samantha Parkinson

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PATIENT

Preston Moe

SPECIES 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.

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

DSH

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