



**PATIENT PRESENTING CLINICAL SIGNS**

Esmeralda Flatbush  
Cat Rescue  
History: chronic nasal discharge, mostly on the left side Currently on Doxycycline. possible metastatic disease

**COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**BREED Skull**

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

**SEX**

Neutered Male  
The left nasal cavity is obliterated by expansile, heterogeneous contrast enhancing material. The left maxillary bone and left nasal bone present aggressive osteolytic lesions and the nasal mass is bulging into the subcutaneous tissue at the rostradorsal aspect of the nose and rostromedial aspect of the left orbital cavity. The cribriform plate is perforated. The nasal septum is deviated to the right by the mass effect.

**AGE**

5 Years  
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.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI  
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**

Animal Surgical  
Center-East Meadow  
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.

**Thorax**

**REFERRING VET**

N/A  
The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

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

**INVOICE**

23781  
The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

**DATE**

8/3/23



**PATIENT** The ventral dependent aspects of the lung parenchyma present a decreased volume and zones with dystelectasis. The lung parenchyma has the expected architecture.

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Parts of the stomach, the spleen and mesentery are bulging through a defect of the diaphragm into the caudal mediastinum. The left caudal lung lobe is depressed by the mass effect.

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

Feline

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- BREED**
- Expansile nasal soft tissue material left nasal cavity with polyostotic aggressive osteolytic lesions of the osseous margins and evidence of perforation of the cranial fossa
- DSH
- Diaphragmatic rupture versus hiatal diaphragmatic hernia with prolapse of stomach and spleen into the caudal mediastinum
  - Multiple regions with dystelectasis of the lung parenchyma

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although the odds for primary nasal neoplasia originating from the left nasal cavity are high - differentials include adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, lymphosarcoma, other - the diagnosis is not definitive and a mucus cyst/chronic rhinosinusitis with entrapped mucus material or rare inflammatory nasal polyp are considerations. Recommend rhinoscopy including biopsy as advanced diagnostic tests, surgical debridement of the nasal cavity can be considered if nasal biopsy is inconclusive.

**AGE**

5 Years

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DipECVDI

The appreciated diaphragmatic rupture/hiatal hernia can be a sequela to preceding trauma. The CT study is negative for pulmonary metastatic disease.

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**PATIENT**

Esmeralda Flatbush  
Cat Rescue

**SPECIES**

Feline

**BREED**

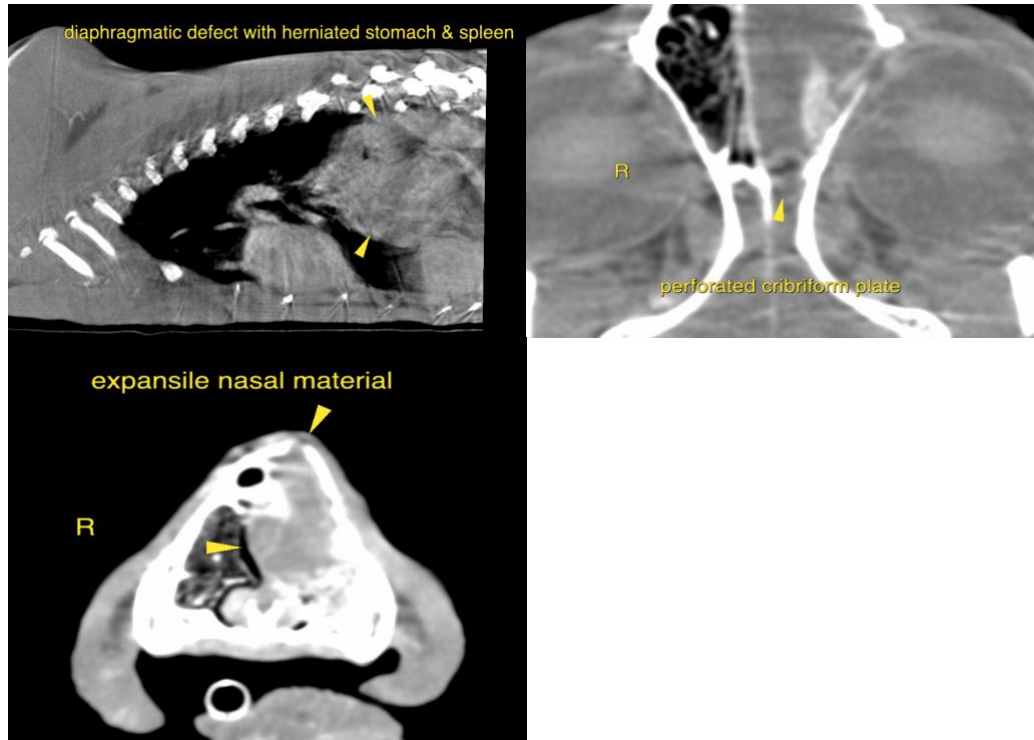
DSH

**SEX**

Neutered Male

**AGE**

5 Years



**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.**

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

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.

**HOSPITAL NAME**

Animal Surgical  
Center-East Meadow

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info@sonopath.com

**REFERRING VET**

N/A

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