

**PATIENT PRESENTING CLINICAL SIGNS**

Thelma Matthews History: Patient has facial swelling on right side.  
Abnormal PE/Chem/CBC/UA Results:

**SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE SKULL**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**BREED** The tooth element 206 is absent.

**DSH** The right nasal cavity is occupied by a heterogeneous contrast enhancing mass and extensive destruction of the right nasal conchal and turbinate structures is visible. Multifocal aggressive osteolysis of the right maxillary and nasal bone is visible and the nasal mass is protruding into the subcutaneous tissue at the dorsal and right lateral aspect of the nose presenting peripheral contrast enhancement with a hypoattenuating center. The perpendicular plate of the right palatine bone is perforated and the nasal soft tissue mass is bulging into the right orbit, disorting the right ocular bulb. The nasal septum is mildly deviated to the left by the mass effect. The nasal soft tissue material is obliterating the choana. The left nasal cavity contains a moderate amount of soft tissue attenuating material and moderate destruction of the nasal conchal structures is visible. The cribriform plate is perforated and contrast enhancing material is deviating the brain in the rostral cranial fossa to the left.

**SEX** Spayed Female

**AGE** 16 Years  
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  
The left tympanic bulla is filled with non-contrast enhancing soft tissue material. The ossoues lining of the left tympanic bulla is moderately thickened and smooth. The external ear canals are within normal limits.

**HOSPITAL NAME**

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The submandibular and medial retropharyngeal lymph nodes are prominent and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Biologically aggressive soft tissue neoplasia originating from the right nasal cavity with polyostotic aggressive osteolytic lesions of the associated osseous structures and perforation of the cranial fossa
- Lymphadenopathy regional lymph nodes
- Left sided chronic otitis media
- Absent triadan 206

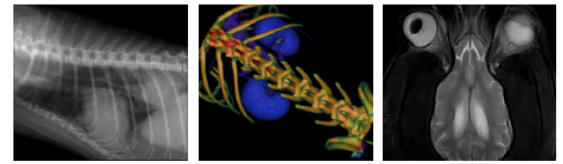
**REFERRING VET**

Dr. Robert W. Thomas

**INVOICE INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

13325 The CT study is consistent with primary nasal neoplasia perforating the osseous lining of the nasal cavity and bulging into the subcutaneous tissue explaining the clinical signs. There is evidence of the nasa mass invading the cranial fossa. Differentials include squamous cell carcinoma, adenocarcinoma, lymphosarcoma, other. FNA sampling of the subcutaneous swelling can be performed as advanced diagnostic tests. The chances of palliative radiation therapy can be discussed with oncologist, based on

**DATE** 9/28/21



**PATIENT** results of the advanced diagnostic tests. Neurological clinical signs can develop with progressive growth in the cranial fossa.

Thelma Matthews

The prominent regional lymph nodes are concerning for metastatic spread – recommend FNA sampling.

**SPECIES**

Consider full tumor staging.

Feline

**BREED**

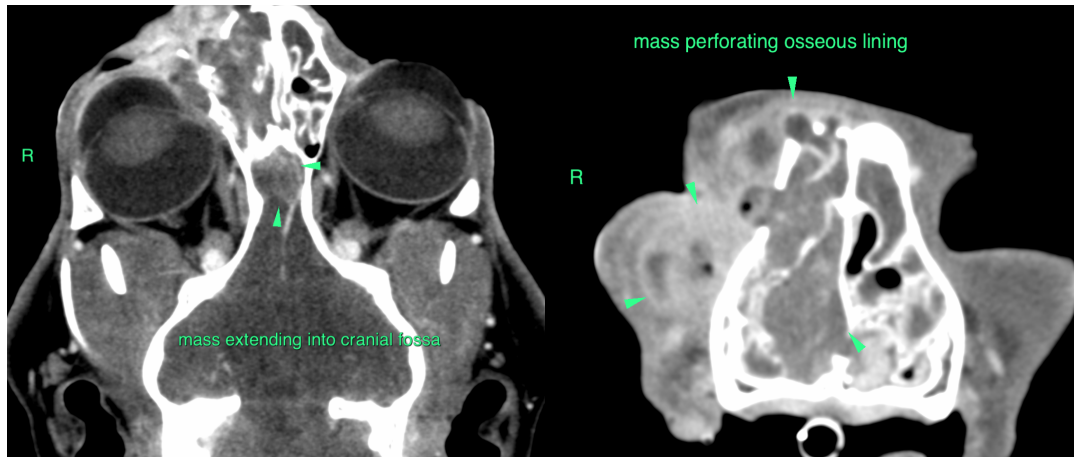
DSH

**SEX**

Spayed Female

**AGE**

16 Years



**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

**HOSPITAL NAME**

Animal Clinic of  
Queens

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**REFERRING VET**

Dr. Robert W. Thomas

**INVOICE**

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