



**PATIENT PRESENTING CLINICAL SIGNS**

Brody Hill Presented for a swelling on bridge of nose which started about 2 weeks ago. No other issues. Did not respond to antibiotics.  
Abnormal PE/Chem/CBC/UA Results: Normal

**SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, CERVICAL SOFT TISSUE AND THORAX**

Feline A high resolution pre- and post-contrast CT study of the head are provided for review. One pre-contrast series of head, one post-contrast series of the head and one post-contrast series of the thorax.

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

DSH **Head & Cervical Soft Tissues**

**SEX** A soft tissue attenuating mass within the left and right nasal cavities is seen. The mass extends rostrally to the level of the maxillary canines to the premolar (107,207) teeth. The mass is heterogeneously enhancing and causes bilateral, mostly dorsal, nasal turbinate destruction; the lesion is more extensive on the right side. Non-attenuating material/fluid is seen adjacent and within the mass and causes partial bilateral obstruction of the nasal cavities. In addition, there is widespread poorly defined lysis of the nasal bone which measures approximately 2.0cm length. Bilateral subcutaneous hypoattenuating soft tissue swelling is noted dorsal to the nasal bone. There is mild non-attenuating material/fluid in the ventral floor of the left frontal sinus. The cribriform plate is intact.

**AGE**

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**INTERPRETED BY** Within the nasopharynx is a mild non-enhancing fluid/soft tissue attenuating accumulation.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet No evidence of retrobulbar invasion.

Mild enlargement of the right and left medial retropharyngeal lymph nodes is noted. The lymph nodes present mild heterogeneous attenuation. The mandibular lymph nodes are normal.

**HOSPITAL NAME** The tympanic cavities are normal.

Northeast Veterinary Referral Hospital **Thorax**

In the dorsal aspect of the right and left caudal lung lobes (R>L) is mild to moderate focal dorsal soft tissue attenuation, producing an interstitial to alveolar pattern and mild loss of volume in the region. There is no appreciable metastatic disease.

**REFERRING VET** The tracheobronchial lymph nodes are normal.

Dr. Runde The sternal, mediastinal, and cranial mediastinal lymph nodes are unremarkable.

**INVOICE** The cardiac silhouette spans approximately 60% of the thoracic width, is convex, apical, and basilar contour. The LA/AO ratio exceeds the normal reference. The pulmonary vessels are normal.

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The pleural space and diaphragm are normal.

**DATE**

1-25-23



**PATIENT** On the collimated abdomen, the spleen is moderately and diffusely enlarged with convex peripheral and mesenteric margins and presents homogenous attenuation on the post-contrast series.  
Brody Hill

The remainder collimated abdomen is normal.

**SPECIES** The musculoskeletal thoracic structures are unremarkable.

Feline No other abnormalities are identified.

### COMPUTED TOMOGRAPHIC DIAGNOSIS

- BREED**
- Soft tissue mass with aggressive biological behavior and secondary aggressive bone lysis within the left and right nasal cavities. Differential diagnosis includes adenocarcinoma, other neoplasm such as squamous cell carcinoma, lymphosarcoma, or less likely soft tissue sarcoma.
  - Concurrent fluid filled accumulation (hemorrhage/serous fluid) and/or mild secondary rhinitis in both nasal cavities.
- SEX**
- Left sided sinusitis and/or fluid accumulation.
  - Mild retropharyngeal lymphadenopathy, reactive or neoplastic.
- AGE**
- Mild cardiac enlargement, differential diagnosis includes compensatory hypertrophic cardiomyopathy, other forms of cardiomyopathy, and less likely valvular disease.
  - Otherwise, normal thorax.
  - Diffuse splenomegaly - likely correlated to anesthesia.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a nasal soft tissue mass with osteolytic extension and external nasal planum mass effect. Biopsy is needed for a definitive diagnosis. The mass is resectable. The long-term prognosis is poor.

Concurrent secondary nasal fluid accumulation and secondary bacterial/fungal contamination should be considered.

No evidence of pulmonary metastatic disease or mediastinal lymphadenopathy are seen.

An echocardiogram may be considered for further evaluation of cardiac structure and function.

Other less likely differential diagnoses for the splenomegaly includes lymphoid hyperplasia and extramedullary hematopoiesis.

### INTERPRETED BY

Tilde Rodrigues Froes,  
DMV, MSc., Dr. Med  
Vet., Dipl. CBraRVet

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### REFERRING VET

Dr. Runde

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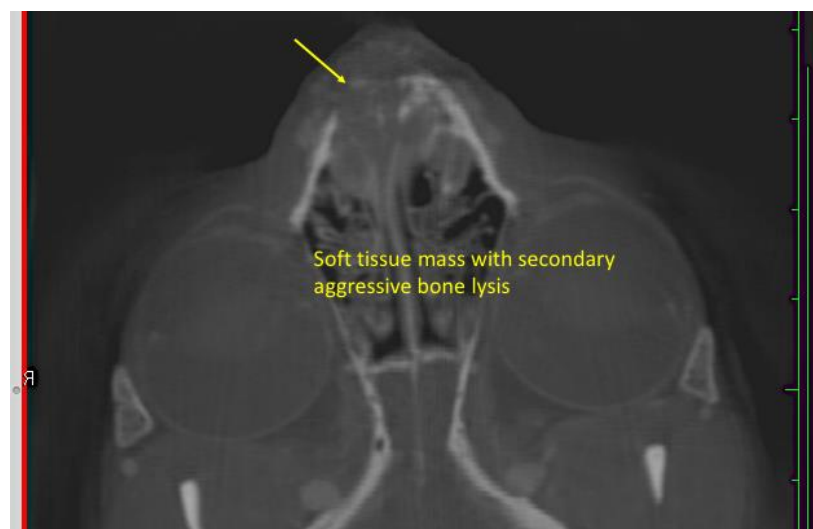
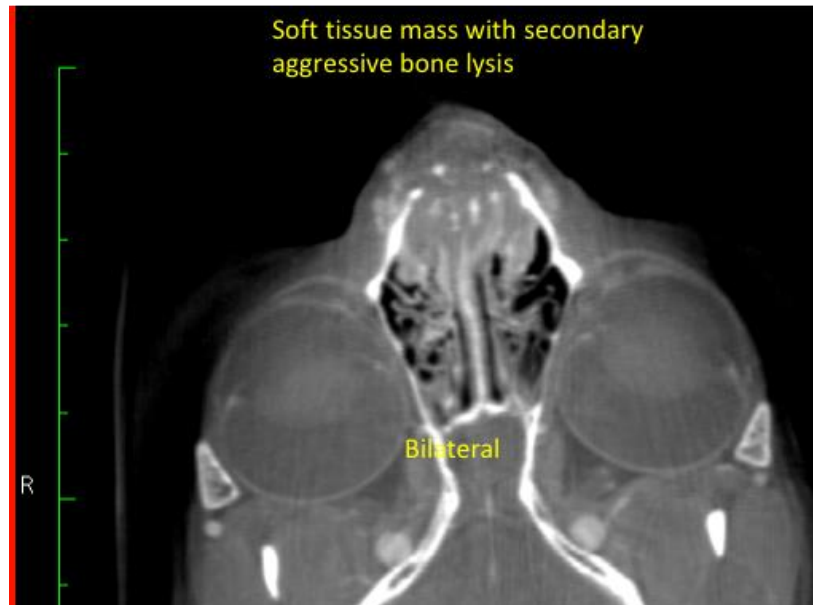
Dr. Runde

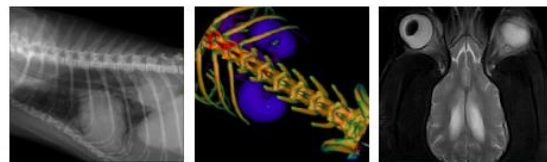
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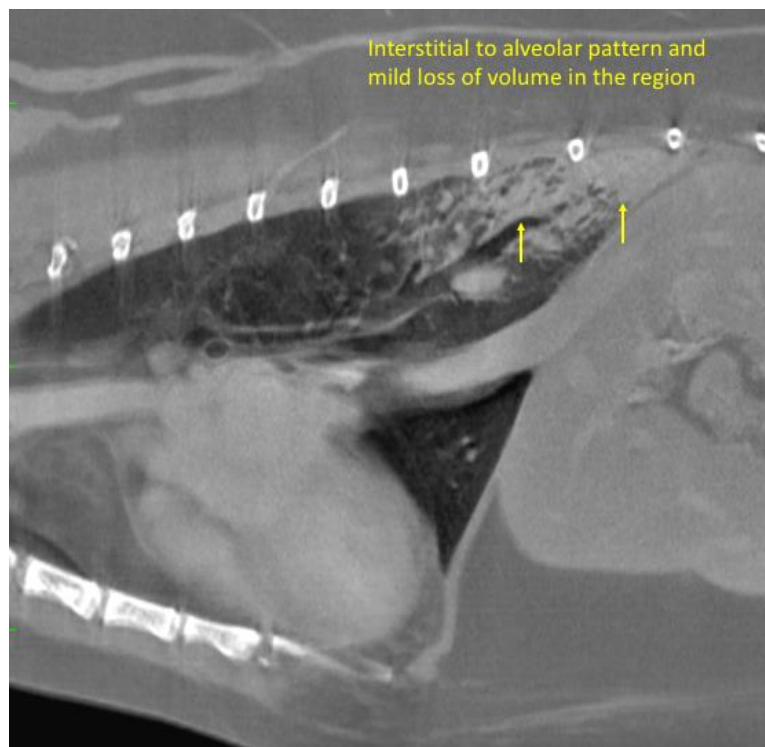
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**PATIENT**

Brody Hill

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.

**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.

**Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet**  
info@sonopath.com

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