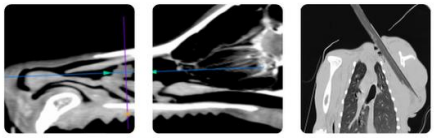


PATIENT

Minnie McGoff

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9

WEIGHT

4.14kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

73703

DATE

2-11-26

PRESENTING CLINICAL SIGNS

- Presented for a post chemotherapy CT. Patient was recently treated with CHOP for nasal large B cell lymphoma - last dose of adriamycin 2 weeks ago= prior CT performed on 8/6/25 through Sonopath.

Abnormal PE/Chem/CBC/UA Results: normal

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A pre- and post-contrast CT study of the head is provided for review totaling 3 series. One pre-contrast series of the head bone algorithm. One post-contrast series of the head, soft tissue algorithm. One post-contrast series of the thorax, soft tissue algorithm. Previous CT performed on 08/06/2025 for comparison.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

History of nasal large B-cell lymphoma treated with CHOP protocol. Last dose of doxorubicin administered two weeks prior to this examination.

There is a central cavitary region within the nasal cavity characterized by regional bilateral loss of turbinate and conchal architecture. The lesion is associated with interruption of the nasal septum. Also, the right nasal cavity contains a greater amount of aggregated hypoattenuating fluid material, with concurrent mild, multifocal, dispersed fluid accumulation in other nasal cavity regions.

No evidence of additional paranasal bone lysis is identified apart from the nasal septal involvement.

Mild hypoattenuating fluid is present within the right ethmoid sinus. The frontal sinuses are unremarkable.

The cribriform plate remains intact.

Within the nasopharynx, there is no evidence of obstructive intraluminal rounded soft tissue mass or polypoid lesion previous detected. Only mild irregularity of the dorsal nasopharyngeal wall is observed, may be incidental.

Intracranial structures show normal attenuation. There is no mass effect, falx cerebri shift, or ventriculomegaly.

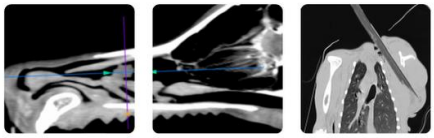
The tympanic bullae and external auditory canals are within normal limits.

The globes and retrobulbar spaces are unremarkable.

Dentition is within normal limits. Temporomandibular joints are bilaterally congruent.

The medial retropharyngeal and mandibular lymph nodes are within normal limits.

The mandibular, parotid, and zygomatic salivary glands are unremarkable.



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The thyroid glands are unremarkable.

THORAX

The trachea and main bronchi are within normal limits.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

There are a few scattered parenchymal bands with mild ground-glass attenuation within the gravity-dependent portions of the lungs, consistent with dependent atelectasis. The remaining pulmonary parenchyma demonstrates normal attenuation, with no evidence of pulmonary micronodules, nodules, or mass lesions.

The bronchial tree exhibits normal branching and tapering. Bronchial walls are thin and smooth, and the bronchus-to-artery ratio is within normal limits.

The cardiac silhouette and pulmonary vessels are normal, with adequate post-contrast opacification.

The pleural space, diaphragm, thoracic wall, and thoracic esophagus are unremarkable.

Tiny, multifocal, incomplete bridging spondylosis deformans is present along the thoracic vertebral endplates, incidental.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate bilateral turbinate and conchal destruction involving the mid-nasal cavity, with associated nasal septal interruption. Differential diagnosis chronic destructive rhinitis.
- Moderate dispersed intranasal fluid accumulation, more aggregated pattern in the right side, and mild fluid within the right ethmoid sinus.
- No evidence of residual nasopharyngeal mass effect.
- There is no evidence of pulmonary or mediastinal metastatic disease. Mild dependent atelectasis is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The imaging appearance of the nasal cavity is characterized by chronic destructive rhinitis with dispersed, multifocal fluid accumulation. The primary differential diagnosis includes post-chemotherapy changes secondary to treatment for nasal lymphoma and/or therapy-related effects. Residual infiltrative lymphoma cannot be completely excluded and should remain a differential consideration.

There is no evidence of an enhancing nasal mass or additional lesions involving the paranasal bones.

There is no evidence of a pharyngeal mass effect.

There is no evidence of pulmonary metastatic disease.

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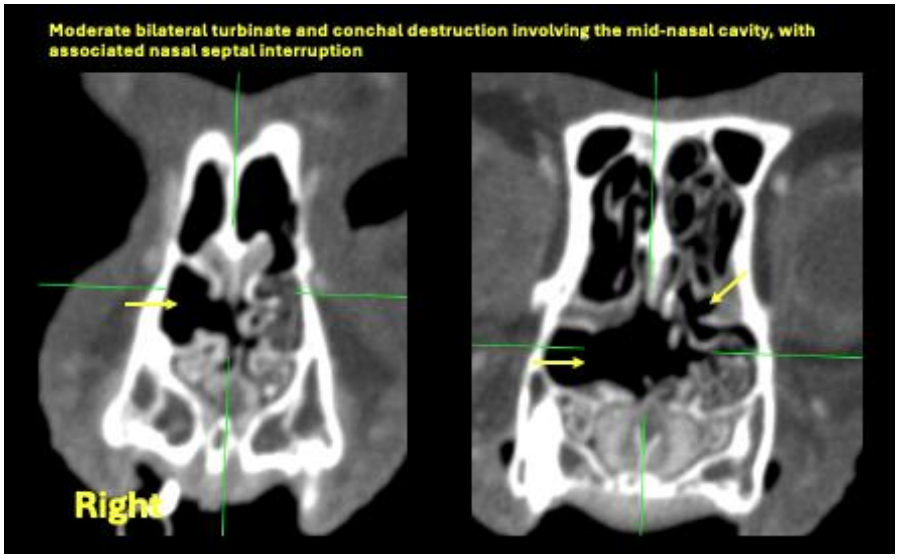

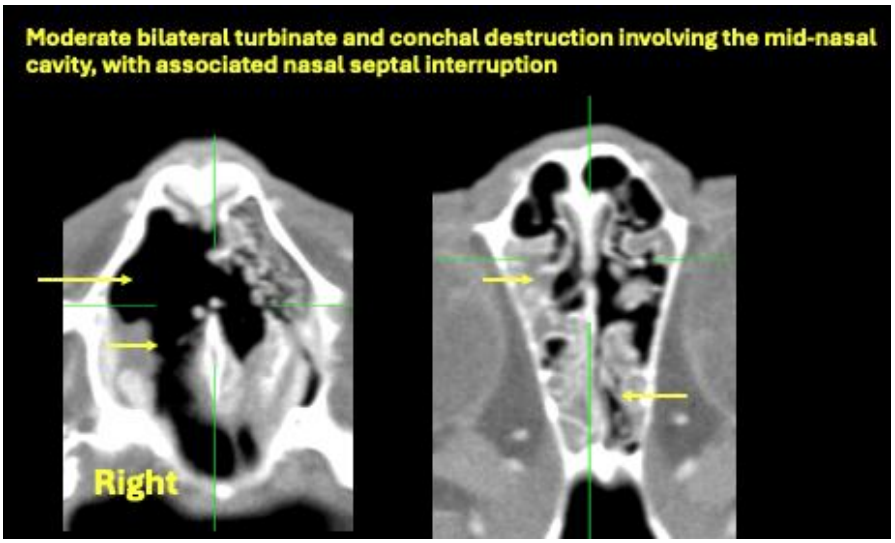

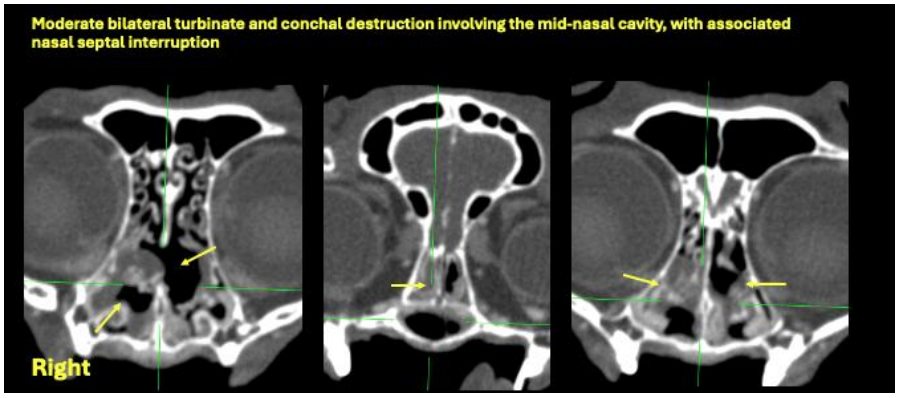

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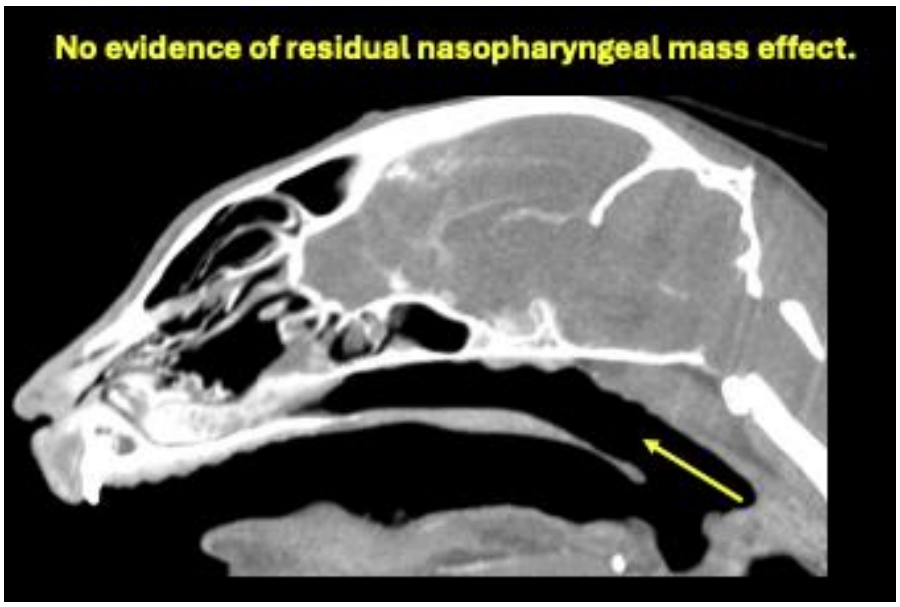

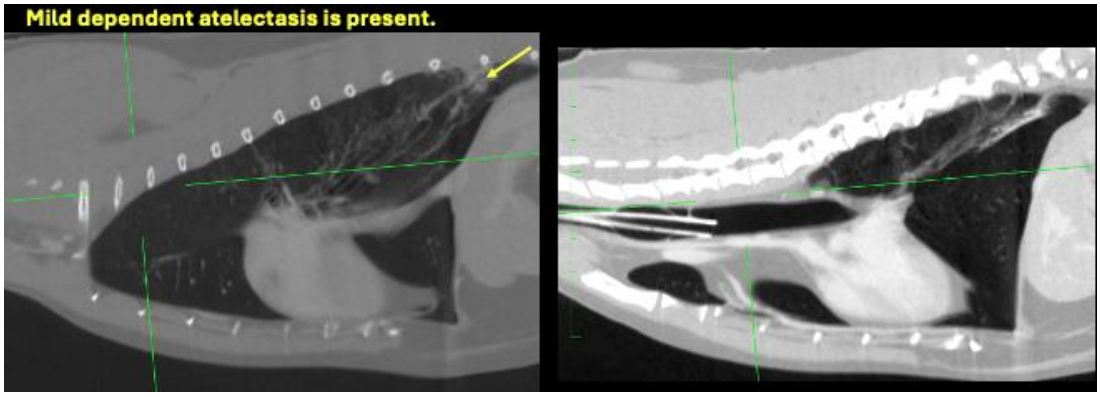

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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