

PATIENT

Biscuit Souza

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9

WEIGHT

11.24

INTERPRETED BY

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

IMAGING PERFORMED BY

Branson Kitterman

HOSPITAL NAME

Scottsdale Veterinary
Clinic

REFERRING VET

Dr. Hawken

INVOICE

73862

DATE

2-18-26

PRESENTING CLINICAL SIGNS

- OD: exophthalmos with elevated third eyelid and moderate conjunctivitis;
- swelling around eye and bridge of nose on right side of face
- r/o - ocular tumor vs sinus tumor vs open

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head are provided for review totaling 2 series. One pre-contrast series of the head bone algorithm. One post-contrast series of the head, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

There is a large, heterogeneously contrast-enhancing, amorphous soft tissue mass occupying the right nasal cavity and adjacent structures. The lesion is associated with marked turbinate destruction and aggressive osteolysis of the adjacent paranasal bones, including the right medial orbital wall, right frontal bone, and nasal bone. Prominent enhancing microvasculature is observed surrounding the lesion.

The mass extends into the right periorbital and retrobulbar spaces, sphenoidal sinus, and invades the cribriform plate. There is clear disruption of the cribriform plate with extension into the cranial vault, involving the olfactory bulb and right frontal lobe. The intracranial component demonstrates meningeal enhancement and associated mass effect, resulting in falx cerebri deviation.

The right nasal-facial mass measures at least $3.9 \times 3.5 \times 3.3$ cm. The intracranial component measures approximately 1.8×0.7 cm.

Within the right retrobulbar space, the mass displaces and distorts the extraocular muscles and retrobulbar fat, resulting in deformation of the right globe and exophthalmos.

The left nasal cavity is unremarkable, with no evidence of contralateral invasion. The nasal septum is mildly deviated toward the left.

Both medial retropharyngeal and mandibular lymph nodes are mildly enlarged bilaterally.

A small volume of gravity-dependent hypoattenuating fluid is present within both tympanic cavities. The osseous walls remain intact. External auditory canals are unremarkable.

The temporomandibular joints are bilaterally congruent.

Triadan 108, 109, 208, 307, 308, and 407 are absent. There is moderate, diffuse alveolar bone resorption with retained root fragments in the left mandible.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large, aggressive right-sided nasal mass with extensive turbinate destruction, paranasal bone osteolysis, orbital invasion, cribriform plate destruction, and intracranial extension involving the olfactory bulb and right frontal lobe, resulting in mass effect and falx cerebri deviation. CT



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imaging features are most consistent with an aggressive sinonasal neoplasm. Severe fungal granulomatous rhinosinusitis is considered less likely.

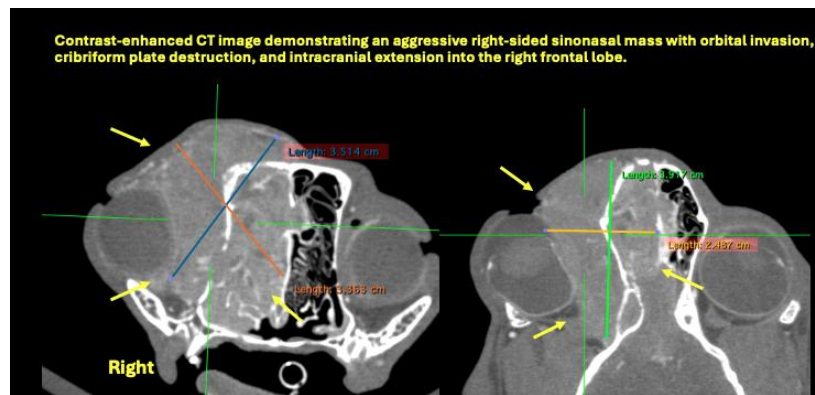
- Mild bilateral enlargement of the medial retropharyngeal and mandibular lymph nodes – reactive versus metastatic.
- Mild bilateral tympanic bulla effusion.
- Moderate periodontal disease with retained root fragments in the left mandible.
- Triadan 108, 109, 208, 307, 308, and 407 are absent

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings demonstrate a highly aggressive right-sided sinonasal mass with orbital and intracranial invasion. The presence of cribriform plate destruction and frontal lobe involvement indicates advanced disease. Differential diagnoses include nasal neoplasia—such as adenocarcinoma, squamous cell carcinoma, or lymphoma—and granulomatous fungal rhinitis, including cryptococcosis or aspergillosis. The CT features of the lesion, including its location and bone involvement, result in overlap between neoplastic and fungal etiologies. However, the extension into the cribriform plate and olfactory bulb suggests a more aggressive process and may indicate a poorer prognosis.

Definitive diagnosis requires tissue sampling. A biopsy (tissue or nasal flush) is recommended for definitive diagnosis, as well as fungal antigen testing, particularly in endemic regions.

Oncologic consultation is recommended for staging and therapeutic planning.





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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
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