



## PATIENT

Watson #6495UM-CT  
Tatreau-Meyer Morgan  
Pet Clinic

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

17Y

## WEIGHT

10.4

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Pete Bashara, DVM

## HOSPITAL NAME

Gentle Doctor Animal  
Hospital

## REFERRING VET

Pete Bashara, DVM

## INVOICE

73958

## DATE

2-26-26

## PRESENTING CLINICAL SIGNS

- Recurrent upper respiratory disease
- (sneezing, nasal/ocular discharge, wheezing, coughing) beginning in 2024 with episodes and treatments continuing into 2026.
- Poor response to variable non-targeted Ab trials
- Concurrent diabetes precludes steroid use - none tried
- Normal results from IDEXX respiratory panel

Abnormal PE/Chem/CBC/UA Results: Stable with increased blood glucose and fructosamine  
Normal respiratory panel Normal blood pressures at this time CKD Stage II-III

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Pre- and post-contrast computed tomography of the head. Four series were provided for review. One pre-contrast series (bone algorithm) and three post-contrast series (soft tissue algorithm).

## COMPUTED TOMOGRAPHIC FINDINGS

### HEAD

There is a severe, extensive, multilobulated, contrast-enhancing soft tissue mass centered in the nasopharynx, extending rostrally toward the choanae and into the right nasal cavity and progresses into the parapharyngeal region. The lesion demonstrates infiltrative behavior.

The mass extends rostrally causing lysis of the left pterygoid process and progresses into the left parapharyngeal region and left periorbital/retrobulbar space. There is loss of normal definition of the left medial pterygoid muscle and adjacent extraocular muscles.

Considering its full nasopharyngeal and choanal extension, the lesion measures at least 4.3 cm in length and approximately 0.8 cm in width.

A focal, irregular, mass-like thickening of the soft palate is present, measuring approximately 1.3 × 0.8 cm, apparently contiguous with the infiltrative nasopharyngeal lesion. These changes result in significant upper airway obstruction.

Within the right nasal cavity, the mass effect measures at least 2.4 × 1.2 cm and is associated with loss of turbinate detail. The nasal septum remains intact. The left nasal cavity is relatively preserved.

The right frontal sinus is fluid-filled with normal osseous contour. The left frontal sinus is air-filled with normal osseous contour. The cribriform plate is intact.

The left tonsil and left medial retropharyngeal lymph node are enlarged and heterogeneously contrast-enhancing, with central hypoattenuating (cystic/necrotic) areas. The right tonsil and right medial retropharyngeal lymph node are within normal limits. The mandibular lymph nodes are mildly enlarged.

The left tympanic cavity is fluid-filled, with preserved osseous contours. The right tympanic cavity is air-filled, with preserved osseous contours. The external auditory canals are within normal limits.

The globes and right retrobulbar space are within normal limits. The left retrobulbar space is affected by the infiltrative soft tissue process as described.



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No evidence of intracranial mass effect or falx cerebri deviation is observed.

All teeth are absent. The maxilla and mandible demonstrate diffuse, mildly heterogeneous attenuation.

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

## COMPUTED TOMOGRAPHIC DIAGNOSIS

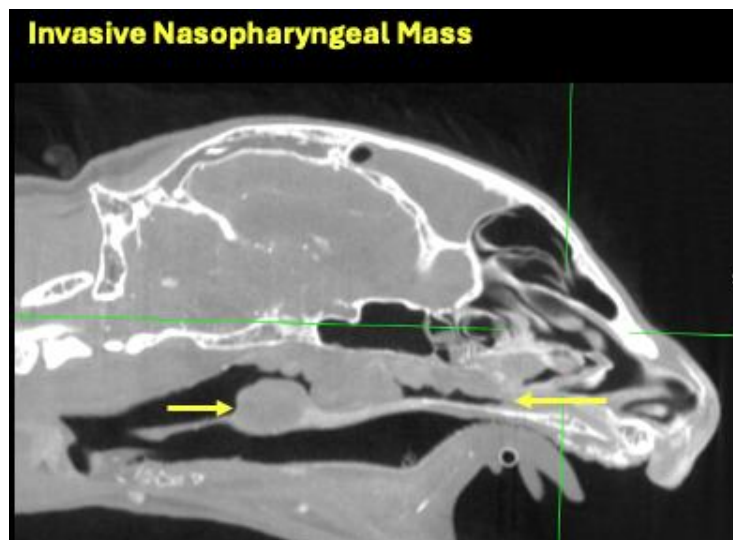
- Severe, extensive, infiltrative nasopharyngeal soft tissue mass extending into the right nasal cavity, left parapharyngeal region, left retrobulbar space, and associated with lysis of the left pterygoid process and soft palate involvement. Marked upper airway obstruction is present. Differential diagnoses include neoplasia (e.g., lymphoma, nasopharyngeal carcinoma) or less likely invasive fungal granuloma.
- Regional lymphadenopathy involving the left tonsil and left medial retropharyngeal lymph node, with heterogeneous enhancement and central hypoattenuating areas, suggestive of metastatic lymphadenopathy.
- Left side otitis media and/or fluid-filled accumulation, without osseous lysis.
- Right frontal sinusitis (fluid accumulation).
- All teeth are absent.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings are most consistent with an aggressive nasopharyngeal neoplastic process with regional invasion and suspected metastatic lymph node involvement. Primary diagnoses include neoplasia (e.g., lymphoma, nasopharyngeal carcinoma) or less likely invasive fungal granuloma.

Consider endoscopic-guided biopsy of the nasopharyngeal mass for histopathologic diagnosis. Fine-needle aspiration or biopsy of the left medial retropharyngeal lymph node.

Thoracic imaging (if not already performed) for staging.





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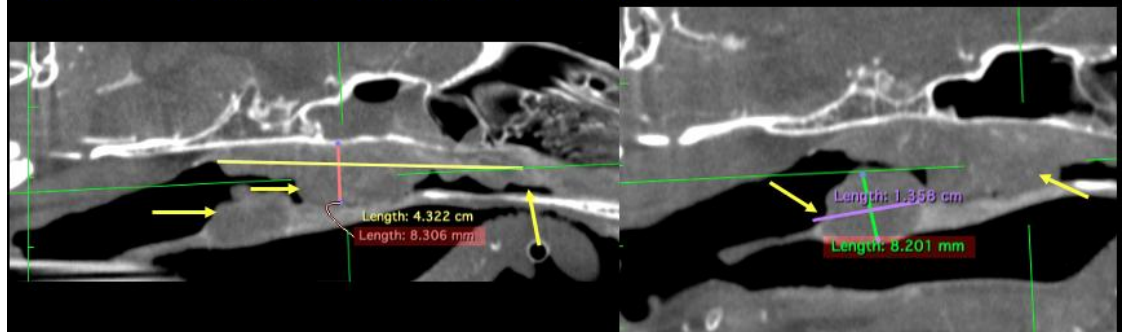
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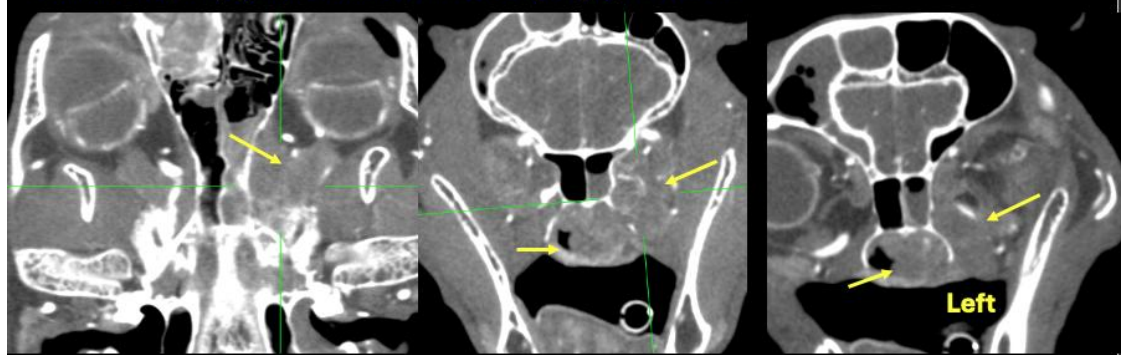
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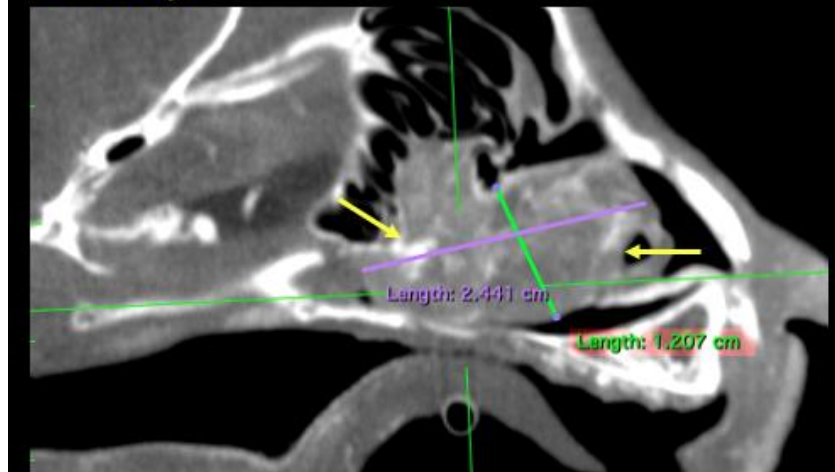
### Invasive Nasopharyngeal Mass with soft palate involvement

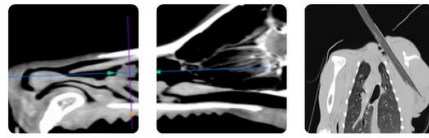


### Invasive Nasopharyngeal Mass with Orbital and Parapharyngeal Extension



### The mass extending rostrally toward the choanae and into the right nasal cavity





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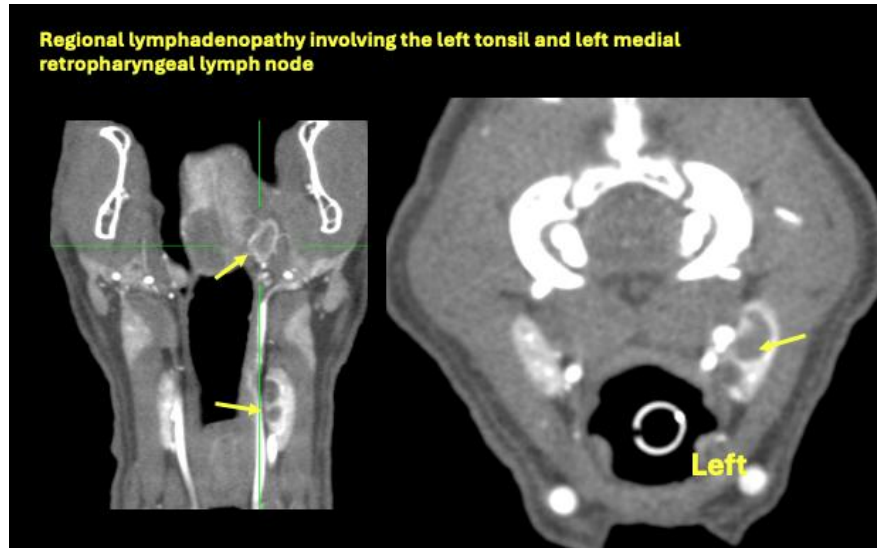
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**Regional lymphadenopathy involving the left tonsil and left medial retropharyngeal lymph node**



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](mailto:info@sonopath.com)