



## PATIENT

Tarzan Washington

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

15

## WEIGHT

15.5lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

GG

## HOSPITAL NAME

Aloha Pet & Bird  
Hospital

## REFERRING VET

Dr. McLaughlin

## INVOICE

73617

## DATE

2-4-26

## PRESENTING CLINICAL SIGNS

Hx of bleeding from the right side of the nose for the last week. Has not responded to antibiotics. Neutrophilia marked 60k on 2/3 and 2/4.

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A pre- and post-contrast computed tomographic examination of the head and thorax was provided for review. The study includes one pre-contrast series acquired using a bone algorithm and two post-contrast series of the head using a soft tissue algorithm.

## COMPUTED TOMOGRAPHIC FINDINGS

### HEAD

The right nasal cavity is completely filled with hypoattenuating material producing a mass effect. There is partial loss of turbinate and conchal architecture within the right nasal cavity. The margins of the lesion are poorly defined, partially obscured by concurrent fluid accumulation.

Mild multifocal osteolytic changes are identified involving the right orbital plate of the ethmoid bone, the nasal septum, and the right nasal bone. Mild protrusion of the lesion into the choana and extension toward the left nasal cavity are present. Mild extension into the right periorbital space is observed, without evidence of exophthalmos.

Mild, more caudally distributed fluid accumulation is also present within the left nasal cavity.

The cribriform plate remains intact.

The right frontal sinus is fluid-filled and associated with discrete sclerosis of the adjacent frontal bone.

The left frontal sinus is air-filled.

The globes and left retrobulbar space are within normal limits.

The temporomandibular joints are bilaterally congruent.

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

Dentition is within normal limits.

No intracranial mass effect is identified.

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

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

### THORAX

The trachea and main bronchi are within normal limits.

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



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The pulmonary parenchyma shows normal attenuation with no evidence of micronodules, nodules, or masses.

The bronchial tree exhibits normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vessels are normal.

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

The thoracic esophagus is unremarkable.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Extensive right-sided nasal cavity lesion characterized by soft tissue/fluid attenuation causing a mass effect, partial turbinate destruction, and associated mild multifocal osteolysis, with mild extension into the choana, contralateral nasal cavity, and right periorbital space. Differential diagnoses include chronic granulomatous fungal rhinitis, or nasal neoplasia.
- Right frontal sinusitis, with associated mild frontal bone sclerosis.
- No evidence of thoracic metastatic disease or other thoracic lesions.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings demonstrate an extensive right-sided nasal cavity lesion characterized by soft tissue/fluid attenuation, resulting in mass effect, partial turbinate destruction, and associated mild multifocal osteolysis. Mild extension into the choana, the contralateral nasal cavity, and the right periorbital space is observed. Differential diagnoses include chronic granulomatous fungal rhinitis (e.g., aspergillosis) and nasal neoplasia (e.g., lymphoma or other malignant processes). Usually, there is an overlap in the CT imaging features of granulomatous fungal rhinitis and nasal neoplasia.

A rhinoscopy-guided biopsy or nasal flush with cytology is recommended to establish a definitive diagnosis and guide appropriate treatment planning. Fungal culture should also be considered.





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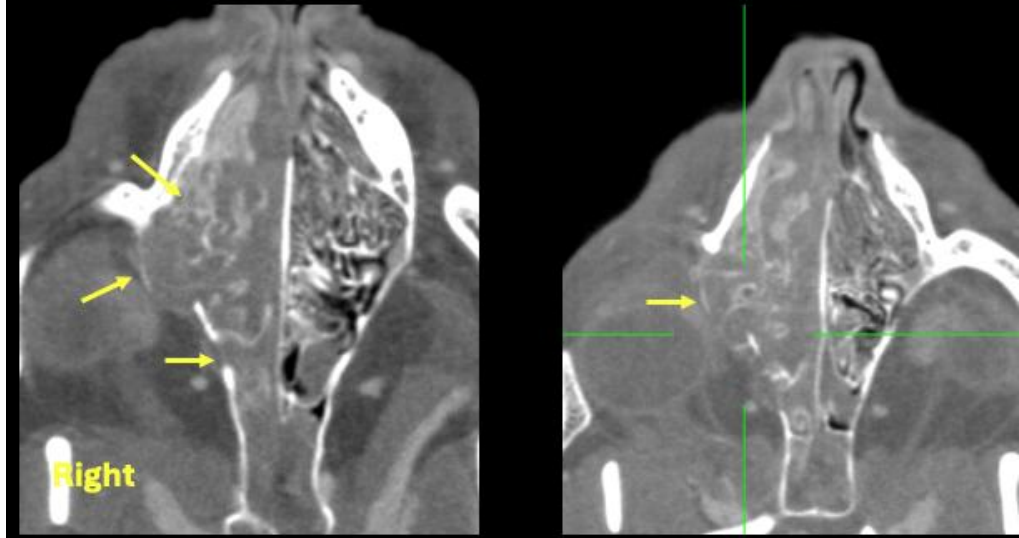
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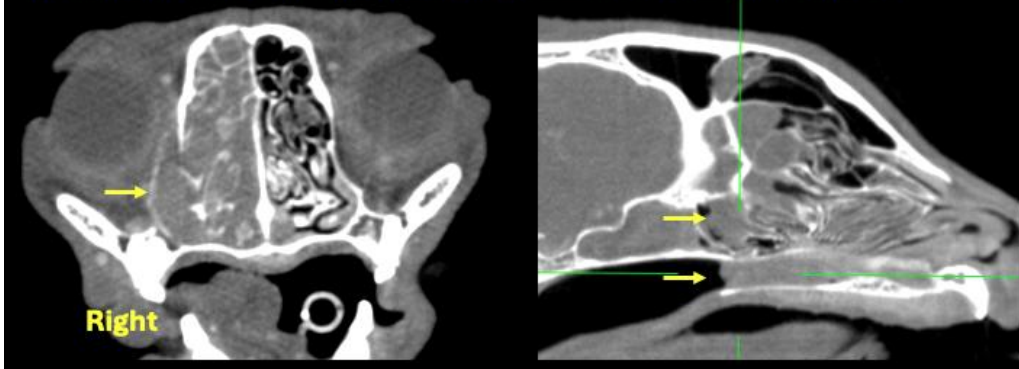
## DATE

2-4-26

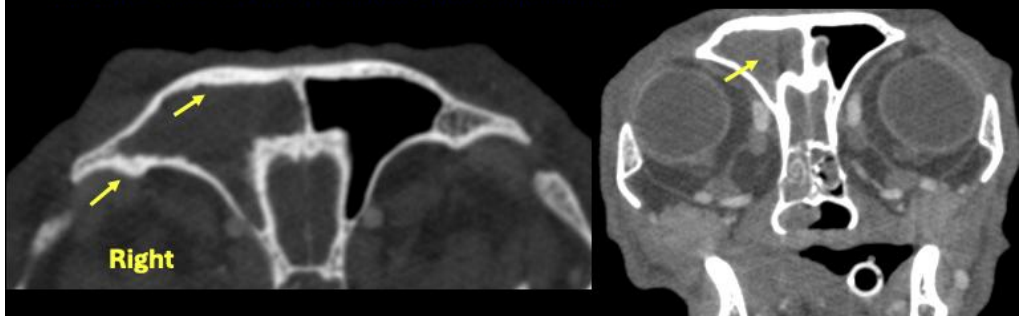
**Extensive right-sided nasal cavity lesion characterized by soft tissue/fluid attenuation causing a mass effect, partial turbinate destruction, and associated mild multifocal osteolysis**



**Right-sided nasal cavity lesion characterized by soft tissue/fluid attenuation causing a mass effect, partial turbinate destruction, and associated mild multifocal osteolysis and choana invasion**



**Right frontal sinusitis, with associated mild frontal bone sclerosis.**





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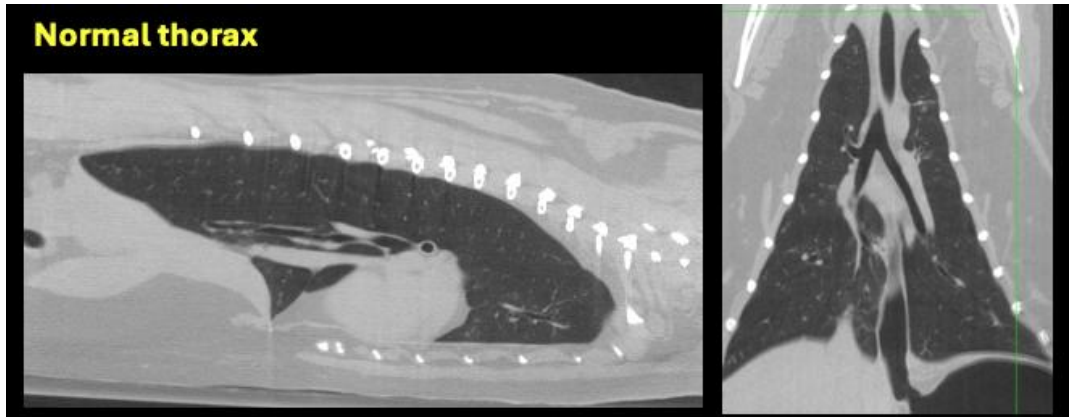
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)