



PATIENT

Sheldon Pantle

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13

WEIGHT

3.5

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

74260

DATE

3-18-26

PRESENTING CLINICAL SIGNS

- presented for congestion, stridor, and right nasal discharge

Abnormal PE/Chem/CBC/UA Results: amy 1926

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A pre- and post-contrast CT study of the head and thorax are 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.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

A large, multilobulated, well-defined, predominantly hypoattenuating soft tissue mass with mild peripheral contrast enhancement is present within the right nasal cavity. The lesion is centered in the mid-to-caudal nasal cavity, extending from approximately the level of Triadan 106 caudally to the cribriform plate.

There is focal destruction of the cribriform plate, with a small portion of the mass extending intracranially toward the olfactory bulb. The right portion of the cribriform plate is interrupted.

The mass extends caudally into the choana, resulting in obstruction of the nasopharyngeal lumen. Regional marked loss of turbinate architecture is noted, more pronounced in the caudal nasal cavity, with mild turbinate loss rostrally.

There is extension of the mass into the right orbital region, with associated osteolysis of the right orbital plate of the ethmoid bone. The mass is contiguous with the medial aspect of the right globe, causing mild deformation of its contour.

The left nasal cavity and frontal sinuses are unremarkable.

The tympanic bullae are air-filled and normal. The external auditory canals are unremarkable.

The larynx, thyroid cartilage, hyoid apparatus, and cervical trachea are within normal limits.

The left globe and retrobulbar space are unremarkable.

Mandibular and medial retropharyngeal lymph nodes are within normal limits.

Salivary glands are unremarkable.

Triadan 407 is absent.

THORAX

The trachea and main bronchi are within normal limits.

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



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The bronchial tree is unremarkable.

The cardiac silhouette and pulmonary vasculature are within normal limits.

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

The pleural space, diaphragm, and thoracic wall are normal.

The thoracic esophagus is mildly gas-distended, likely incidental/anesthetic-related.

Incidental findings include mild spondylosis deformans at L1-L2 and L2-L3.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large, multilobulated soft tissue mass centered in the right nasal cavity, causing marked regional turbinate destruction, cribriform plate lysis with mild intracranial extension, extension into the nasopharynx (choanal obstruction), and orbital invasion with ethmoid bone osteolysis and mild deformation of the globe. Differential diagnoses include an aggressive nasal neoplasm, with invasive granulomatous fungal rhinitis considered less likely.
- Triadan 407 is absent.
- The thoracic structures are within normal limits. There is no evidence of pulmonary or mediastinal metastatic disease.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings demonstrate an aggressive right-sided nasal mass with locoregional invasion, including cribriform plate destruction, early intracranial extension, and orbital involvement. These features are highly suggestive of a malignant process.

Primary differential diagnoses include nasal carcinoma (e.g., adenocarcinoma or squamous cell carcinoma) and lymphoma. Invasive fungal disease is considered less likely. However, there is overlap in the CT imaging characteristics of nasal neoplasia and fungal disease.

Rhinoscopy or a nasal flush with biopsy is recommended for definitive diagnosis.

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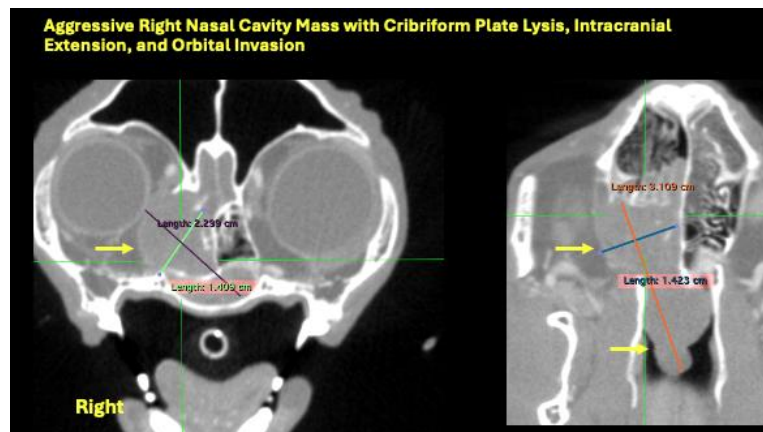
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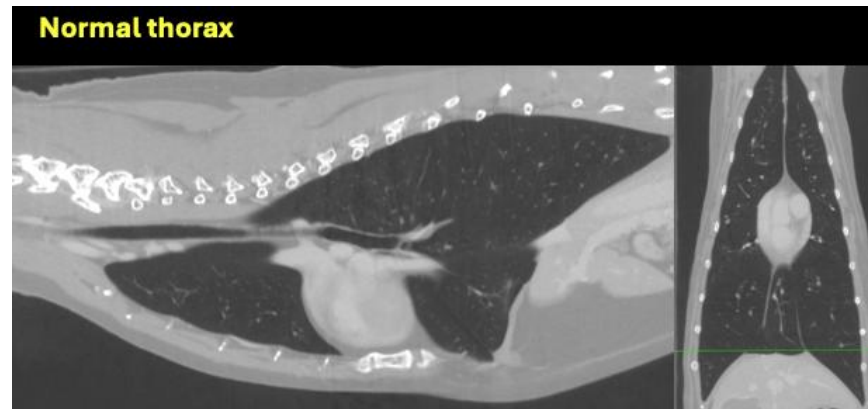
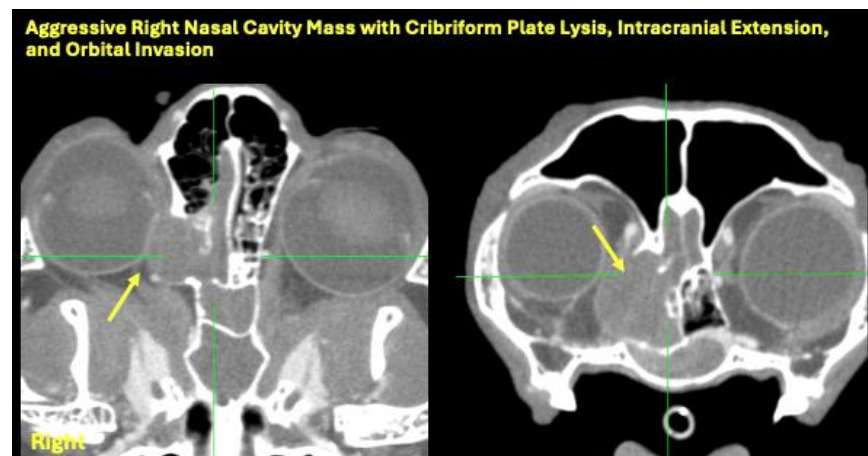
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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