



## PATIENT

Enzo Nellius

## SPECIES

Feline

## BREED

DSH

## SEX

MC

## AGE

13Y

## WEIGHT

3.45kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

EH

## HOSPITAL NAME

Crown Veterinary  
Specialists and  
Associates

## REFERRING VET

Dr. Carly Bloom

## INVOICE

74315

## DATE

3-24-26

## PRESENTING CLINICAL SIGNS

- 13 yo, CM DSH with hyperthyroidism, managed on methimazole
- Several month history of respiratory noises as well as minimal nasal discharge and an episode of epistaxis. Exam shows inspiratory noises and expiratory stertor and stridor, with reduced nasal air flow especially in the R nostril.
- On retroflex rhinoscopy, can see a lobulated pink mass in the rostral right nasopharynx (biopsies obtained, and blind biopsies obtained from the right nostril)
- Nasal biopsies and Respiratory PCR are pending

Abnormal PE/Chem/CBC/UA Results: hyperthyroid, on methimazole, most recent TT4 was normal

## 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, soft tissue algorithm.

## COMPUTED TOMOGRAPHIC FINDINGS

A large, multilobulated, partially well-defined, predominantly hypoattenuating soft tissue mass with mild 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 104 to the cribriform plate.

The mass extends into the right ethmoid sinus region and caudally into the choana, resulting in partial obstruction of the nasopharyngeal lumen. There is marked loss of turbinate architecture, more pronounced caudally. Cranially there is small cavitated area and fluid accumulation.

Marked osteolysis of the adjacent paranasal bones is observed, affecting the right nasal bone and the right orbital plate of the ethmoid bone. There is discrete extension of the lesion into the right orbital region.

The cribriform plate and nasal septum remain intact.

The right frontal sinus is filled with hypoattenuating material and shows associated osseous sclerosis. The left frontal sinus is rudimentary (incidental). The left nasal cavity is unremarkable.

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

The globes and left retrobulbar space are within normal limits.

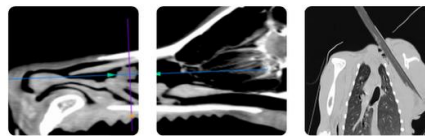
Mandibular and medial retropharyngeal lymph nodes are within normal limits.

Salivary glands are unremarkable.

The thyroid glands are not collimated.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large, multilobulated soft tissue mass centered in the right nasal cavity, causing marked regional turbinate destruction, with paranasal bone lysis, and discrete orbital invasion.



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Differential diagnoses include an aggressive nasal neoplasm, with invasive granulomatous fungal rhinitis considered less likely.

- The right frontal sinus is fluid-filled and sclerotic, sinusitis, likely secondary to obstruction (post-obstructive sinusitis) or infiltration.

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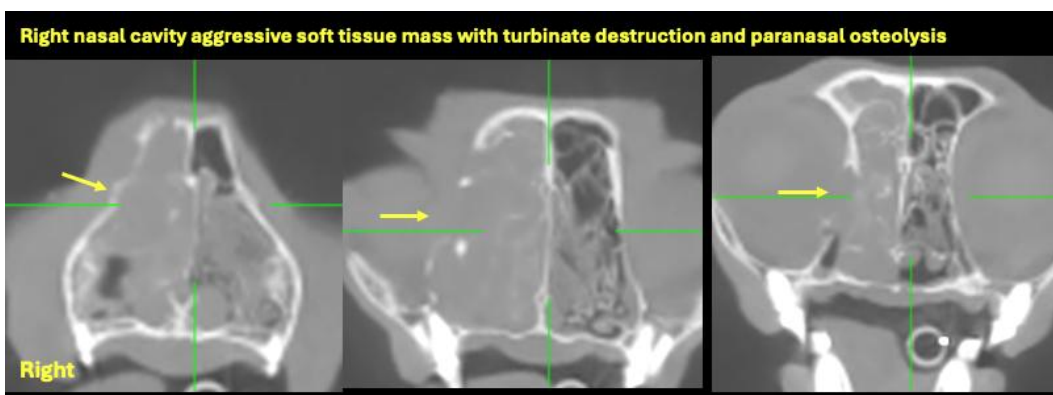
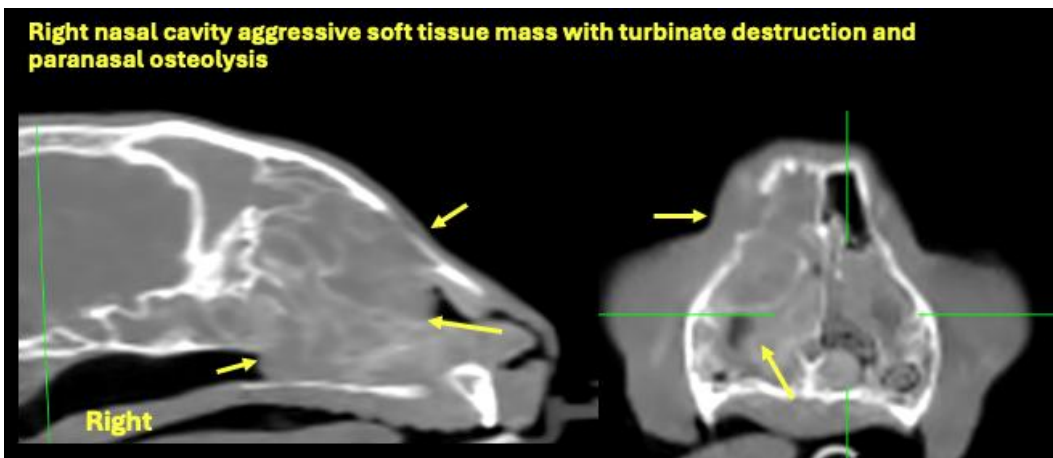
3-24-26

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings are consistent with an aggressive, right-sided nasal mass with locoregional invasion, including extension into the ethmoid sinus region, partial choanal obstruction, paranasal bone lysis, and discrete orbital involvement. These features support a malignant neoplastic process as a primary differential diagnoses.

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.

Histopathological evaluation of the obtained biopsies is essential for a definitive diagnosis, correlated with these findings.





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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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