



PATIENT

Sunny Jones Fairchild

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

7Y, 10M

WEIGHT

5.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Emily Johnson

HOSPITAL NAME

Bluegrass Veterinary
Specialists

REFERRING VET

Whitney Jones

INVOICE

74318

DATE

3-24-26

PRESENTING CLINICAL SIGNS

- drainage from R nostril was initially noted by O approx 1 month ago. Slightly decreased appetite & increased inspiratory noises noted by both O and RDVM.
- drainage from R eye has been intermittent for the past few years.
- mass noted on R maxilla by RDVM on sedated oral exam.
- RDVM started P on Prednisolone 5 mg & Zytrec 2.5 mg approx 2 weeks ago
- BW wnl, Snap Triple negative

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD (NECK) & THORAX

Pre- and post-contrast computed tomography of the head (including nasal cavities), neck, and thorax. Transverse, Soft tissue and bone algorithms.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD & NECK

A large, multilobulated, partially well-defined, predominantly hypoattenuating soft tissue mass is present within the right nasal cavity, exhibiting mild contrast enhancement. The mass extends into adjacent paranasal structures and is associated with aggressive osteolysis involving the right maxilla at the level of Triadan 106 and 107, the hard palate, and the right orbital plate of the ethmoid bone.

There is caudal extension into the choana, resulting in partial obstruction of the nasopharyngeal lumen. Marked right side loss of turbinate architecture is noted. Mild ventral mass effect extension into the orbital region is observed, with the mass silhouetting but not deforming the right globe.

The right sphenoidal and frontal sinuses are filled with hypoattenuating material, while the left-sided sinuses remain air-filled.

The cribriform plate is intact.

The left nasal cavity is unremarkable, and the nasal septum is preserved.

The following teeth are absent: Triadan 106, 107, 206, 307, 309, 407, and 409.

The tympanic bullae and external auditory canals are unremarkable.

The salivary glands, thyroid glands, hyoid apparatus, and caudal nasopharynx are within normal limits.

The left medial retropharyngeal lymph node is mildly enlarged compared to the contralateral side, while the remaining regional lymph nodes are within normal limits.

THORAX

The trachea and main bronchi are within normal limits.

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

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



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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, and post-contrast opacification is adequate. The pleural space, diaphragm, ribs, and thoracic wall are unremarkable.

The thoracic esophagus is unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- A large, aggressive soft tissue mass centered in the right nasal cavity is identified, with extension into adjacent osseous structures, including the maxilla, hard palate, and ethmoid bone, as well as caudal extension into the choana and slightly orbital region. These findings are associated with marked turbinate destruction and regional osteolysis. The primary differential diagnoses include nasal neoplasia. A primary oral or maxillary neoplasm with secondary invasion into the nasal cavity should also be considered. Fungal rhinitis is considered less likely.
- There is mild enlargement of the left medial retropharyngeal lymph node (contralateral), which may represent reactive lymphadenitis.
- There is secondary obstruction and fluid accumulation within the right frontal and sphenoidal sinuses.
- No evidence of thoracic metastatic disease is identified.
- Triadan 106, 107 (adjacent the mass), 206, 307, 309, 407, and 409 are missing.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings are most consistent with an aggressive right-sided nasal neoplasm with local invasion into adjacent osseous and soft tissue structures. The primary differential diagnoses include nasal neoplasia, such as carcinoma (e.g., adenocarcinoma or squamous cell carcinoma) or lymphoma. A primary oral or maxillary neoplasm with secondary invasion into the nasal cavity should also be considered. Fungal rhinitis is considered less likely given the degree of aggressive osseous involvement.

The degree of bone destruction and invasive behavior favors neoplasia. The primary origin of the neoplastic process could be nasal or bone/oral, it is not possible complete determination of the origin.

Histopathological confirmation is recommended through rhinoscopy-guided biopsy or surgical sampling.

Oncologic consultation is advised for treatment planning.



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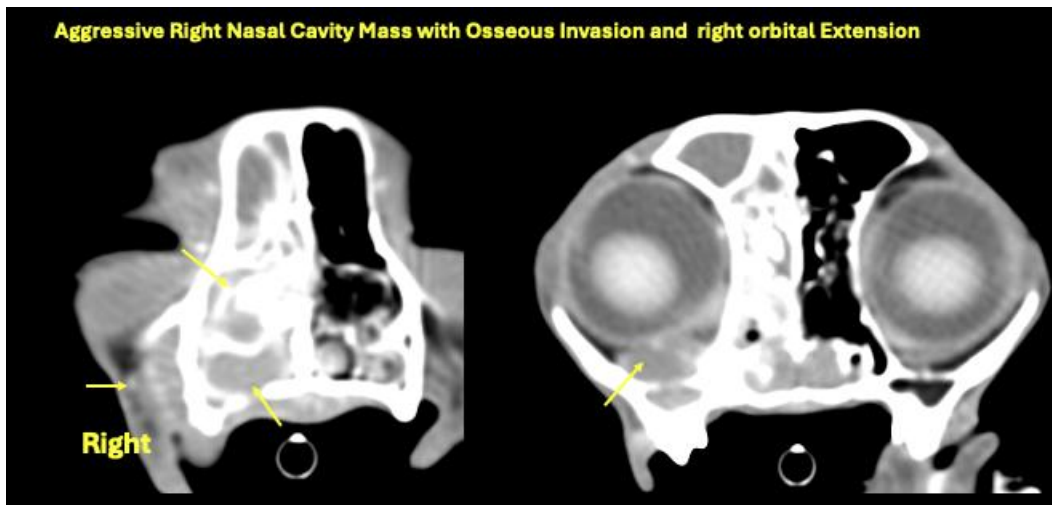
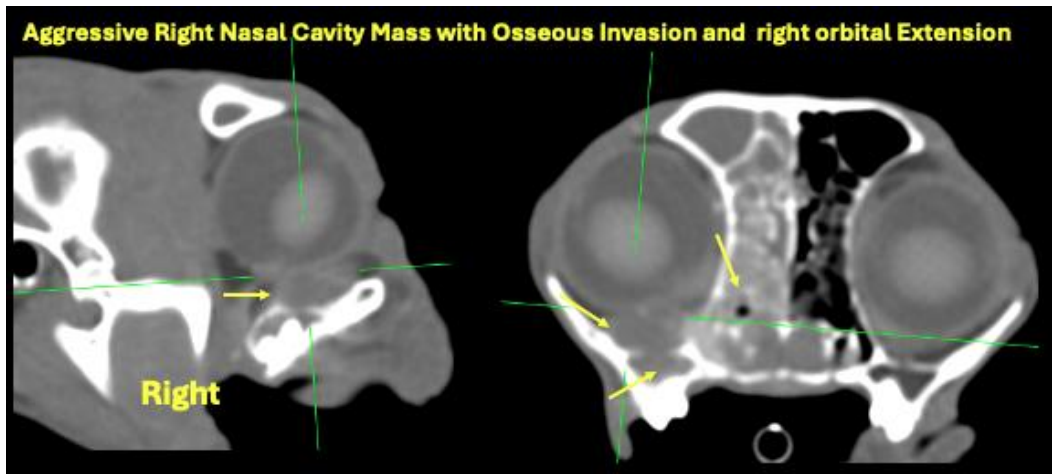
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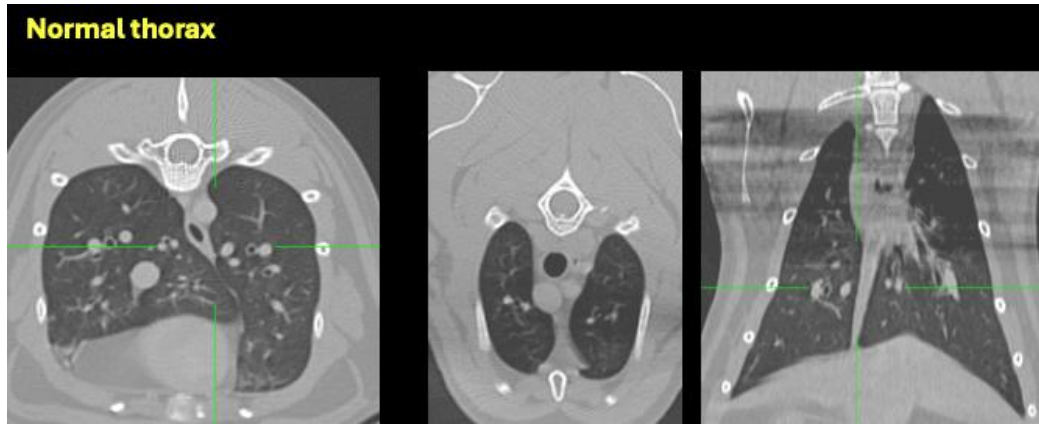
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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