



PATIENT

Mischief Robinson

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

4

WEIGHT

4.71kg

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

74349

DATE

3-25-26

PRESENTING CLINICAL SIGNS

1 month history of nasal discharge and congestion. Improved slightly with antibiotic therapy.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A pre- and post-contrast CT study of the head is 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 moderately sized, mildly infiltrative soft tissue/fluid-attenuating lesion is present within the mid left nasal cavity, predominantly ventral aspect, extending caudally into the choana. The lesion demonstrates mild contrast enhancement and is associated with moderate regional turbinate destruction/loss of turbinate architecture. It measures approximately 3.5 × 1.1 cm.

No evidence of aggressive paranasal bone osteolysis or hyperostosis is identified. No radiopaque foreign material is observed.

The nasal septum and contralateral nasal cavity are unremarkable.

The cribriform plate is intact.

The frontal and sphenoidal sinuses are unremarkable.

There is minimal hypoattenuating fluid accumulation within the right tympanic cavity. The left tympanic cavity and bilateral external auditory canals are within normal limits.

The globes and retrobulbar spaces are unremarkable.

There is mild focal alveolar bone loss and dental crown resorption involving Triadan 107 and 108.

The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal and mandibular lymph nodes are mildly enlarged.

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

THORAX

The trachea and main bronchi are within normal limits.

The sternal lymph nodes are mildly enlarged. The 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

- Focal, moderately sized, mildly infiltrative, mildly contrast-enhancing lesion within the left nasal cavity, associated with regional turbinate destruction and extension into the choana. Primary differential diagnoses include nasal lymphoma and severe chronic granulomatous rhinitis, including early fungal rhinitis, chronic inflammatory rhinitis, or inflammatory sequelae of previous viral rhinitis.
- Mild enlargement of the mandibular and medial retropharyngeal lymph nodes, most consistent with reactive lymphadenitis.
- Minimal enlargement of the sternal lymph nodes, nonspecific; or mild reactive lymphadenitis.
- Otherwise, normal thoracic CT.
- Minimal fluid accumulation within the right tympanic cavity, likely incidental or compatible with mild otitis media.
- Mild dental disease involving Triadan 107 and 108, possible early phase feline tooth resorption disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings demonstrate a left-sided nasal cavity lesion with focal turbinate destruction and extension into the choana, indicating a locally infiltrative process. Although no aggressive osseous destruction of the paranasal bones or cribriform plate involvement is identified, the presence of a focal mass effect, regional turbinate loss, and choanal extension raises moderate concern for nasal neoplasia, particularly nasal lymphoma. However, severe inflammatory or infectious rhinitis remains an important differential diagnosis.

CT features of nasal lymphoma and chronic inflammatory/granulomatous rhinitis may overlap, and definitive differentiation cannot be made based on imaging alone.

Further diagnostic investigation is recommended, including rhinoscopy and nasal flush with cytology and/or biopsy for definitive diagnosis. Microbiological testing (culture and sensitivity) may also be considered to guide targeted therapy.



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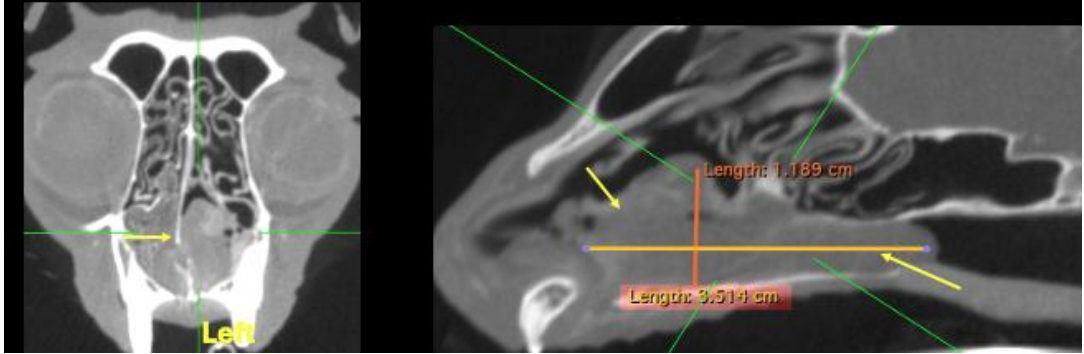
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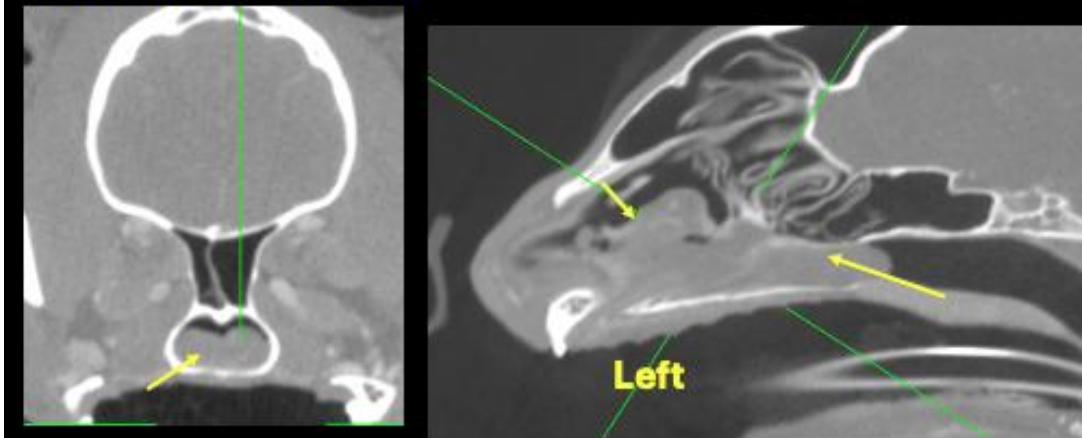
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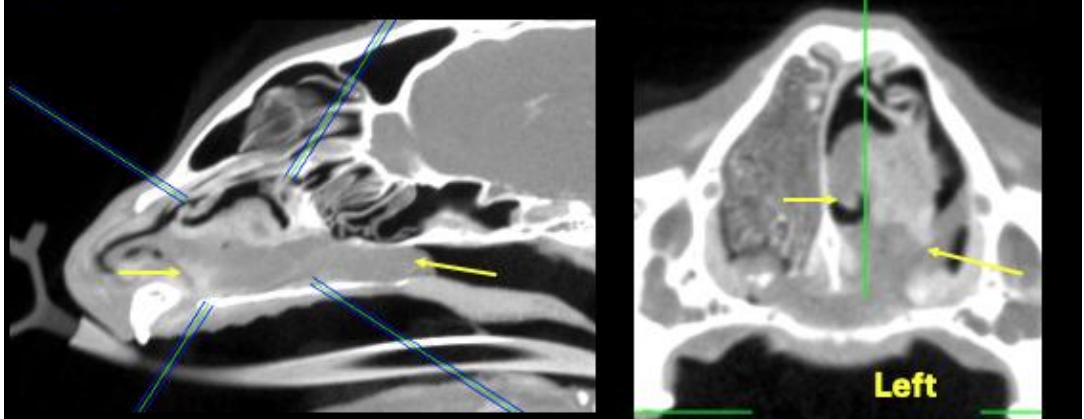
Left nasal cavity soft tissue lesion with turbinate destruction and extension into the choana

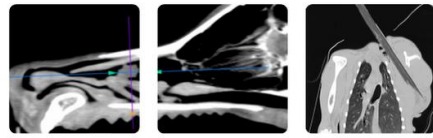


Left nasal cavity soft tissue lesion with turbinate destruction and extension into the choana



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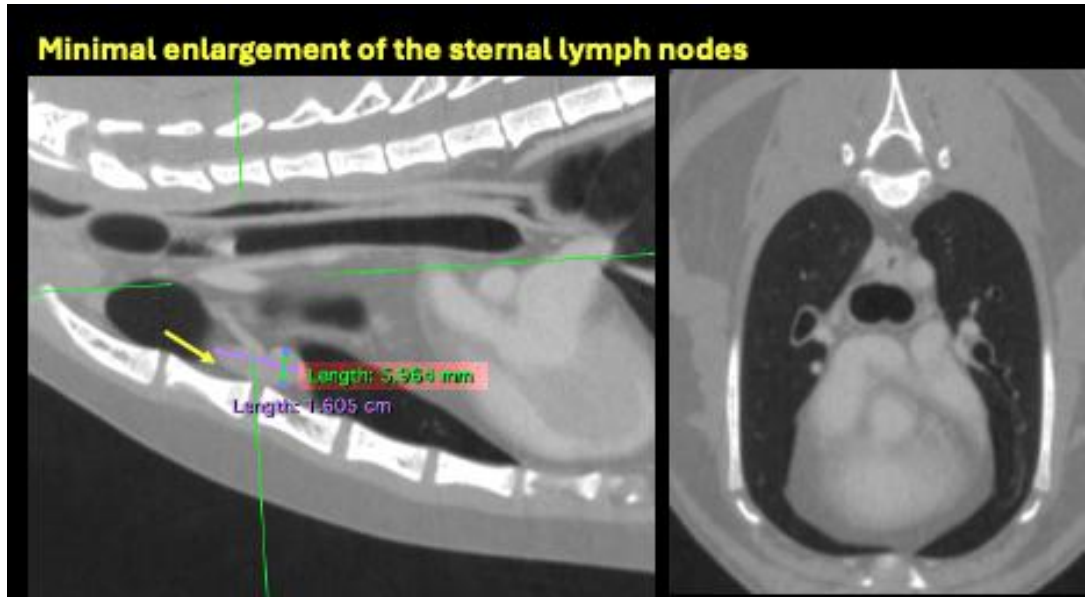
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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