



PATIENT PRESENTING CLINICAL SIGNS

Muji Nishimura The patient presented to Heart and Soul Urgent Care **03/06/23** for hyporexia and sneezing, nasal d/c onset approximately 2-3 months ago. The owner reported the patient had been hyporexic for approximately 2 months at that point, and it had gotten worse within the last 2 weeks, where the patients food intake has decreased by ~%50 of the normal amount of food. The primary noted the patient's oral cavity was very painful on palpation; with swelling ventral to OS extending through all maxillary soft tissue; moderate calculus appreciated on the L aspect of mouth. Upon sedated exam, it was discovered the patient was unable to open her mouth past ~1/2 cm, despite being under deep sedation. The primary recommended the patient be treated by a specialist with an anesthesiologist to treat for possible retrobulbar abscess, and to definitely determine the cause of the patient's lockjaw.

SPECIES

Feline

BREED

FS

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre contrast head computed tomography is provided for review.

SEX COMPUTED TOMOGRAPHIC FINDINGS

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There is a large, irregular, mass effect in the left retrobulbar space, associated lesion extension to the left nasal passage, and to the ipsilateral pterygoid fossa caudally following adjacently to the maxilla bone and temporomandibular joint. Within the soft tissue mass effect, severe multifocal lysis and irregular proliferative periosteal reaction is seen in the multiple adjacent bones, predominantly on the left side. The affected bones include the orbital plate of the ethmoidal bone, the perpendicular plate of ethmoidal bone, basisphenoids bone, the left maxilla, the zygomatic process of the maxilla, the mandible ramus, the nasal bone, and left frontal bone. Also, hyperostosis of the left frontal sinus is seen.

INTERPRETED BY

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

There is a lysis of the nasal turbinates, bilaterally, and worse in the left centered over the mass, and with a hypoattenuating accumulation of fluid material. A mild to moderate hypoattenuating accumulation of fluid material is also visible in the left sphenoidal sinus.

The mass within the left retrobulbar space causes a moderate rostralateral displacement of the left ocular globe and caudally extends to the level of the temporomandibular joint.

HOSPITAL NAME

The cribriform is intact.

Animal Dental Clinic

There is moderate horizontal and vertical bone loss along the teeth, maxillary and mandibular.

REFERRING VET

The left bulla is partially filled with a hypoattenuating fluid material. The right bulla is air-filled. Bilaterally the auditory ear canal is normal.

Sarah Bonner

The pharynx and larynx are normal.

A mass effect is seen in the region of the left side mandibular lymph nodes.

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DATE

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large left naso-sino-orbital mass with multiple bone lysis, including the left maxilla, mandible, frontal, and nasal bone. Differential diagnosis includes aggressive behavior neoplastic process; other less likely differential diagnosis includes fungal disease.
- Left side exophthalmia.



- PATIENT**
- Bilateral concurrent rhinitis.
 - Left side otitis media.
- Muji Nishimura
- Moderate periodontal disease.
 - Suspect left side mandibular lymphadenopathy.

SPECIES INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Feline The CT study reveals an extensive mass effect and osteolytic lesions in the left retrobulbar space and adjacent correlated spaces, naso-sino-orbital. The differential diagnosis includes squamous cell carcinoma, sarcoma, and lymphoma. Another important consideration, given the appearance and presence of an orbital mass, would be feline sino-orbital aspergillosis, or other fungal diseases.

BREED FS The bone lesion involvement at the left mandible, maxilla, adjacently to the temporomandibular joint explains the clinical signs of difficulty of opening the mouth.

SEX Nasal flush biopsy needed for a definitive diagnosis. The mass is not resectable. The long-term prognosis is poor.

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PATIENT

Muji Nishimura

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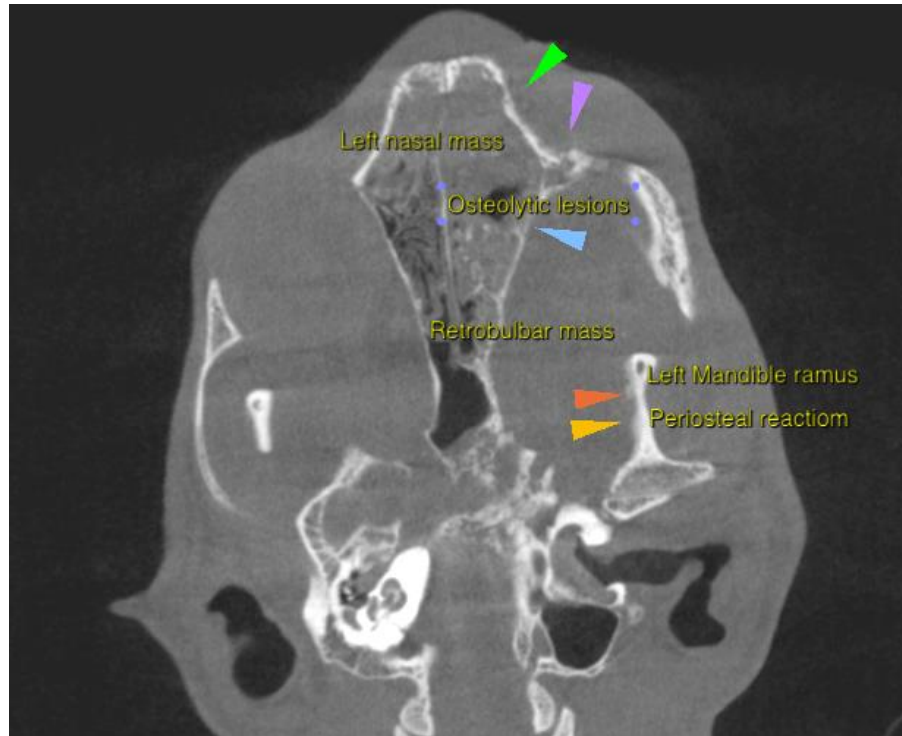
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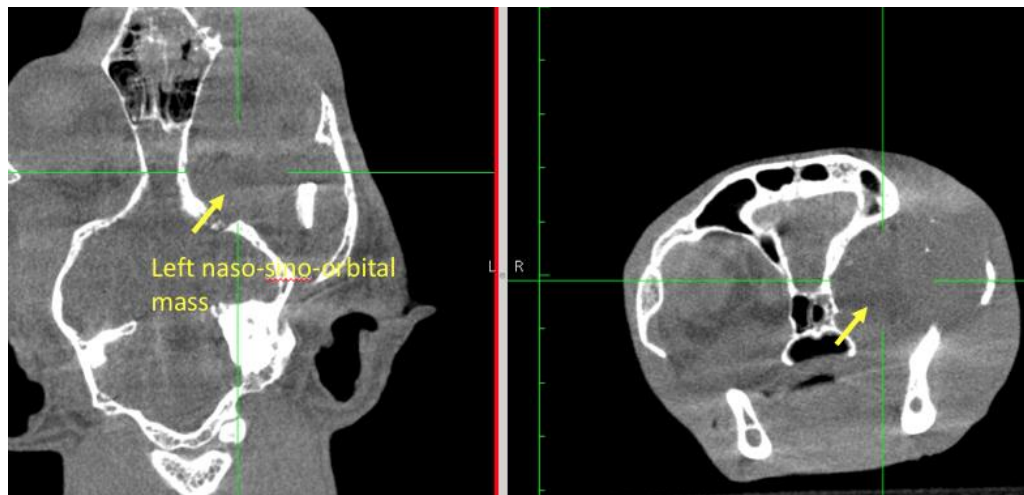
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PATIENT The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Muji Nishimura

SPECIES

Feline

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.

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