



PATIENT PRESENTING CLINICAL SIGNS

Zazu Abrahams 9 yo cat with 1 month history of nasal congestion, stertor, epistaxis. Mass effect on bridge of nose. Tumor/tissue seen in nasopharynx on retroflex nasopharyngoscopy. Nasal biopsies yielded abnormal friable looking tissue. Suspect neoplasia (nasal lymphoma) vs other (infectious, inflammatory)

SPECIES Abnormal PE/Chem/CBC/UA Results: Stertor, dried bloody nasal discharge, firm mass effect on right-side bridge of nose. Neutrophilia, mild hyperglobulinemia

Feline

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD AND THORAX

BREED

A pre and post-contrast study of the head and thorax are provided for review. A total of 12 series. Six series of the head, pre-contrast and post-contrast, bone and soft tissue window. Four series of the thorax, pre-contrast and post-contrast, bone and soft tissue window.

Oriental Shorthair

COMPUTED TOMOGRAPHIC FINDINGS

SEX Head

FS

A small rounded soft tissue hypoattenuating mass is seen in the subcutaneous, right external nasal planum without adjacent osteolytic bone lesion. The mass measures approximately 0.5cm x 0.6cm x 0.7cm. Bilateral multifocal hypoattenuating fluid accumulation confluent to the nasal turbinates with moderate loss of turbinate architecture is seen. No evident mass effect is seen in the nasal cavities.

AGE

9 Years

There is moderate hypoattenuating fluid accumulation within the choana and more on the left side. Caudally adjacent in the transition of the normally aerated choana, a mass effect is seen; however, no evident post-contrast enhancement is identified. An association of the hypoattenuating fluid accumulation and the mass effect partially obstructs the airway into the choana. Due to the ill-defined contour of the mass effect, it is difficult to measure the lesion.

INTERPRETED BY

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

The adjacent nasopharynx is unremarkable.

The sphenoidal and frontal sinuses are unremarkable. No evidence of hyperostosis.

HOSPITAL NAME

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The tympanic bullae and auditory external canals are normal.

The retrobulbar spaces and globes are intact.

The cribriform plate is intact. No mass effect is seen in the brain.

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Dr. Ashley Gold

The temporomandibular joints are bilaterally congruent.

All teeth are present. There is mild variable horizontal and vertical bone loss along the teeth.

The medial retropharyngeal lymph nodes are symmetrical, and normal in size, shape, and attenuation.

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The mandibular lymph nodes are normal.

The right thyroid is mildly enlarged and more globous in shape in comparison the left thyroid.

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Thorax



PATIENT The trachea and main bronchus are normal.

Zazu Abrahams The lung parenchyma is normal in attenuation, no soft tissue nodules are identified.

SPECIES

Feline

The pleural space and mediastinum are normal. No evidence of enlarged mediastinal lymph nodes.

The diaphragm and thoracic wall are normal.

The cardiovascular structures are normal.

BREED

Oriental Shorthair

The collimated abdomen is unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

SEX

FS

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- Small rounded right nasal planum soft tissue mass without bone involvement. Multifocal moderate destructive rhinitis with nasal cavity fluid accumulation, mass effect or granuloma in the choana. The differential diagnosis for the association on this finding includes fungal rhinitis, neoplasm, or nasal planum neoplasm with chronic destructive rhinitis.
- Specifically, for the small nasal planum mass the differential diagnosis includes nasal granuloma or nasal neoplasm, for example squamous cell carcinoma, melanoma, or lymphoma.
- A mass effect and fluid accumulation in the choana causes a partial obstruction in the airway passage.
- Right side enlarged thyroid, the differential diagnosis includes thyroid nodular hyperplasia or adenoma.
- Normal thorax.
- Mild periodontal disease.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multiple lesions are detected in the external nasal planum, nasal cavity, and choana, and these lesions could be associated or not. If associated, consider a granulomatous destructive fungal disease as primary differential diagnosis. An overlap between the tomographic findings of destructive rhinitis and neoplasia exists.

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As performed, nasal planum biopsy, nasal flush biopsy, and nasopharyngoscopy biopsy are required for diagnosis.

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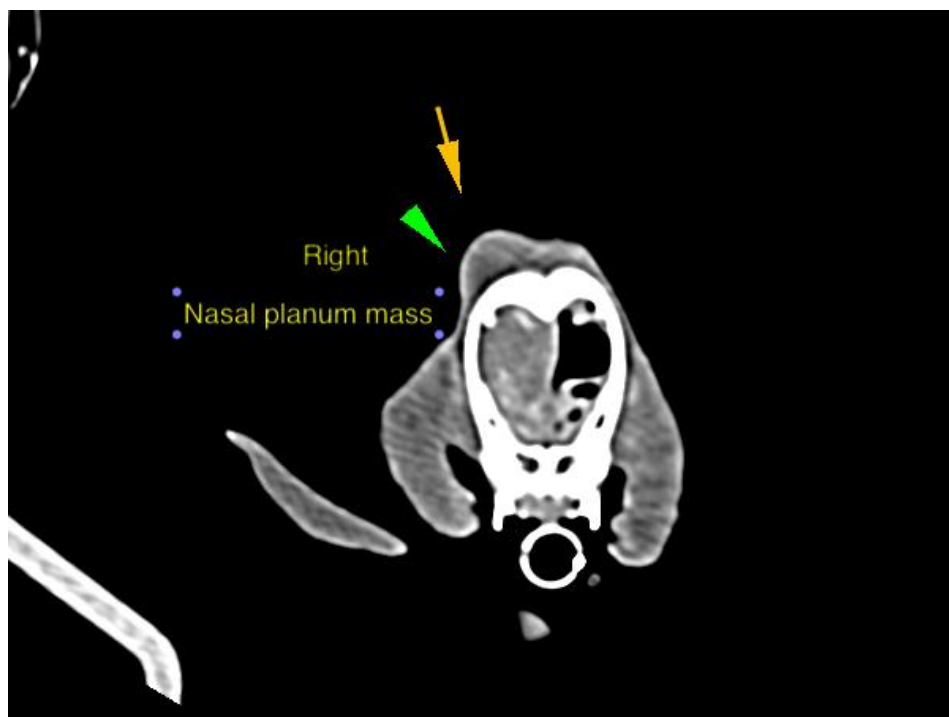
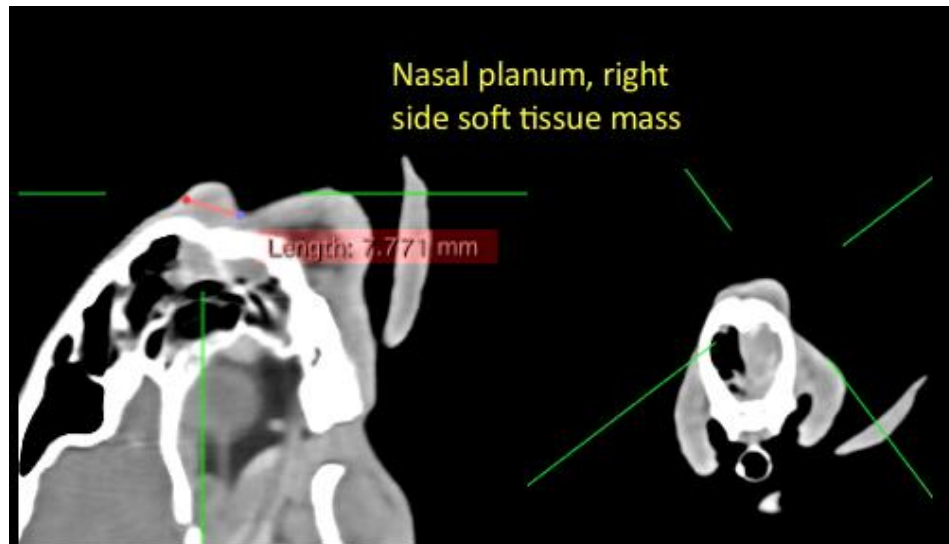
Dr. Ashley Gold

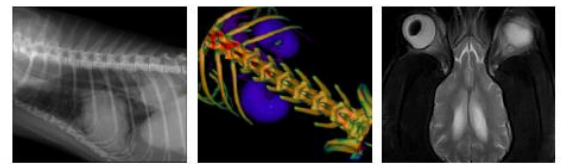
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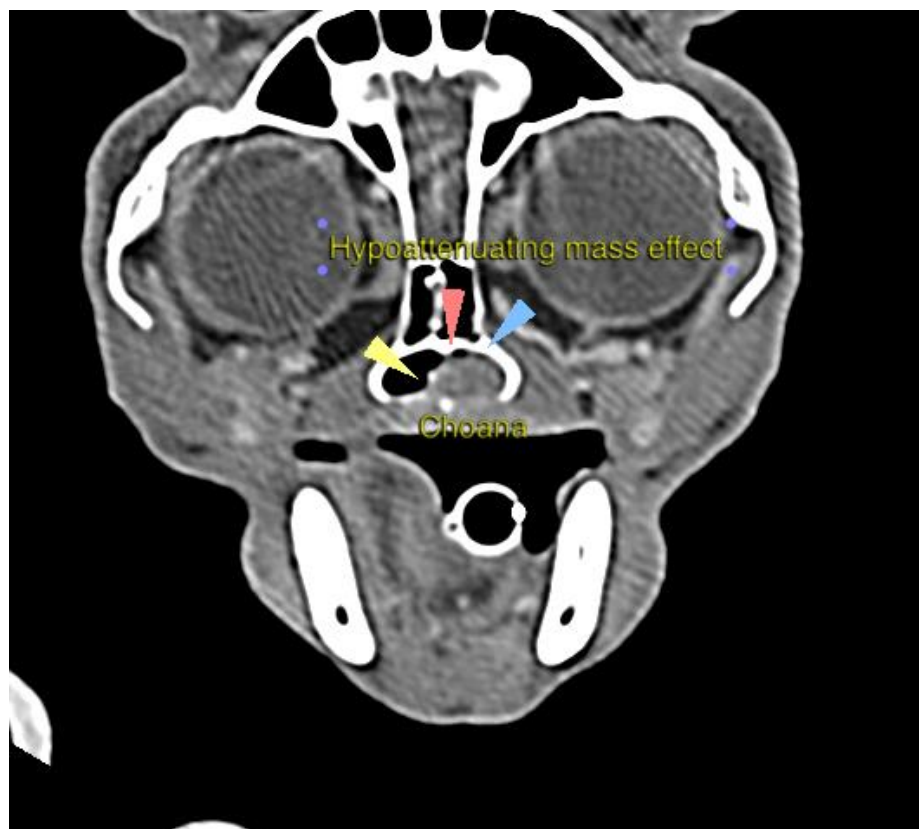
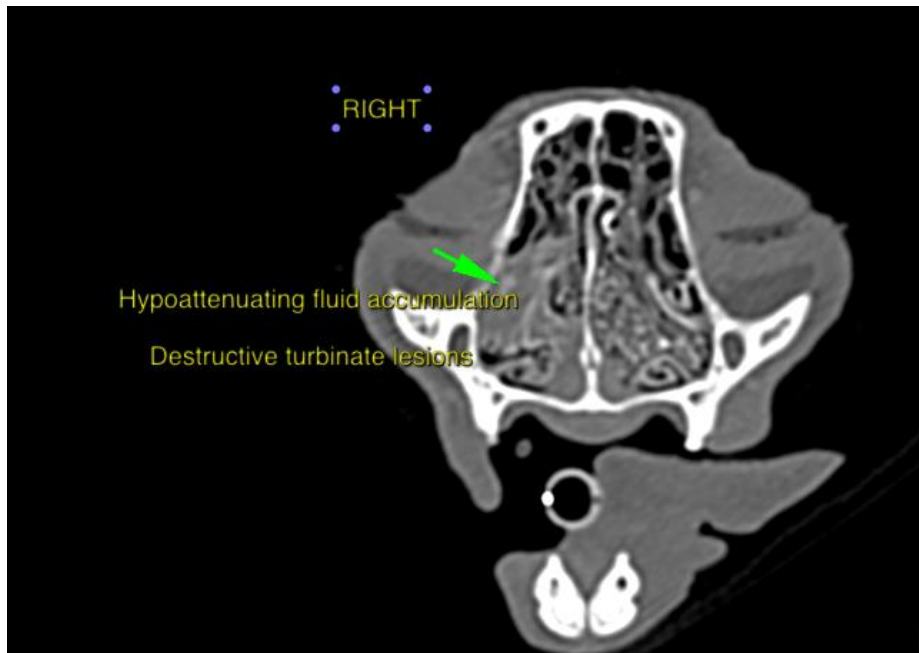
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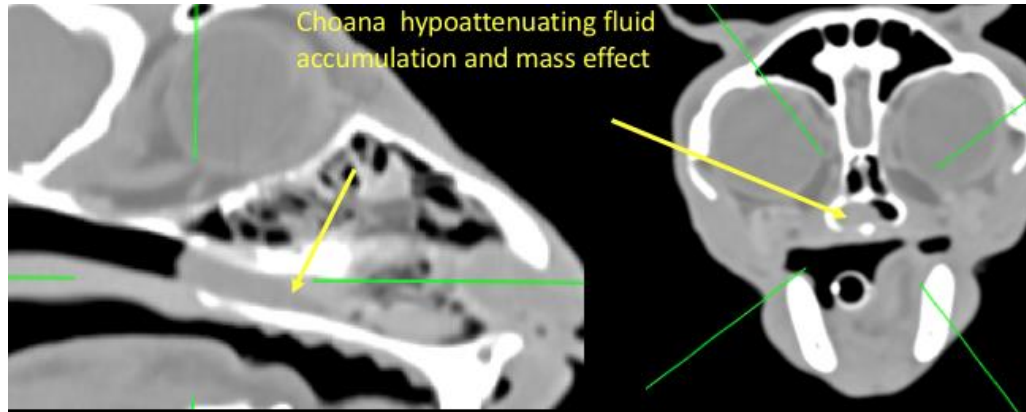
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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