



## PATIENT

Gandolph Dultz

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

10Y

## WEIGHT

5.94

## 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

Carly Bloom

## INVOICE

74695

## DATE

4-21-26

## PRESENTING CLINICAL SIGNS

left sided ocular and nasal discharge for about one month  
about 1 week ago, visualized soft tissue mass in left nostril

history of severe asthma with resulting tracheal collapse diagnosed in December 2025; on fluticasone  
inhaler currently generally normal trachea on CXR with no tracheal stridor and no cough

Abnormal PE/Chem/CBC/UA Results: left sided nasal mass and poor left sided nasal air flow no  
cough, no tracheal stridor biopsies of the left nostril are pending

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre and post-contrast CT series of the head is provided for review totaling 2 series. Transverse, bone  
algorithm.

## COMPUTED TOMOGRAPHIC FINDINGS

The left nasal cavity is filled with predominantly hypoattenuating material, resulting in a mild expansile  
effect mimicking a mass lesion, with poorly defined margins due to concurrent fluid content. There is  
focal loss of turbinate and conchal architecture and adjacent irregular mucosal thickening with contrast  
enhancement. Small foci of osteolysis are present involving the left nasal bone and the orbital plate of  
the ethmoid bone. The lesion measures approximately 2.8 × 0.9 cm and is centered in the mid-rostral  
nasal cavity.

There is no evidence of lesion extension into the choanae.

The nasal septum is mildly deviated and partially ill-defined, although overall preserved.

The left frontal sinus is filled with hypoattenuating fluid material, while the right frontal sinus and  
ethmoid air cells are normally aerated.

The cribriform plate remains intact.

The nasopharynx and soft palate are within normal limits.

The globes and retrobulbar spaces are unremarkable, with no evidence of orbital or periorbital  
invasion.

The tympanic bullae and external auditory canals are unremarkable.

No intracranial mass effect or abnormal contrast enhancement is identified.

Multiple teeth are absent (Triadan 106, 107, 108, 109, 206, 209, 301, 307, 401, and 407), and the  
maxillary incisors appear irregular in length.

The medial retropharyngeal and mandibular lymph nodes are within normal limits.

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

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left-sided intranasal lesion characterized by predominantly hypoattenuating content, regional  
turbinate and conchal destruction, irregular peripheral mucosal enhancement, and discrete



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focal osteolysis involving the adjacent nasal bone and orbital plate of the ethmoid bone. Differential diagnoses include nasal neoplasia (particularly lymphoma, less likely carcinoma), with granulomatous fungal rhinitis or severe inflammatory rhinitis considered less likely.

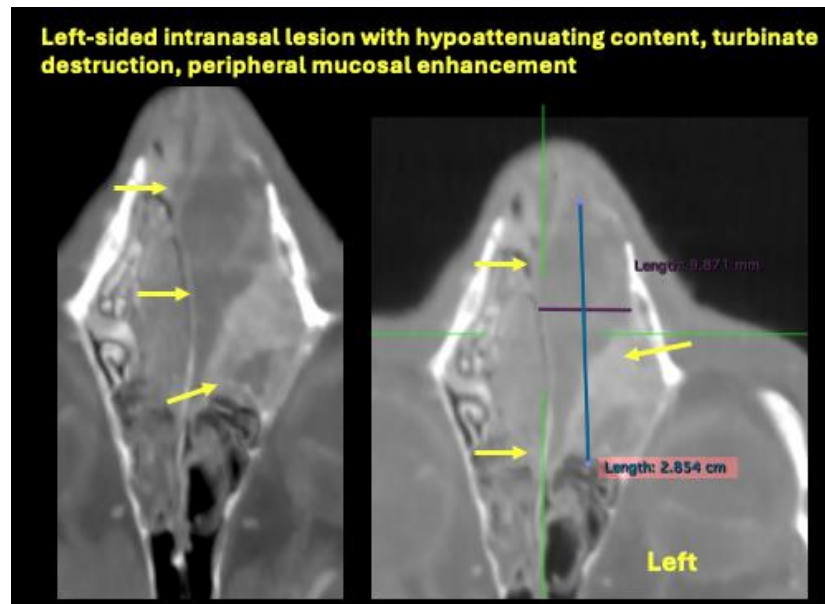
- The left frontal sinus is filled with hypoattenuating fluid material, consistent with sinusitis.
- Multiple missing teeth and associated dental abnormalities are also noted.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The tomographic findings demonstrate a mildly destructive rhinitis with a suspected mass effect. The unilateral distribution, in combination with the patient's age, makes nasal neoplasia the primary differential diagnosis (e.g. lymphoma).

Fungal infection and/or a severe inflammatory process remain differential diagnoses; however, these are considered less likely based on the lesion distribution, although they are commonly included in the differential diagnosis due to overlapping imaging features. The absence of cribriform plate involvement and lack of orbital or intracranial extension are favorable features.

Histopathological evaluation is required for a definitive diagnosis, and correlation with the pending biopsy results is recommended. If neoplasia is confirmed, staging and oncologic consultation should be considered.





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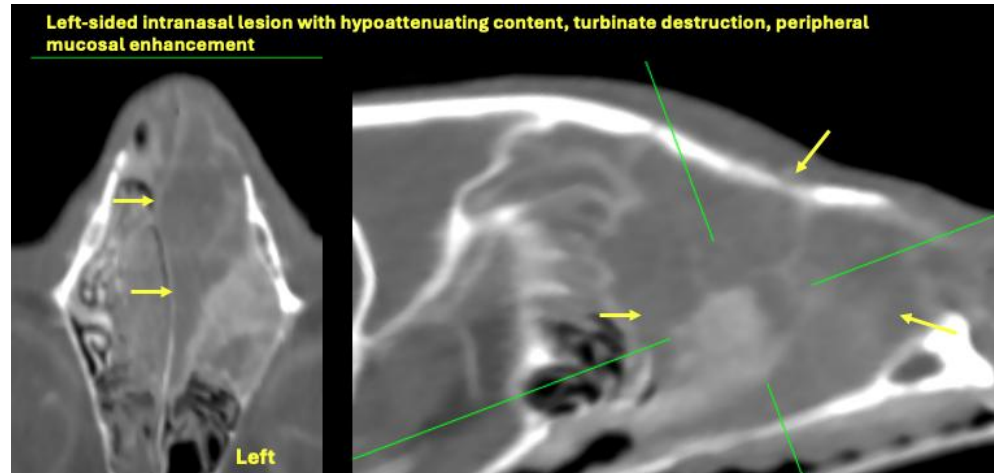
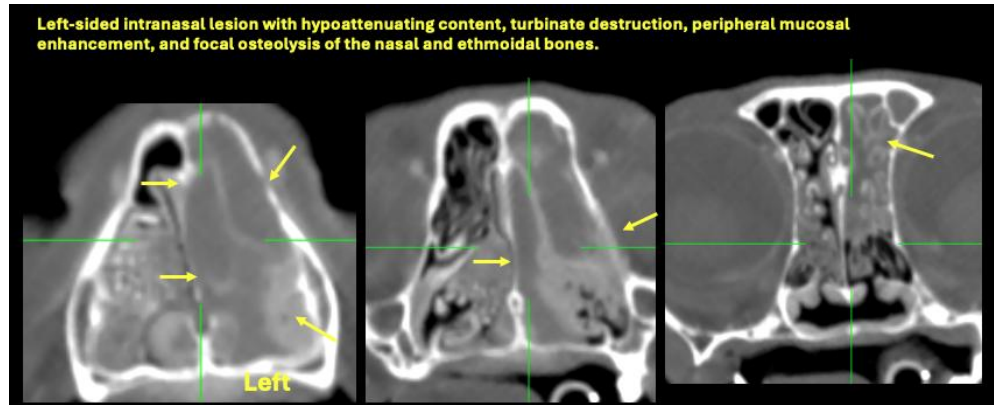
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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