



PATIENT

Dumpling Lee

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2

WEIGHT

4.5

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

74801

DATE

4-28-26

PRESENTING CLINICAL SIGNS

Young cat with a chronic but mild history of congestion and left sided nasal discharge. Treated for FIP with oral antivirals, did very well, recently finished treatment and ready for nasal work up. Suspect chronic rhinitis. Respiratory PCR is pending.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Pre- and post-contrast CT study of the head are provided for review, comprising two series: one pre-contrast series acquired in bone algorithm, and one post-contrast series acquired in bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

A unilateral soft tissue attenuating lesion almost completely occupies the left nasal cavity, resulting in moderate loss of definition of the nasal turbinates. Concurrently, the turbinate mucosa on the affected side is thickened and demonstrates moderate contrast enhancement. The lesion exerts a mild expansile mass effect, resulting in rightward deviation of the nasal septum.

The left frontal and ethmoidal sinuses are filled by mildly hypoattenuating material exhibiting peripheral contrast enhancement.

There is hyperostosis involving the squamous portion of the left frontal bone and its medial wall.

No evidence of osteolysis is identified affecting the paranasal bones, nasal septum, or hard palate.

Right nasal cavity and right frontal sinus are normal.

The cribriform plate remains intact.

No periorbital soft tissue involvement is observed. The orbital contents are symmetric and within normal limits bilaterally.

The left mandibular and left medial retropharyngeal lymph nodes are mildly enlarged compared to the contralateral side.

The oropharynx, nasopharynx and soft palate are within normal limits.

No dental abnormalities are identified.

No evidence of intracranial mass effect or midline shift.

The tympanic cavities and external auditory canals are within normal limits.

The temporomandibular joints are bilaterally congruent.

The mandibular, parotid, zygomatic salivary glands, and thyroid glands are within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Unilateral left-sided chronic rhinosinusitis characterized by moderate loss of turbinate definition, mucosal thickening with contrast enhancement, and a mild expansile soft tissue



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component resulting in contralateral deviation of the nasal septum. There is concurrent partial soft tissue attenuation of the left frontal and ethmoidal sinuses, as well as hyperostosis of the squamous portion of the left frontal bone and its medial wall. Differential diagnoses, in order of likelihood, include fungal rhinosinusitis (particularly sinonasal aspergillosis), chronic idiopathic (lymphoplasmacytic) rhinitis, infectious rhinitis of viral or secondary bacterial etiology.

- There is mild enlargement of the left mandibular and medial retropharyngeal lymph nodes, most consistent with reactive lymphadenitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings are consistent with unilateral, left-sided chronic rhinosinusitis.

The imaging pattern, characterized by turbinate destruction, mucosal contrast enhancement, sinus involvement, and associated frontal bone hyperostosis supports fungal rhinosinusitis as the leading differential diagnosis.

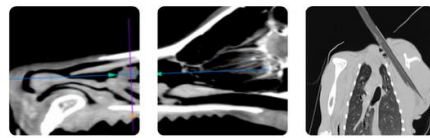
It is clinically relevant that this patient recently underwent treatment for feline infectious peritonitis (FIP). Although FIP has not been definitively established as an independent predisposing factor for sinonasal fungal infection, the immune dysregulation associated with feline coronavirus infection may contribute to susceptibility to opportunistic mycoses, warranting increased clinical suspicion in this case.

The mild enlargement of the left mandibular and medial retropharyngeal lymph nodes is most consistent with reactive lymphadenitis, likely secondary to the adjacent inflammatory or infectious process.

Rhinoscopy with targeted biopsy is recommended for definitive diagnosis, including histopathology, cytology, and fungal culture (notably *Aspergillus* spp. and *Cryptococcus* spp.). Correlation with the pending respiratory PCR panel is appropriate.

Although not listed among the primary differentials and considered a low probability in this case, nasal lymphoma should always be kept in mind, as it can show significant overlap with these CT findings.





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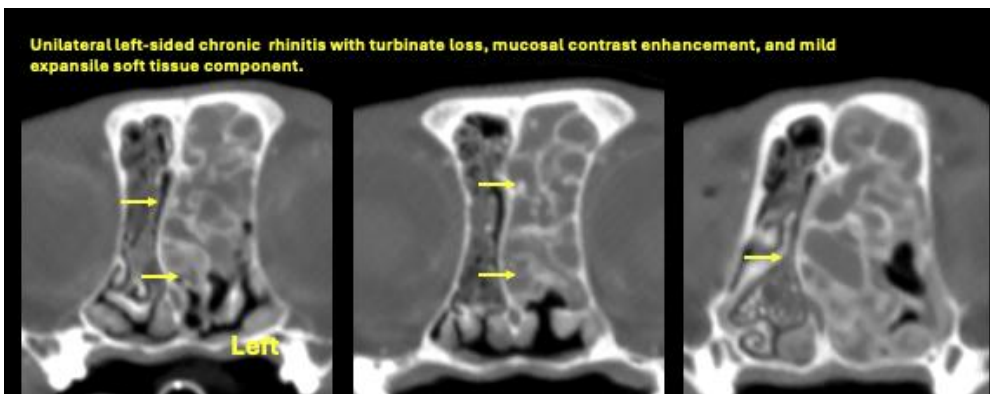
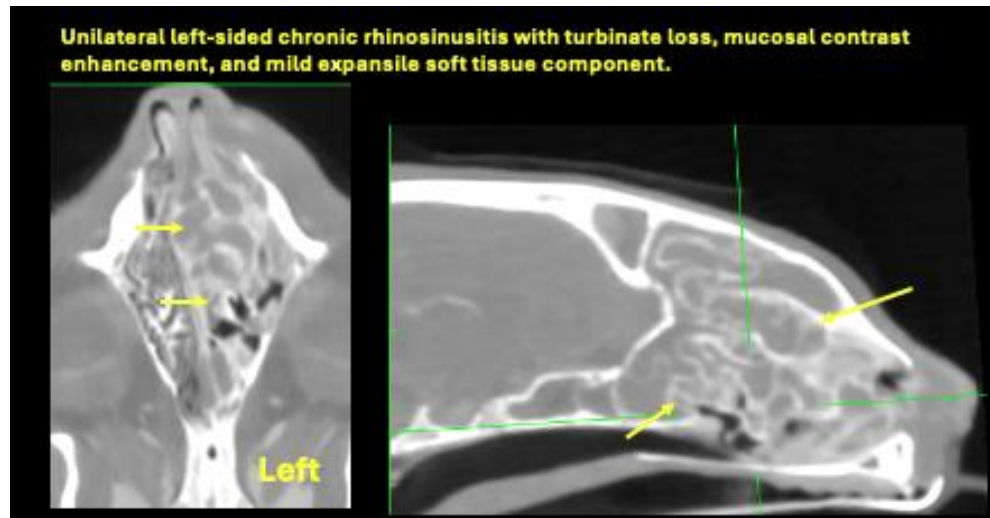
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com