



## PATIENT

Ganesha Muller

## SPECIES

Feline

## BREED

Cornish Rex

## SEX

FS

## AGE

8Y

## WEIGHT

6kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Amanda Causey

## HOSPITAL NAME

Veterinary Specialty  
Hospital

## REFERRING VET

Dr. Roque-Torres,  
DVM, MS, DACVIM

## INVOICE

74536

## DATE

4-9-26

## PRESENTING CLINICAL SIGNS

Presented back in Feb for difficulty breathing/gurgling. We have tried medications such as Azithromycin, Prednisolone Doxycycline, and Vetoquinol with no improvement. Patient is currently on Vetoquinol and should be on a tapering course of Prednisolone. Diagnosis- Chronic Cystitis episodes, stertor with right nasal discharge, and chronic anal gland infections.

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head are provided for review totaling 2 series. One pre-contrast series of the head bone algorithm. One post-contrast series of the head, soft tissue algorithm.

## COMPUTED TOMOGRAPHIC FINDINGS

A large, multilobulated, ill-defined contour soft tissue mass is present within the nasal cavities, predominantly hypoattenuating with mild contrast enhancement. The lesion is more extensive on the right side, measuring approximately  $2.9 \times 1.3$  cm, and extends to the left nasal cavity (approximately  $1.5 \times 1.0$  cm), despite no clear disruption of the nasal septum. The nasal cavities are also diffusely filled with hypoattenuating material, and there is loss of normal turbinate architecture in the region of the mass effect.

The lesion extends caudally into the choana, resulting in airway obstruction.

The ethmoid and frontal sinuses are filled with hypoattenuating material.

There is no evidence of paranasal bone osteolysis or sclerosis. The cribriform plate remains intact.

The caudal nasopharynx and soft palate are unremarkable.

The tympanic bullae are air-filled with normal appearance. External auditory canals are unremarkable.

The globes and retrobulbar spaces are within normal limits.

The medial retropharyngeal and mandibular lymph nodes are enlarged. The left medial retropharyngeal lymph node is markedly enlarged, rounded, and heterogeneously attenuating, measuring approximately  $1.7 \times 1.1$  cm.

Triadan 307 and 407 are absent, with retained root fragments.

The salivary and thyroid glands are within normal limits.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large, ill-defined, multilobulated soft tissue mass occupying the nasal cavities (right > left), extending into the choana and associated with turbinate destruction and sinus involvement. Primary differential diagnoses include nasal neoplasia (e.g., lymphoma, adenocarcinoma, squamous cell carcinoma), less likely severe inflammatory disease (e.g., chronic rhinitis or fungal rhinitis)
- Regional lymphadenomegaly, particularly affecting the left medial retropharyngeal lymph node, metastatic involvement versus reactive lymphadenitis.
- Missing Triadan 307 and 407 with retained root fragment



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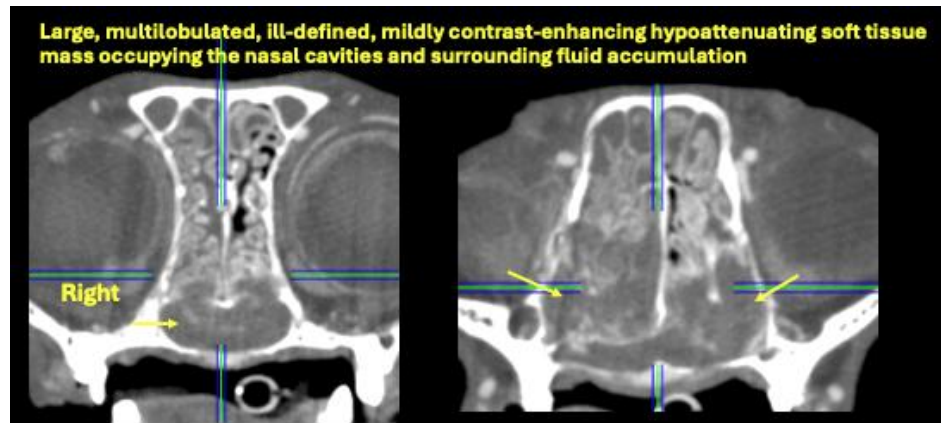
4-9-26

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of an extensive nasal cavity mass effect with turbinate destruction and sinus involvement is suggestive of an aggressive process, with nasal neoplasia considered the primary differential. Although inflammatory or fungal disease remains possible.

The marked enlargement and heterogeneous appearance of the left medial retropharyngeal lymph node raises concern for metastatic involvement, although reactive lymphadenitis cannot be excluded.

Histopathological confirmation is required for definitive diagnosis. Consider a nasal flush and/or rhinoscopic biopsy. If attainable, ultrasound-guided fine-needle aspiration of the enlarged lymph node is also suggested.





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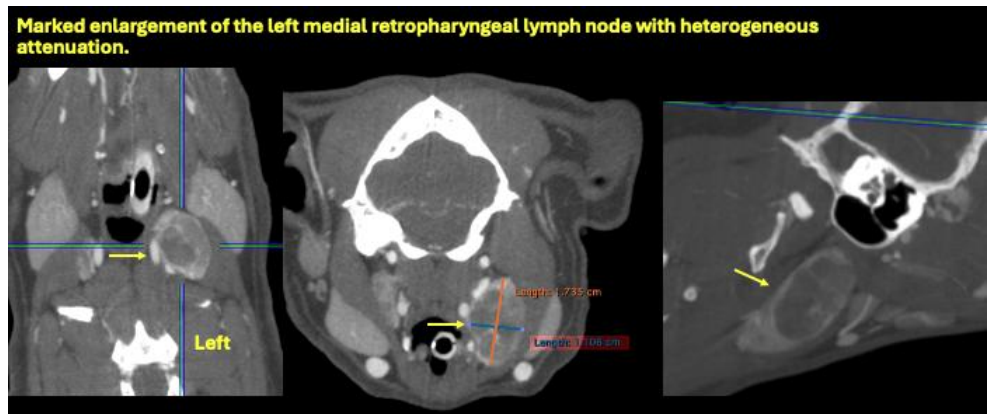
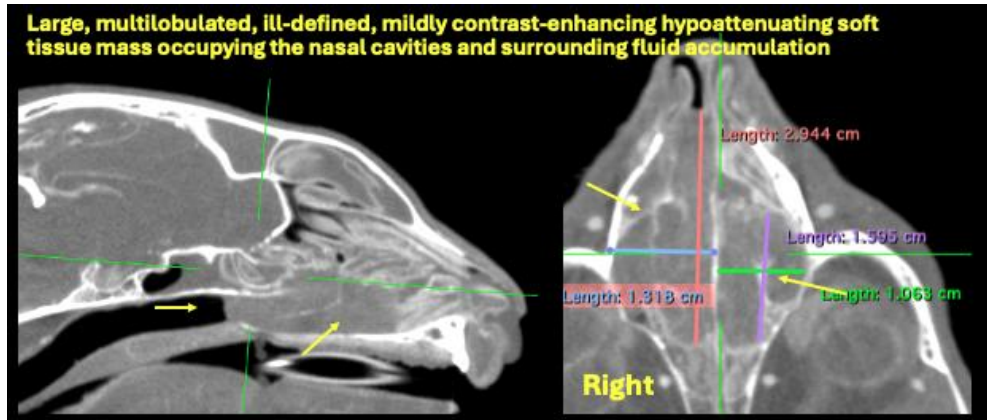
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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