



## PATIENT

Britches Hollenbeck

## SPECIES

Feline

## BREED

Domestic Longhair

## SEX

FS

## AGE

14Y

## WEIGHT

8lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Tiffany- CVT/ Dr.  
George

## HOSPITAL NAME

Green Prairie Animal  
Hospital

## REFERRING VET

Dr. Bri McLaughlin

## INVOICE

74878

## DATE

5-5-26

## PRESENTING CLINICAL SIGNS

Presented April 7th with The right globe appears to be protruding. The patient may have decreased vision in the right eye. Intraocular pressure (IOP) in the right eye is elevated at 29-33 mmHg. IOP in the left eye is normal at 13-15 mmHg.

Treat with Prednisone and Solovecin w/no improvement.

Now has developed epistaxis of right nare

## 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, bone algorithm.

## COMPUTED TOMOGRAPHIC FINDINGS

A large, infiltrative, amorphous-shaped soft tissue mass effect is identified involving multiple structures of the right side of the face. The lesion appears centered within the right nasal cavity, extending into the right retrobulbar space, choana, and adjacent right periorbital/subcutaneous facial soft tissues.

The mass demonstrates partially defined margins and extensive regional invasion, measuring at least approximately 3.5 × 2.9 × 2.5 cm.

Within the right nasal cavity, there is marked destruction/loss of turbinate architecture associated with the mass effect. Multifocal aggressive paranasal osseous lysis is present, predominantly affecting the orbital plate of the ethmoid bone, the right nasal portion of the frontal bone, and portions of the nasal septum.

There is focal disruption of the cribriform plate with associated intracranial extension of the mass into the region of the olfactory bulb.

The retrobulbar and periorbital components of the lesion result in marked right-sided exophthalmos, with deformation and compression of the right globe, particularly along its lateral and caudolateral aspects.

Caudally, the mass partially extends into the left caudal nasal cavity and choanal region. The remaining portions of the left nasal cavity are preserved.

The right frontal is filled with soft tissue attenuation material. The left frontal sinus is air-filled.

The tympanic bullae are within normal limits. A small irregular shape soft-tissue-attenuating structure measuring approximately 4.6 mm is present within the horizontal portion of the left external auditory canal. The right external auditory canal is unremarkable.

All visualized teeth are present and within normal limits.

The right mandibular lymph nodes are enlarged and rounded.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large infiltrative soft tissue mass centered within the right nasal cavity, extending into the retrobulbar space, choana, contralateral caudal nasal cavity, and adjacent facial soft tissues. Marked destruction of the nasal turbinates, with multifocal aggressive osseous lysis involving



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the paranasal bones and cribriform plate, associated with suspected intracranial extension into the region of the olfactory bulb. Primary differential diagnoses include aggressive neoplasia.

- Severe right-sided exophthalmos secondary to retrobulbar invasion and compression by the adjacent large soft tissue mass. Concurrent right-sided sinusitis and/or extension into the adjacent sinus structures is also present.
- Enlargement of the right mandibular lymph nodes, compatible with reactive lymphadenopathy or metastatic disease.
- Small soft tissue-attenuating irregular structure within the left external auditory canal, likely representing a small polypoid lesion, or aggregated debris.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings reveal a highly aggressive right-sided nasal and retrobulbar mass with extensive local invasion, marked turbinate destruction, multifocal paranasal osseous lysis, and probable intracranial extension through the cribriform plate. The imaging appearance is most compatible with an advanced malignant nasal neoplasm. Differential diagnoses include less likely severe granulomatous sinonasal fungal disease.

The retrobulbar extension is responsible for the marked right-sided exophthalmos and likely contributes to the elevated intraocular pressure and visual deficits.

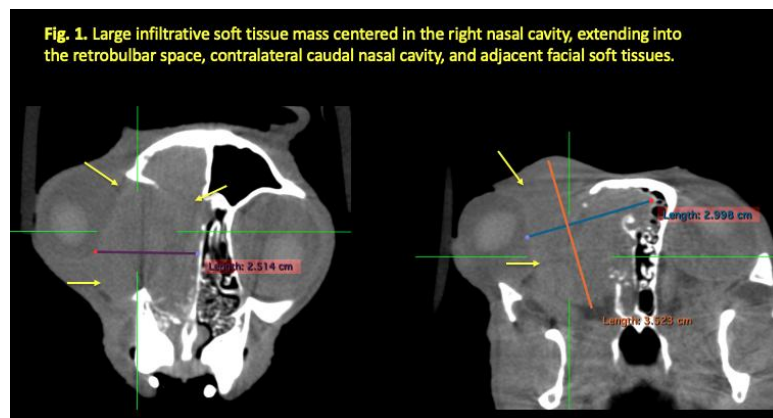
The presence of cribriform plate destruction and extension toward the olfactory bulb indicates advanced-stage disease and carries a guarded to poor prognosis.

Enlargement of the right mandibular lymph nodes may represent reactive lymphadenopathy or metastatic involvement.

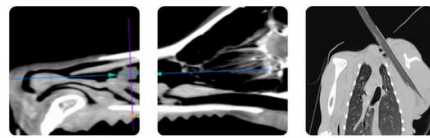
Histopathologic confirmation via biopsy is recommended for definitive diagnosis.

## TECHNICAL COMMENTS

The post-contrast phase demonstrated minimal enhancement, limiting evaluation of the soft tissue structures.



**Fig. 1.** Large infiltrative soft tissue mass centered in the right nasal cavity, extending into the retrobulbar space, contralateral caudal nasal cavity, and adjacent facial soft tissues.



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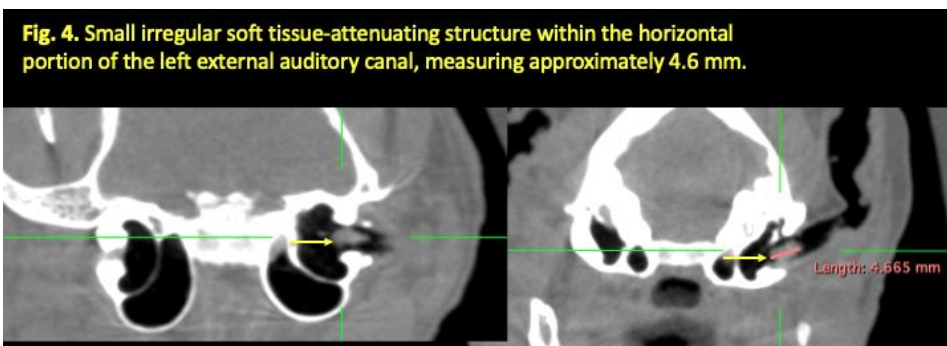
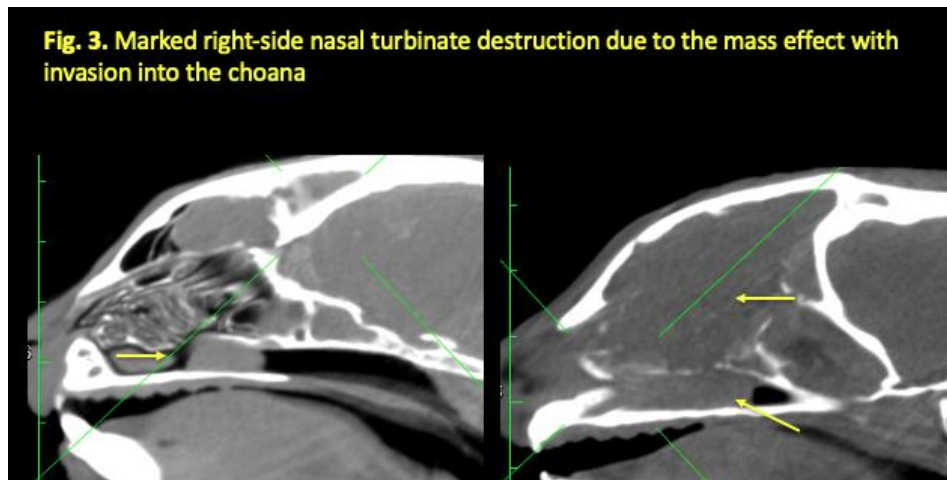
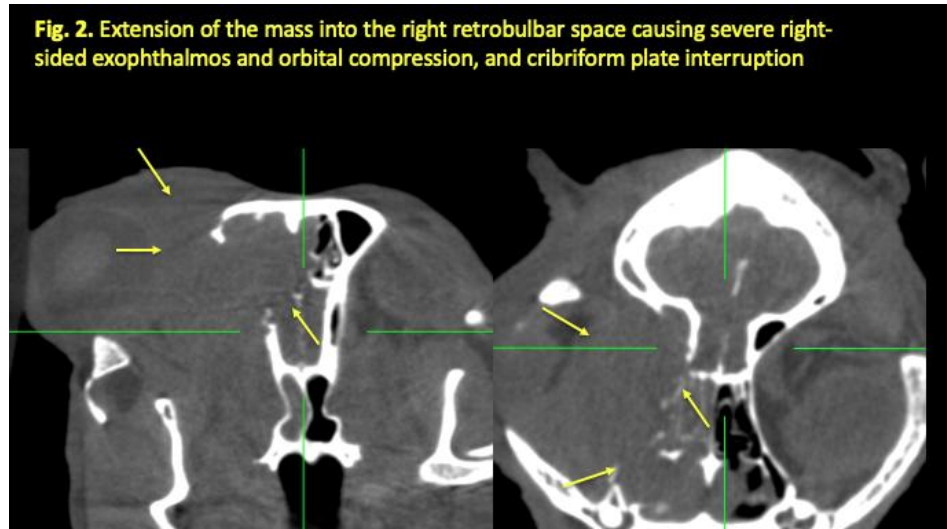
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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