



## PATIENT

Simon Cattano

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

11.5 Years

## WEIGHT

4.34 kg

## INTERPRETED BY

Dr. Tais Guimarães,  
MV

## IMAGING PERFORMED BY

EH

## HOSPITAL NAME

Crown Veterinary  
Specialists and  
Associates

## REFERRING VET

Dr. Carly Bloom

## INVOICE

16532

## DATE

05/26/26

## PRESENTING CLINICAL SIGNS

11 1/2-year-old cat with about 2 months of progressive generally unilateral nasal signs. Signs transiently improve on antibiotics (3 courses given) but recur off antibiotics. Signs have progressed to picky appetite. Retroflex rhinoscopy shows tan fleshy vascular mass in rostral nasopharynx. Biopsies of the left nostril and nasopharyngeal mass are pending.

Abnormal PE/Chem/CBC/UA Results: Mild azotemia Mycoplasma felis + Mild bronchial pattern without cough low-normal albumin with normal UPC

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post-contrast images provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

There is a large, aggressive soft tissue mass centered within the left nasal cavity, measuring approximately 2.2 cm x 3.1 cm. The mass is heterogeneously enhancing. Extensive destruction of the nasal turbinates and surrounding osseous structures with marked distortion of normal anatomy is seen. The lesion extends beyond the limits of the left nasal cavity on the ventral and lateral aspects, with involvement of the nasopharyngeal meatus and left orbital region. Aggressive osteolysis is affecting the maxillary and frontal bones. Left nasal cavity and ethmoidal region are largely obstructed by soft tissue material. The mass extends into the nasal fundus, nasopharyngeal meatus, nasal choana and causes upper respiratory tract obstruction. The cribriform plate remains intact.

Left frontal sinus is filled by fluid. Right frontal sinus is air filled.

Medial retropharyngeal lymph nodes, are symmetric, enlarged with mild heterogeneous enhancement, 0.6cm wide.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large, aggressive, mass of the left nasal cavity with extensive paranasal and ipsilateral orbital involvement. No evidence of intracranial extension at this point.
- Bilateral symmetric medial retropharyngeal lymphadenopathy.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with aggressive nasal neoplasia. Primary differentials include carcinoma as well as lymphoma. Fungal disease a less likely diagnosis. Tissue sampling is strongly recommended for definitive diagnosis (already performed). Staging including thoracic imaging can be considered to assess for metastatic disease.



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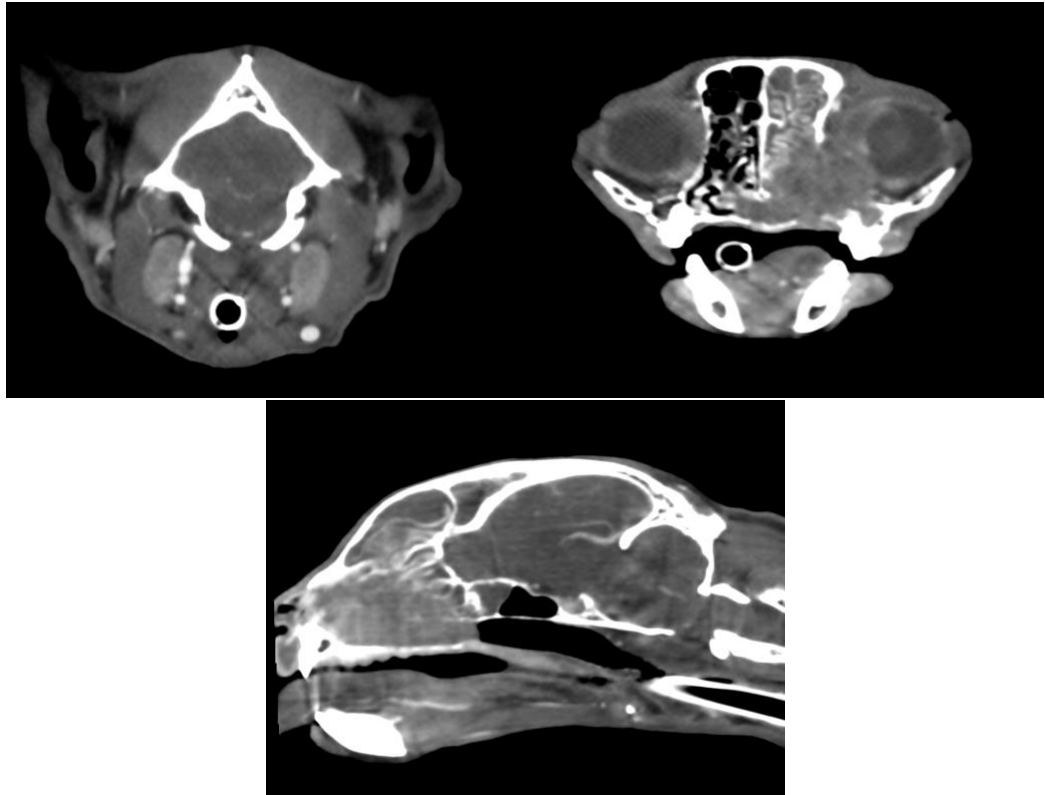
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr. Tais Guimarães, MV  
[info@sonopath.com](mailto:info@sonopath.com)