

**PATIENT**

Kitty Keesey

**PRESENTING CLINICAL SIGNS**

O noted P bleeding from mouth a few days ago (Thursday). Has worsened slightly, and P more lethargic. Still eating well, wet food, not dry food. Unknown about d/u/d as P goes outside. No c/s/v/d noted either. P does hunt. Adopted from Petsmart 9 months ago, was small when they got him but now bigger. unknown specific age. got all its vaccines prior to adoption  
Abnormal PE/Chem/CBC/UA Results: Large Mass/Swelling under tongue on Left side. CBC HCT 44.4% WBC 10.45 Mono 0.72 Chem 10: BUN 13 Lytes: wnl FeLV/FIV: negative

**SPECIES**

Feline

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD****BREED**

DSH

Post-contrast study available for review.

**SEX**

NM

**COMPUTED TOMOGRAPHIC FINDINGS**

Multiple thick walled cavities with fluid attenuating content are seen in the sublingual soft tissue. Severe generalized swelling of the sublingual tissue is seen. The cavities present peripheral rim enhancement and appear to be connected with each other. No evidence of foreign material is seen. A small 7mm sized cavity is seen rostrally. Another 8mm sized cavity is seen further caudally to the right of the midline and diffuse soft tissue swelling with more generalized contrast enhancement is seen in the caudal third of the tongue.

**AGE**

1 Year

There is moderate bilateral submandibular and medial retropharyngeal lymphadenomegaly with maintained short to long axis ratios and uniform contrast enhancement patterns.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Suspect sublingual abscesses with peripheral cellulitis.
- Moderate regional lymphadenitis.

**HOSPITAL NAME**

Wilvet Salem

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings are suggestive for sublingual abscesses. No evidence of foreign material is identified. Differential diagnosis theoretically includes tumor with central necrosis and sublingual sialoceles; however, the changes are not typical for these. Consider further verification by means of aspirating the fluid content of the cavities and lymph node fine needle aspirates, if not performed already.

**REFERRING VET**

Dr. Gardner

**INVOICE**

49762

**DATE**

1-22-22



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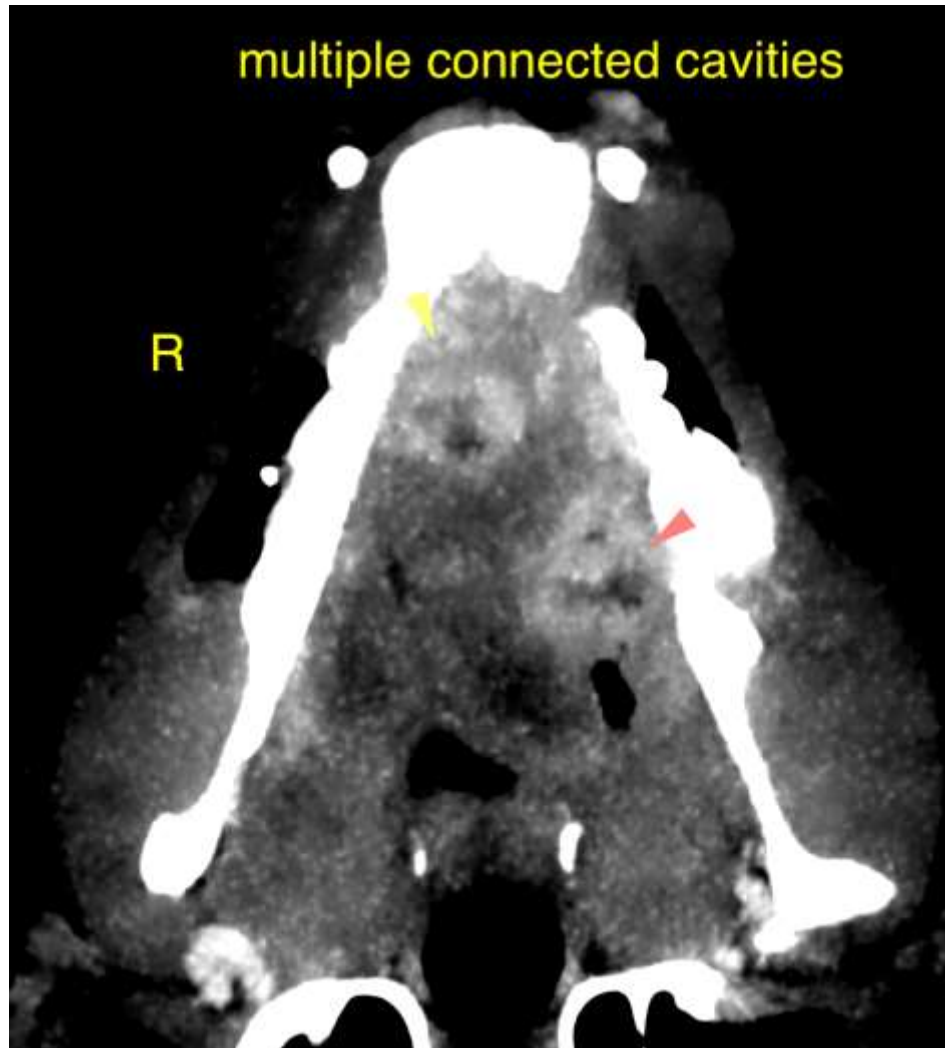
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
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