



PATIENT

Atlas Dalzell

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10Y

WEIGHT

6.8kg

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

Samantha S.

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Rory Applegate

INVOICE

73653

DATE

2-8-26

PRESENTING CLINICAL SIGNS

Chronic left-sided oropharyngeal/oral mass with left submandibular/oropharyngeal swelling causing progressive gagging, difficulty swallowing, raspy snoring breathing, and intermittent vomiting

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A large irregular shaped mass is seen in the left dorsal oropharynx measuring approximately 4.0 x 3.0 x 2.6 cm. Lesion margins are ill-defined. Strong heterogeneous contrast enhancement with central areas of cavitation/necrosis are seen. The mass is centered near the left tonsillar region. A severe mass effect is causing obstruction of the oropharynx, nasopharynx, and laryngopharynx. The soft palate is deviated dorsally. Evidence of bone involvement is not noted.

Moderate enlargement and nonuniform enhancement of the left submandibular and left retropharyngeal lymph nodes are seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large left oropharyngeal soft tissue mass with aggressive biological behavior and severe obstructive mass effect.
- Regional lymphadenopathy.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a large mass meeting neoplastic criteria with aggressive biological behavior in the left dorsal oropharynx with severe obstruction of the oro-, naso-, and laryngopharynx. The mass is centered at the tonsil. Tonsillar origin is possible. Differential diagnosis includes tonsillar carcinoma, lymphoma, or other aggressive oral neoplasia.

The lymph node changes are consistent with possible metastatic spread and less likely reactive change.

Tissue biopsy is recommended for histopathology to confirm tumor type. Oncology referral could be considered. Consider also thoracic imaging and FNA of the left submandibular and retropharyngeal lymph nodes for full staging. Prognosis appears guarded to poor due to the large tumor size with severe mass effect, regional lymphadenopathy, and presumed aggressive biological behavior.



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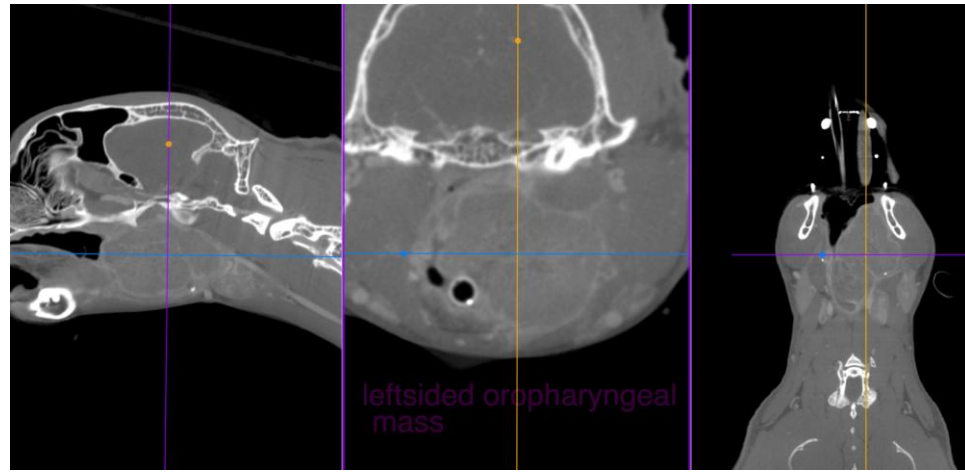
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI

European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,

Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.

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