



PATIENT PRESENTING CLINICAL SIGNS

Pouse Del Duca Large swelling Right side of face, unable to open mouth. Hx of being bitten by another cat in December.

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Fe Plain and post contrast studies of the head and post contrast study of the thorax available for review.

COMPUTED TOMOGRAPHIC FINDINGS

BREED Head

DSH A large ill-defined and irregular shaped soft tissue attenuating mass with strong heterogeneous contrast enhancement is seen in the right side of the face. The mass measures approximately 6.0 cm in length, 4.5 cm in height, and 4.5 cm in width. Severe aggressive osteolytic changes of the right mandible and maxilla are seen. The right temporomandibular joint presents osteolysis and spiculated new bone formation. The new bone formation and lysis can be traced along the entire laterality of the right neurocranium including the temporal and occipital bones.

SEX

Female Spayed

AGE

18 Years

The mass effect of the large soft tissue mass extends into the right orbita, retropharyngeal, and oro- and naso- pharyngeal area. The naso- and oro- pharyngeal lumen is narrowed from a lateral aspect. There is deviation of the hyoid bone and larynx. The hamulus of the pterygoid presents aggressive bone lysis.

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
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The right tympanic bulla is filled with fluid attenuating material. Mild generalized thickening of the osseous lining of the right tympanic bulla is seen.

The right medial retropharyngeal lymph node is mildly enlarged. The right submandibular lymph nodes present no significant enlargement.

Thorax

HOSPITAL NAME

Mobile Pet Imaging

The patient is in very thin body condition.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

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The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

INVOICE

50835

A mild generalized bronchial lung pattern and mild air trapping are seen. There is no evidence of pulmonary or mediastinal metastatic disease.

DATE

3-9-22

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.



PATIENT COMPUTED TOMOGRAPHIC DIAGNOSIS

Pouse Del Duca

- Large soft tissue mass with severe aggressive polyostotic bone lysis in the right side of the face with right orbital, pharyngeal, and retropharyngeal extension, as well as lysis of the right temporomandibular joint.

SPECIES

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- Mild right medial retropharyngeal lymphadenomegaly.
- Right sided otitis media - likely secondary to the mass effect.
- No evidence of pulmonary metastatic disease.
- Lower airway pattern suggesting potential for recurrent allergic airway syndrome - unrelated to the reason of clinical presentation.

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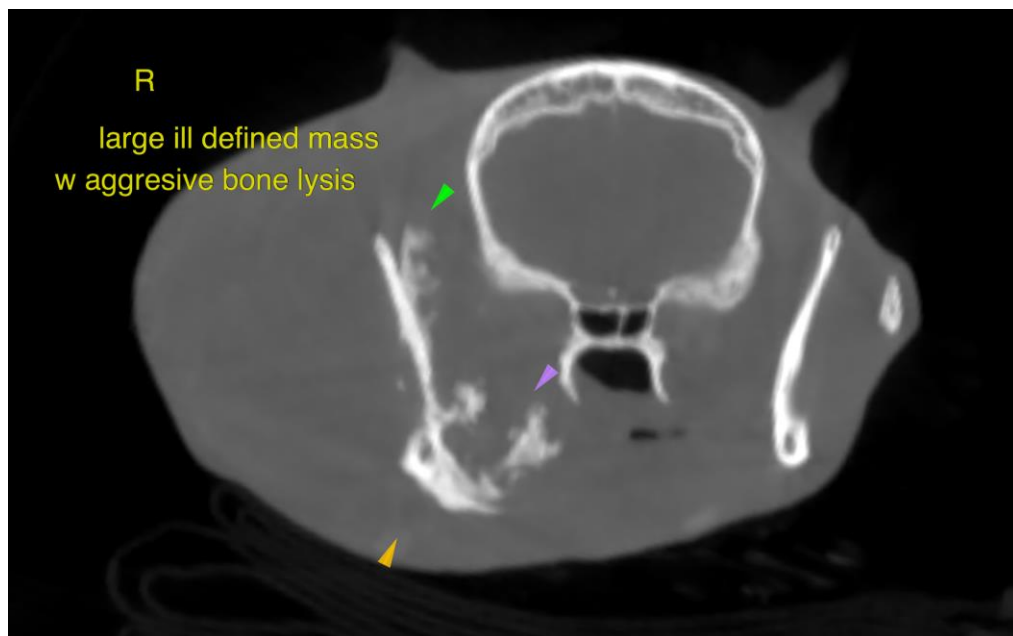
INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are consistent with a malignant soft tissue neoplasia with secondary polyostotic aggressive bone lysis in the right side of the face with orbital and pharyngeal as well as retropharyngeal extension and involvement of the right temporomandibular joint as well as the right maxilla, right mandible, and neurocranium. Differential diagnosis includes fibrosarcoma, myxosarcoma, round cell neoplasia, and other. Tumor growth is extensive. Final diagnosis will, however, require sampling for histology. Long term prognosis is considered poor, unfortunately.

The medial retropharyngeal changes are equivocal for reactive hyperplasia versus early metastatic disease. Fine needle aspiration could be considered for further definition.

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**PATIENT**

Pouse Del Duca

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.

SPECIES

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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.

BREED

DSH

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