



**PATIENT PRESENTING CLINICAL SIGNS**

Fluff Mendiola  
**SPECIES** O got back home from work this afternoon and O was ataxic and had nystagmus. P was also breathing heavier. P is indoor only has no hx of seizures and there are no known toxins in the household. About a month ago P started taking tobramycin drops because P started to have watery eyes, no discharge just watery eyes. O does not believe the eye drops are doing anything.

Feline  
**BREED** Abnormal PE/Chem/CBC/UA Results: Possible pain with opening mouth, left side of gums and buccal tissues very irritated, painful, severe gingivitis, right side of mouth moderate gingivitis, cheek tissues on left side feel somewhat thicker and is painful to palpate due to gingivitis Mild blopharospasm OS, possible swelling L eye or side of face (per O) Mass (suspect sinus origin) pushing into oral cavity through hard palate Ear cytology - ceruminous debris Fluorescein stain eyes - no uptake proBNP - < 50 EPOC - Elevated lactate 4.04, rest wnl

DLH

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD**

**SEX** Plain and post contrast studies available for review.

NM

**COMPUTED TOMOGRAPHIC FINDINGS**

**AGE** The CT study reveals an aggressive osteolytic mass of the left maxilla extending from the maxillary symphysis throughout the entire length of the left maxillary alveolar margin into the left zygomatic arch. Amorphous periosteal new bone formation of the temporomandibular joint and coronoid process of the left mandible are seen. The aggressive osteolytic changes appear to cross the maxillary symphysis into the incisor portion of the right maxilla. Severe expansion of the left maxilla with permeative bone loss that extends also into the left and rostral right hard palate as well as into the left nasal bone is seen. Extensive turbinate destruction is noted within the lateral and ventral aspect of the left nasal cavity.

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**INTERPRETED BY**

Nele Eley, DVM  
 Dr. med. Vet. DipECVDI

Moderate multiple polypoid mucosal swelling is noted within both frontal sinuses.

**HOSPITAL NAME**

Wilvet Salem

The left submandibular and medial retropharyngeal lymph nodes are mildly enlarged.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Peterson

- Left maxillary mass with aggressive biological behavior and polyostotic aggressive bone lysis as well as invasion of the left nasal cavity.
- Mild left hand sided submandibular and medial retropharyngeal lymphadenomegaly.
- Bilateral polypoid frontal sinusitis – presumably unrelated to the maxillary mass.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

58211

The CT study reveals a malignant neoplasia of the left maxilla extending throughout its entire alveolar margin as well as into the left nasal cavity, hard palate, left zygomatic arch, and left temporomandibular joint. Differential diagnosis includes squamous cell carcinoma, oral fibrosarcoma, osteosarcoma, and chondrosarcoma. Final diagnosis would require sampling for histology.

**DATE**

5-10-23

The mild lymphadenomegaly of the left submandibular and medial retropharyngeal lymph nodes may represent reactive hyperplasia or early metastatic disease. FNA could be considered for further definition.



**PATIENT**

Fluff Mendiola

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**REFERRING VET**

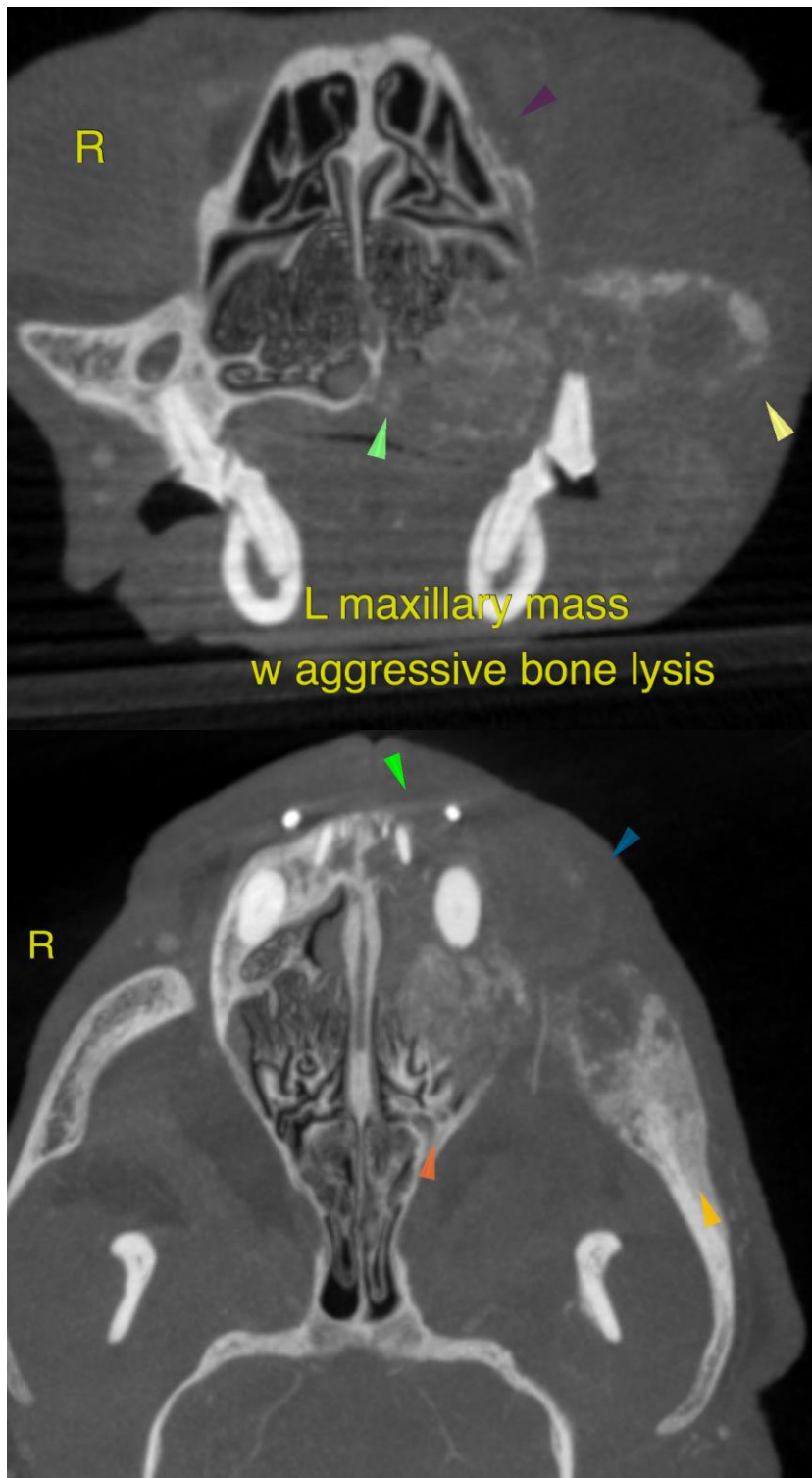
Peterson

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**PATIENT**

Fluff Mendiola

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.

**SPECIES**

Feline

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**

DLH

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**SEX**

NM

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