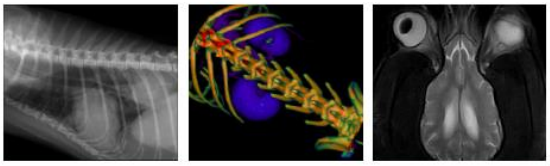


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Smokey Rivera

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8yrs

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Surgical Center

REFERRING VET

Lefferts Animal Hospital

INVOICE

14268ag

DATE

07/01/2023

PRESENTING CLINICAL SIGNS

Smokey escaped and was missing from home for 4 days. Owner found him on the 28th drooling with injury to his head and left eye. He was taken to Lefferts Animal Hospital on June 28 where we was diagnosed with a fractured jaw and a left corneal ulcer. He was anesthetized and an esophageal feeding tube was placed. He was hospitalized under intensive care until this evening when it was recommended that he be referred to a specialist. Patient is FIV + Eye: corneal ulcer, no PLR OS Oral: abnormal occlusion, hypersalivation Skin/coat: unkempt hair coat Assessment: head trauma with suspected mandibular fracture corneal ulcer OS with no PLR FIV +
Abnormal PE/Chem/CBC/UA Results: n/a

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK AND THORAX

Post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head and neck

The patient is intubated, and an esophageal tube is in place.

There is a large irregular shaped and ill-defined hypoattenuating mass centered around the left temporomandibular joint with severe polyostotic aggressive bone lysis and ill defined margination seen. The aggressive osteolytic changes extend into the temporal region along the skull base and left mandible. The left temporomandibular joint is completely lytic. The left temporal occipital petrous and sphenoidal bones are lytic. Severe osteolysis of the caudal left mandible is seen. The mass presents intracranial extension with extensive extra axial mass effect onto the left telencephalon, diencephalon and rostral brain stem.

The bilateral tympanic bullae are filled with fluid attenuating contrast negative material. A mild amount of fluid attenuating material is seen medially within the bilateral external auditory meatuses as well.

The dentition is incomplete. Atrophy of all of the alveolar crest is seen.

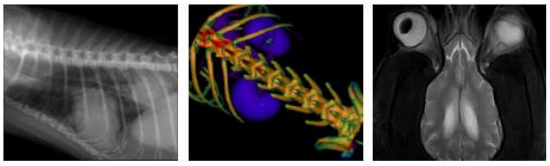
The medial retropharyngeal lymph node is moderately enlarged with non-uniform contrast enhancement.

C 2 & 3 spondylosis deformans is noted.

No significant thyroid changes are seen.

Thorax

The surrounding soft tissue structures are within normal limits.



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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.

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.

The lung parenchyma presents the expected architecture and attenuation behavior.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Aggressive soft tissue mass centering the left temporomandibular joint with polyostotic bone lysis and severe intercranial invasion.
- Left medial retropharyngeal lymphadenomegaly meeting metastatic criteria.
- No evidence of pulmonary metastases.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT is not compatible with traumatic injury. The patient is suffering from aggressive neoplasia centering on the left temporomandibular joint with polyostotic aggressive bone lysis and severe intracranial invasion. Myxosarcoma of the left temporomandibular joint is a primary differential diagnosis. Fibrosarcoma and other mesenchymal neoplasia cannot be ruled out entirely but appear less likely. Note the extensive intracranial extension and bone involvement.

The bilateral otitis media is likely to be secondary to the mass effect.

The lymph node changes of the left medial retropharyngeal lymph node are highly suggestive for metastatic disease. Reactive hyperplasia cannot be ruled out yet is thought less likely at this time.

There is no evidence of pulmonary metastases.

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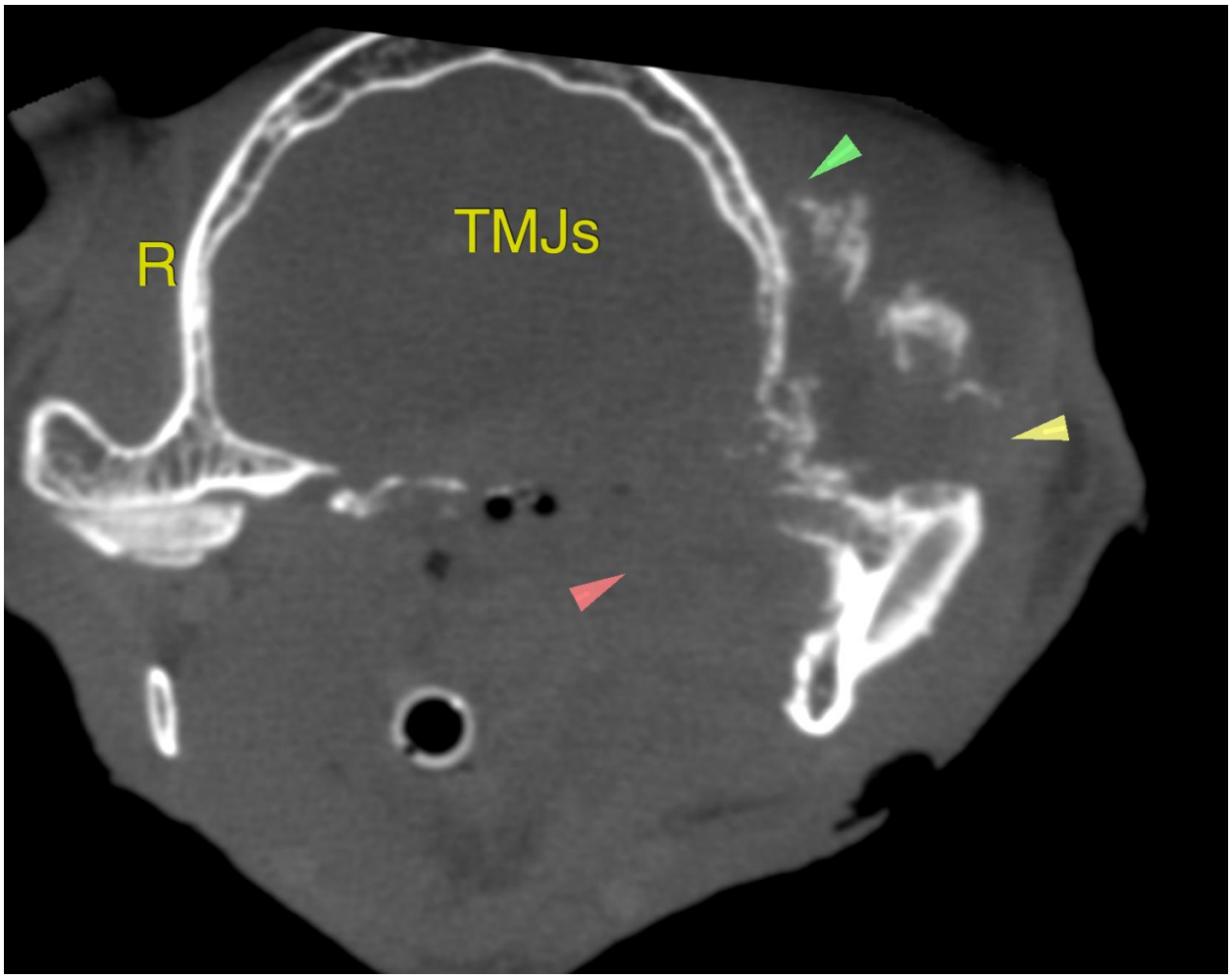

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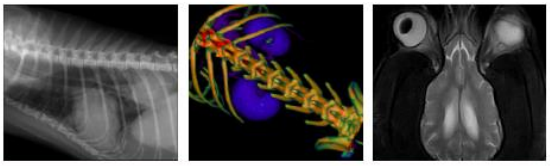

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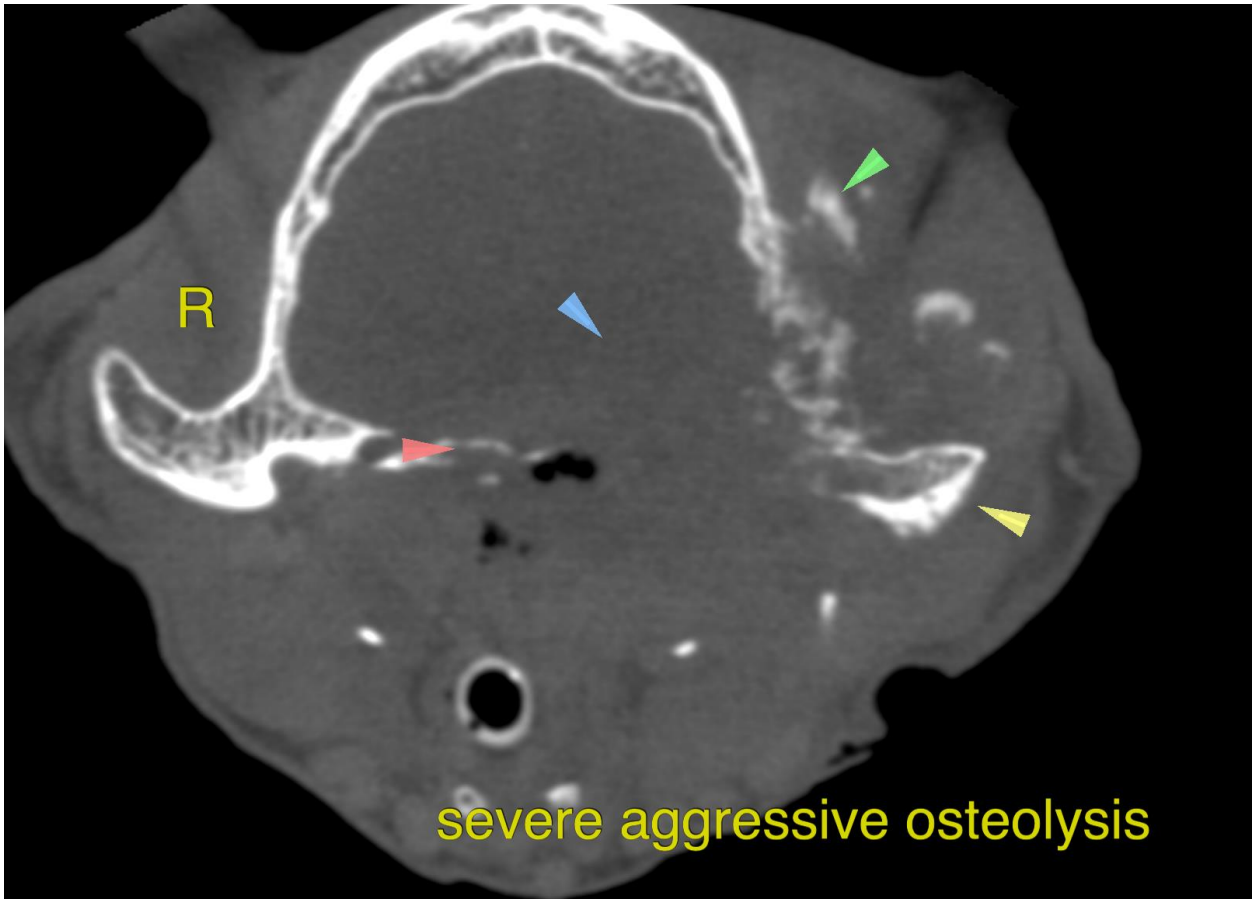

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
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