



PATIENT

Matilda Giahali

PRESENTING CLINICAL SIGNS

Eyes: ABNORMAL OD: mucoid discharge, conjunctivitis and prolapsed third eyelid OS: wnl
 Oral: ABNORMAL swelling on the left side of the maxilla extending to the right eye Plan CT of the skull and thorax sedated oral exam treatment plan will be determined based on the CT results it was discussed with the client regarding the concerns for malignant neoplasia.
 Abnormal PE/Chem/CBC/UA Results: CBC/CHEM: 7/10/23 WNL

SPECIES

Feline

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, & THORAX

BREED

DSH

Post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Female Spayed

Head & Neck

A large, ill-defined, and irregular shaped soft tissue attenuating mass effect with nonuniform contrast enhancement is seen in the right side of the face with extensive distribution along the right mandible, right maxilla, and zygomatic arch as well as extension into the oro- and nasopharynx. Polyostotic aggressive bone lysis of the right mandible, right maxilla, right nasal, frontal, parietal, temporal bones, and skull base are seen. The mass extends into the orbita and causes right hand sided exophthalmos. Extension into the cranial vault level with the skull base and right temporal bone is seen. The mass also extends into the right nasal cavity and right frontal sinus with regional turbinate destruction and mucosal swelling.

AGE

16 Years

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

The right tympanic bulla is filled with fluid attenuating material owing to the nasopharyngeal mass effect causing stenosis of the auditive tube.

The bilateral medial retropharyngeal lymph nodes are moderately enlarged.

Both lobes of the thyroid gland are seen and present within normal limits.

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Thorax

The bony and 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.

INVOICE

59586

There is no evidence of interstitial pulmonary nodules or masses. A moderate generalized bronchial lung pattern with multifocal tree-in-bud appearance is noted.

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

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COMPUTED TOMOGRAPHIC DIAGNOSIS

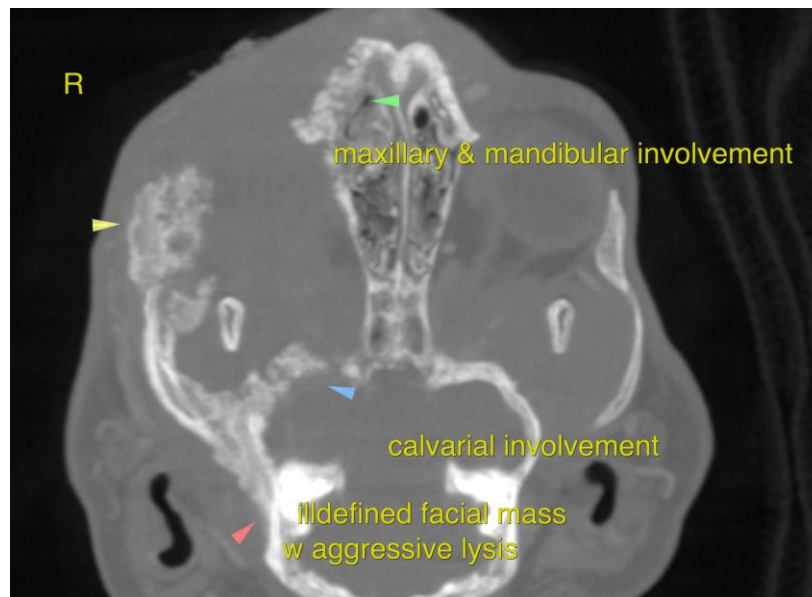
- Large facial and cranial soft tissue mass in the right side of the face, right nasal cavity, right orbita, and cranial vault with polyostotic aggressive bone lysis of the right facial and calvarial bones.
- Moderate bilateral medial retropharyngeal lymphadenomegaly.
- Secondary obstructive right hand sided otitis media.
- No evidence of pulmonary metastases.
- Chronic lower airway disease with multifocal bronchial mucous plugging (tree-in-bud appearance).

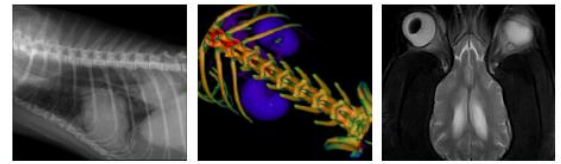
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with a malignant soft tissue neoplasia with secondary polyostotic aggressive bone lysis. Lymphosarcoma is a primary differential diagnosis as well as soft tissue sarcoma. Melanoma, squamous cell carcinoma, chondrosarcoma, and osteosarcoma cannot be ruled out entirely but are thought less likely. Final diagnosis would require sampling for histology. Note the extensive distribution of the tumor with intranasal, oropharyngeal, nasopharyngeal, orbital, and cranial extension.

The retropharyngeal lymph node enlargement is equivocal for reactive hyperplasia versus metastatic disease/lymphomatous infiltrate. FNA could be considered for further definition.

The findings of the lung are highly suggestive for chronic allergic lower airway syndrome. Infectious bronchitis cannot be ruled out entirely as a differential diagnosis.





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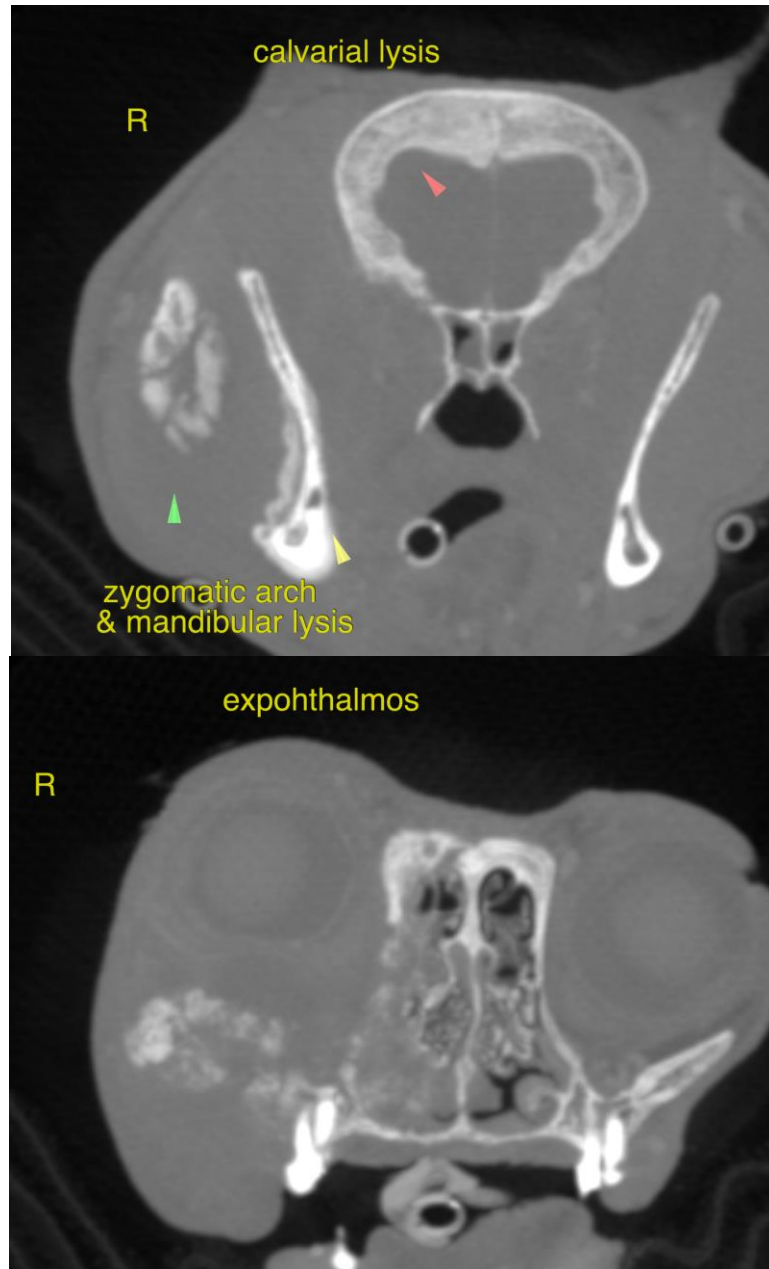
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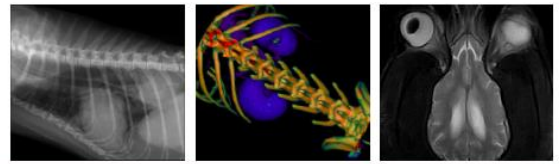
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

Feline

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
info@sonopath.com

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