



PATIENT

Jackie Cathell

PRESENTING CLINICAL SIGNS

Fractious. Treated over the last couple of months for otitis. Severe swelling of left side of face with severe dermatitis
Abnormal PE/Chem/CBC/UA Results: Fractious; anesthetized by rDVM before CT

SPECIES

Feline

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies available for review.

BREED

DSH

COMPUTED TOMOGRAPHIC FINDINGS

Severe multinodular thickening of the skin and subcutaneous tissue with ill-defined margins is seen in the left side of the face from caudal of the pinna up to the zygomatic arch. The pinna itself presents severe irregular thickening as well. There is heterogeneous contrast enhancement with small areas sparing contrast in the center and presenting rim enhancement. Lesion margins to the surrounding tissue are ill-defined. The neighboring parotid lymph node presents severe enlargement and is rounded. Superficial vascular anastomoses are seen.

SEX

Female Spayed

The right parotid lymph node and bilateral submandibular and retropharyngeal lymph nodes present moderate to severe enlargement and rounding with increased contrast enhancement.

AGE

15 Years

Owing to the severe bilateral retropharyngeal lymphadenomegaly, there is a mass effect onto the larynx and trachea.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

A moderate amount of fluid attenuating material with a meniscal sign is seen within the left tympanic bulla. The epithelial lining of the left external auditory meatus is thick with increased contrast enhancement. A mild amount of hypoattenuating material is seen in the lumen of the auditory meatus. A mild amount of hypoattenuating material is seen in the medial aspect of the right external auditory meatus as well. The right tympanic bulla presents within normal limits.

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Both frontal sinuses present hyperostosis diminishing their lumen. The lumen is occupied by contrast negative fluid attenuating material with multifocal mineralization in the left frontal sinus.

REFERRING VET

Meaux

Both nasal cavities present moderate swelling of their mucosal lining of the nasal turbinates. Mild bilateral turbinate destruction is seen. There is a mild amount of fluid attenuating material present within both nasal cavities.

All teeth are absent. Atrophy of the alveolar crest is seen in all quadrants of the jaw.

INVOICE

The brain presents within the expected limits.

47001

The neck is included in this study and severe cervical as well as moderate axillary lymphadenomegaly are seen.

DATE

8-17-21

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe lymphadenomegaly of all lymph nodes in the head and neck regions.
- Severe multinodular dermal and subcutaneous thickening in the left side of the face.
- Left sided otitis media and externa.
- Mild right sided otitis externa.
- Bilateral chronic mildly destructive rhinosinusitis with dystrophic mineralization and hyperostosis of the frontal sinuses.
- Severe cervical and moderate axillary lymphadenomegaly.

SPECIES

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The multifocal lymphadenomegaly is meeting neoplastic criteria. Inflammatory/infectious pathology is considered highly unlikely as underlying cause. Consider primary lymphomatous infiltrate such as lymphoma and less likely metastatic disease of another primary tumor.

SEX

Female Spayed

The severe facial swelling may either represent severe nodular dermatitis, however, fibrosarcoma and other soft tissue neoplasia cannot be ruled out owing to the CT presentation. Consider obtaining biopsies of both the dermal lesion and representative biopsies of the lymph nodes.

AGE

15 Years

There is not necessarily an association of the chronic upper respiratory tract disease with nasal cavity, frontal sinus, and middle ear involvement and the lymphadenomegaly. Findings of the nasal cavities support the presence of chronic infectious rhinitis with viral or mixed viral and bacterial infection being most likely.

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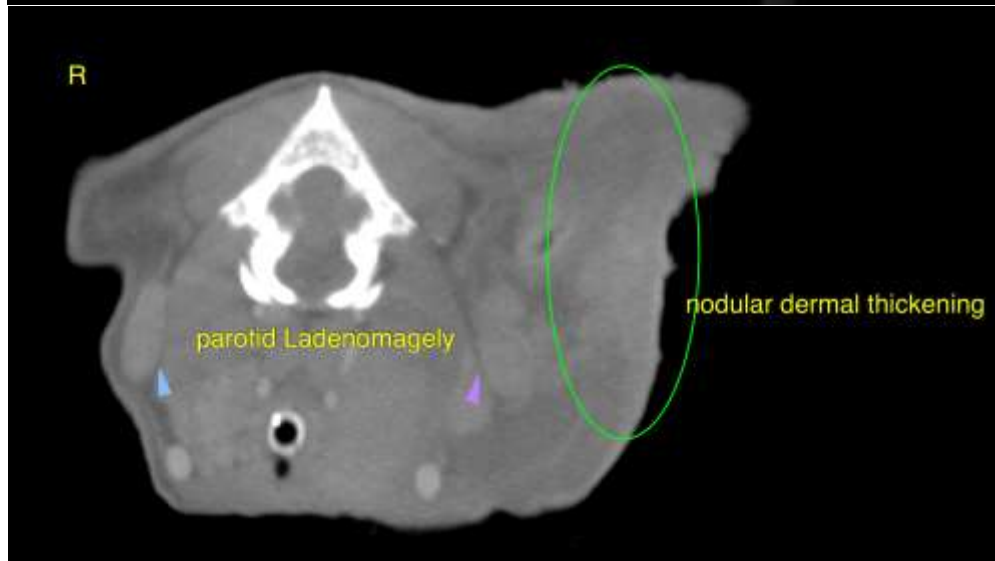
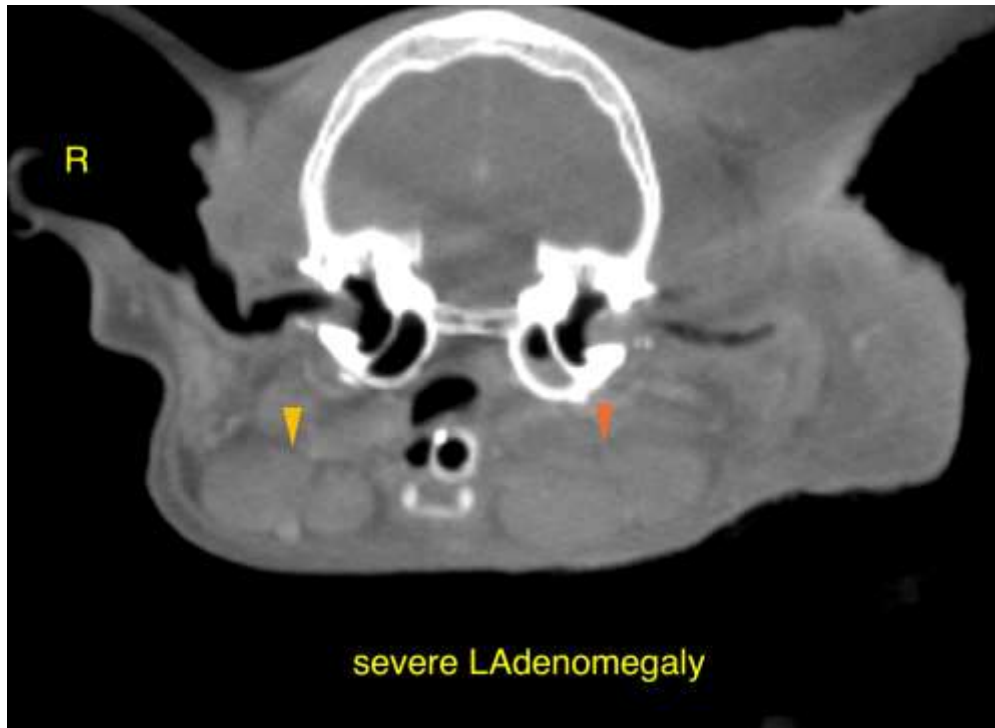
Meaux

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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.

SPECIES

Feline

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