



PATIENT PRESENTING CLINICAL SIGNS

Annie Wertenberger

Pet was presented to Heritage Animal Hospital on 7/18 for second opinion on upper airway inflammation/congestion that failed to respond to empirical treatment with steroids and antibiotics. An oropharyngeal mass was noted and removed 2 days later under anesthesia at the same time as a dental cleaning. No biopsy report available. Patient developed dyspnea and SQ emphysema 2 days later and was treated at another ER for a suspect tracheal tear secondary to intubation. She was temporarily placed in oxygen and discharged 7/23 after stabilizing. She also temporarily developed horner's syndrome post-polyp removal. At recheck on 8/10/22, pet had a swelling on the caudal right mandible noted and discharge developing AD. Head CT was recommended at this time.

SPECIES

Feline

BREED

DLH

Abnormal PE/Chem/CBC/UA Results: Moderate upper airway congestion noted prior to CT scan. There is mild SQ swelling along the caudal right mandible extending over the thyroid.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

SEX

Plain and post contrast studies available for review.

FS

COMPUTED TOMOGRAPHIC FINDINGS

AGE

8 Years

The CT study reveals a large ill-defined and irregular shaped retropharyngeal soft tissue mass with nonuniform contrast enhancement. The mass measures approximately 5 x 6 x 2 cm and presents bilateral extension from the retropharyngeal soft tissue along the skull base into the right retromolar area and ventral to the right ear canal. The mass tissue cannot be delineated from the right external auditory meatus. The retropharyngeal portion of the mass exerts a severe mass effect onto the larynx, trachea, laryngo-, naso-, and oro- pharynx, as well as onto the hyoid bone. Mild aggressive osteolytic changes are seen along the skull base, pterygoid bone, and its hamulus, as well as the right petrous temporal bone and right tympanic bulla.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Both tympanic bullae are filled with fluid attenuating contrast negative material. The osseous lining of the right tympanic bulla is mildly thickened.

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A moderate amount of fluid attenuating material is seen on the floor of both nasal cavities and inside the nasopharynx.

Both medial retropharyngeal and submandibular lymph nodes are severely enlarged with nonuniform contrast enhancement.

REFERRING VET

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large retropharyngeal and right auricular soft tissue mass with aggressive biological behavior.
- Bilateral submandibular and retropharyngeal lymphadenomegaly meeting neoplastic criteria.
- Bilateral otitis media – likely secretory due to obstruction because of the mass effect.
- Bilateral rhinitis – also likely secondary to the obstruction and mass effect.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

8-17-22

The CT study reveals a large retropharyngeal soft tissue mass with aggressive biological behavior. The mass appears to connect to the right external auditory meatus as well as to the retropharyngeal soft tissues. Differential diagnosis includes ceruminous cell carcinoma, adenocarcinoma, lymphosarcoma, and soft tissue sarcoma.



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The lymph node changes are highly suggestive for metastatic disease or round cell infiltrate.

Further definition by means of sampling of the mass and lymph nodes could be considered.

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Tumor growth is extensive, and the mass effect of the tumor causes obstruction of the upper airways and is likely to cause dysphagia and swallowing problems.

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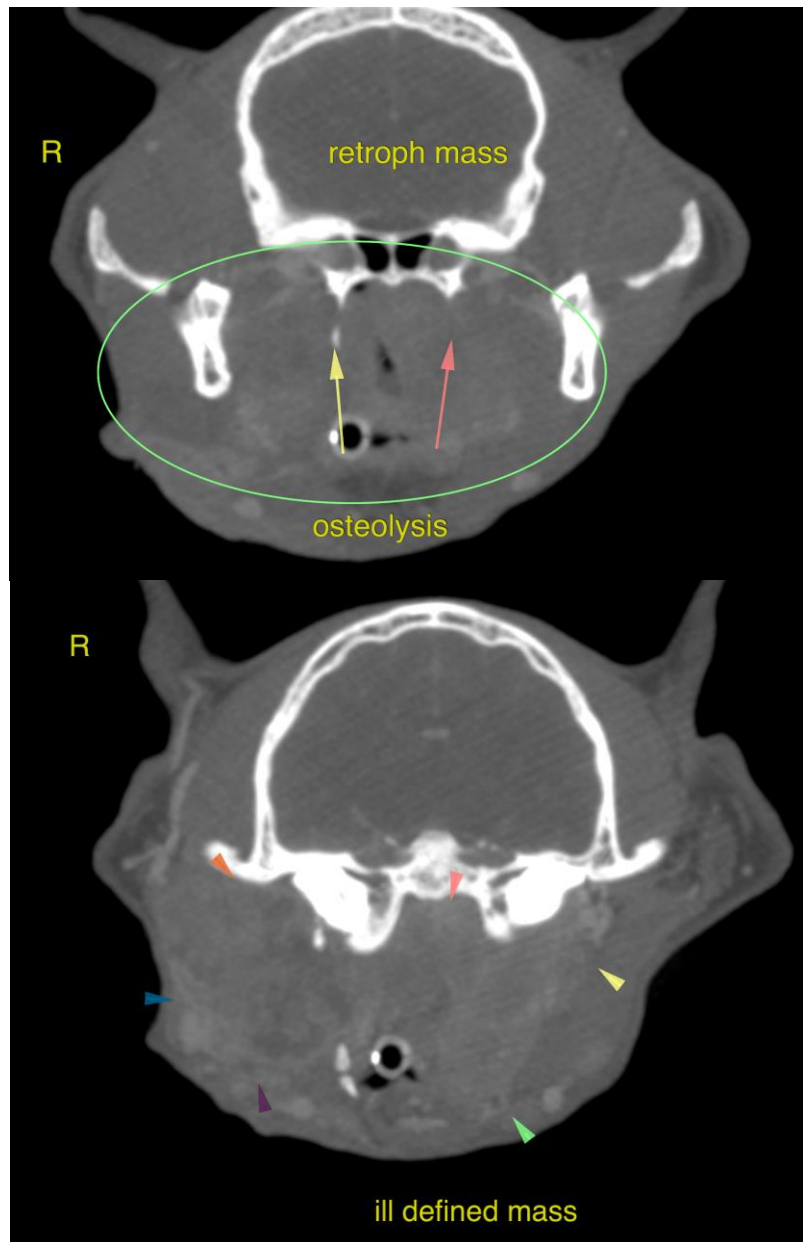
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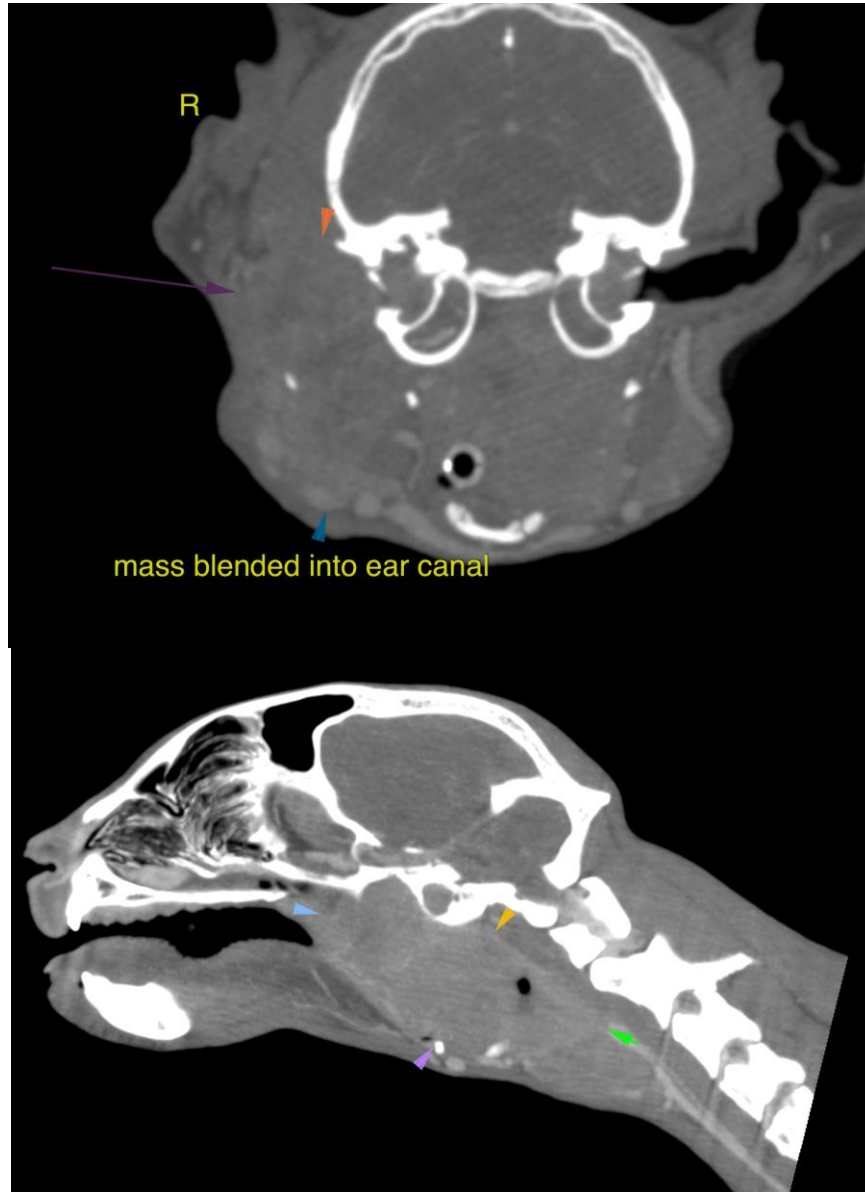
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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