



**PATIENT**

Sebastian Ahlstrom

**PRESENTING CLINICAL SIGNS**

Sebastian presented with a 7 month diagnosis of an oral spindle cell sarcoma of rostral gingiva, hard palate and upper lips. The mass was biopsied on 2/21/22 but not removed. A 6 week course of Palladia was started on 4/5/22. The owner reports little response to the Palladia. There has been more rapid growth of the tumor since stopping the Palladia. There has also been oral bleeding. Sebastian has had recurrent UTI's vs Feline Idiopathic Cystitis since starting Palladia. He has been on antibiotics 4 times, once for 6 weeks. In June 2022 he presented for intermittent open mouth breathing, difficulty breathing, and increased effort to breathe. The owners suspect he may have aspirated water during a bath. Echocardiogram 6/15/22 showed HCM with mild left ventricular hypertrophy and mild to moderate left atrial enlargement. Pneumonia was also diagnosed. Pimobendan, benazepril, and clopidogrel were recommended but he is now only on Pimobendan. On 8/29/22 he presented for difficulty eating due to the oral mass. There is deformation of his face. He is not eating well. Previous diagnosis: Oral spindle cell sarcoma, HCM, pneumonia, recurring UTIs/cystitis

**SPECIES**

Feline

**BREED**

Bengal

**SEX**

CM

**AGE**

15 Years

Abnormal PE/Chem/CBC/UA Results: PE: **\*\*Oral Cavity:\*\*** Abnormal; mucous membranes pink: large mass rostral gingiva/maxilla, extends into upper lip bilaterally; mass extends caudally over hard palate to the level of the upper 4th premolars; mass is primarily right sided. Lab: Blood work is dated 6/14/22. CBC - PCV = 29.8%, WBC = 6800, neutrophils = 5290, lymphocytes = 940, monocytes = 490, hemoglobin = 9.0, reticulocytes = 74.5. Platelets = 334,000. Chemistry - Globulins = 5.3, Sodium = 168, all else normal. Urinalysis not provided. TT4 = 2.1. Current blood work is pending.

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, & ABDOMEN**

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Plain and post contrast studies available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**Head**

Patient has a history of spindle cell sarcoma of the right rostral gingivostomal tissue and hard palate.

An irregular shaped ill-defined soft tissue attenuating mass with multilobulated appearance is seen rostral to both maxillae and lateral to the right maxilla. The mass measures approximately 5 cm in length, 3 cm in diameter, and 3 cm in height. Nonuniform enhancement is seen on the post-contrast study with multiple central contrast sparing areas. The mass extends into the hard palate from the rostral gingivostomal margin with aggressive osteolytic changes within the hard palate and both rostral maxillae that span a length of 2 cm from the maxillary symphysis caudally. The right maxillary alveolar margin presents aggressive osteolytic changes that extend up to the triadan 109.

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**REFERRING VET**

Nate Cox

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The submandibular and medial retropharyngeal lymph nodes of both sides are mildly enlarged and rounded.

**DATE**

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The cervical and axillary lymph nodes present within normal limits.

**Thorax**

No evidence of mediastinal lymphadenomegaly is seen.



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No significant left atrial enlargement is seen at this time. LA/AO is < 2 : 1. There is no evidence of cardiogenic pulmonary edema.

The lung and bronchial tree present within age related normal limits. No evidence of pulmonary nodules or masses is seen. There is no evidence of pneumonic infiltrates.

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**Abdomen**

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

A mild amount of urinary bladder sand is seen.

**SEX**

CM

The adrenal glands are within normal limits for size, shape and organ architecture.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

**AGE**

15 Years

The liver parenchyma presents uniform in attenuation and enhancement.

Mild dilation of the common bile duct and extrahepatic biliary ducts is seen. There also is mild dilation of the cystic duct and intrahepatic biliary ducts.

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The pancreas presents moderate generalized enlargement with dilation of the pancreatic duct and multiple hypoenhancing nodules.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

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Moderate degenerative lumbosacral stenosis is noted.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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Nate Cox

- Large gingivostomal and maxillopalatinal soft tissue neoplasia with aggressive bone lysis.
- Mild bilateral submandibular and medial retropharyngeal lymphadenomegaly.
- No evidence of pulmonary metastatic disease.
- No significant left atrial enlargement.
- No evidence of pneumonic infiltrates.
- Suspect chronic pancreatitis versus benign nodular hyperplasia and triaditis.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

9-6-22

The CT findings are compatible with a known soft tissue sarcoma in the gingivostomal tissues, maxillae, and hard palate. The invasive character and aggressive osteolytic changes are substantial and can be seen within the incisor portions of both maxillae 2 cm deep into the hard palate and along the right maxillary alveolar margin.

The regional lymphadenomegaly may represent reactive hyperplasia however early metastatic



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disease should be ruled out by means of fine needle aspiration. No other evidence of metastatic disease was found.

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Note the presence of pancreatic changes suggesting potential for chronic pancreatitis versus benign nodular hyperplasia as well as mild dilation of the extra- and intra- hepatic biliary system suggesting potential for triaditis/cholangiohepatitis. Correlation with the laboratory values recommended.

**BREED**

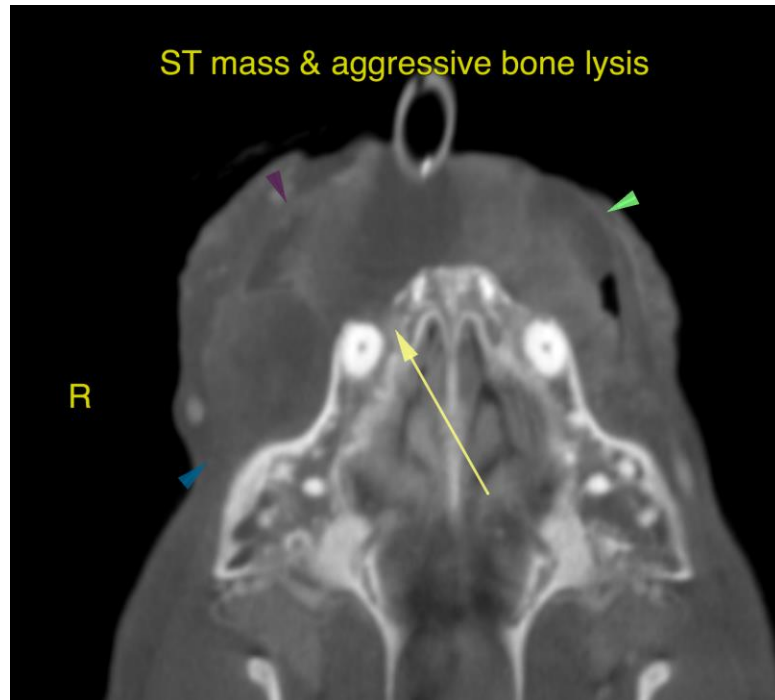
Bengal

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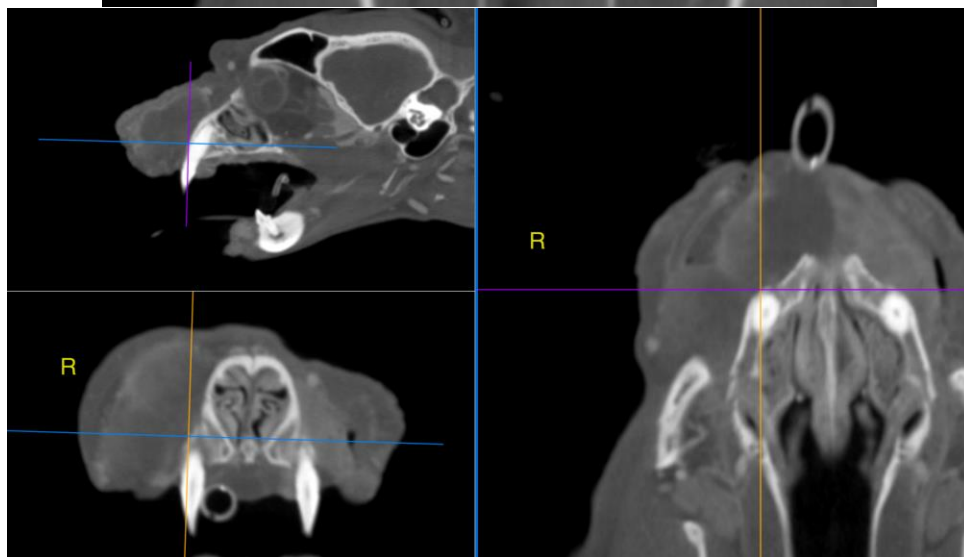
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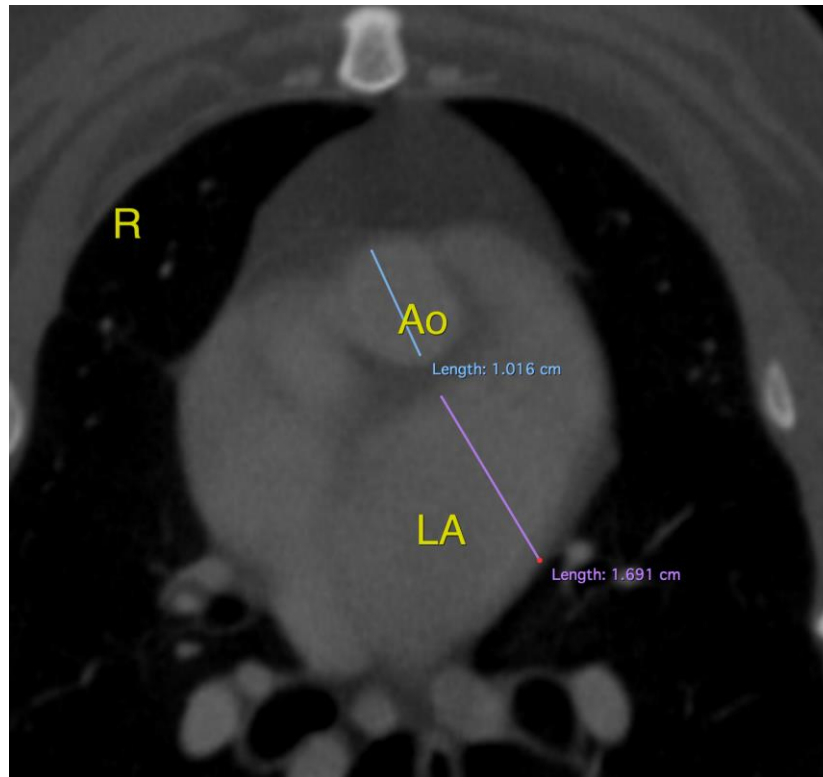
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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