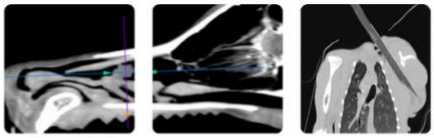

PATIENT

Hunter Sapen

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

5

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

ASC Oceanside

REFERRING VET

Dr. Infernuso

INVOICE

35444

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: oral mass invading the rostral aspect of the incisors and canines 2x1x2 gallop rhythm

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX

A high-resolution post-contrast CT study of the skull and thorax is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent. The rostral segment of the body of the mandible bilaterally presents an ill-defined zone with advanced permeative osteolysis with segmental complete destruction of the mandible – up to the level of absent triadan 307 of the left mandible, and up to the level of absent 408 of the right mandible. An ill-defined, peripherally accentuated soft tissue swelling is centered on the respective segment of the mandible and extending caudal respective segment of the mandible and extending caudally in the sublingual region up to the level of the mandibular M1.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. The left frontal sinus presents a significant decreased volume and is occupied by soft tissue material.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

The left tympanic bulla is partially obliterated by non-contrast enhancing soft tissue material and presents a mild smooth thickening of the osseous wall. A very small amount of soft tissue material is attached to the wall of the right tympanic bulla. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The mandibular lymph nodes are mildly prominent.

Thorax

The vertebral endplates T4/T5 and T5/T6 present mild spondylosis formation.

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 is 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, but an ill-defined zone peribronchial area presenting a ground glass attenuation pattern in the right caudal lung lobe.

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

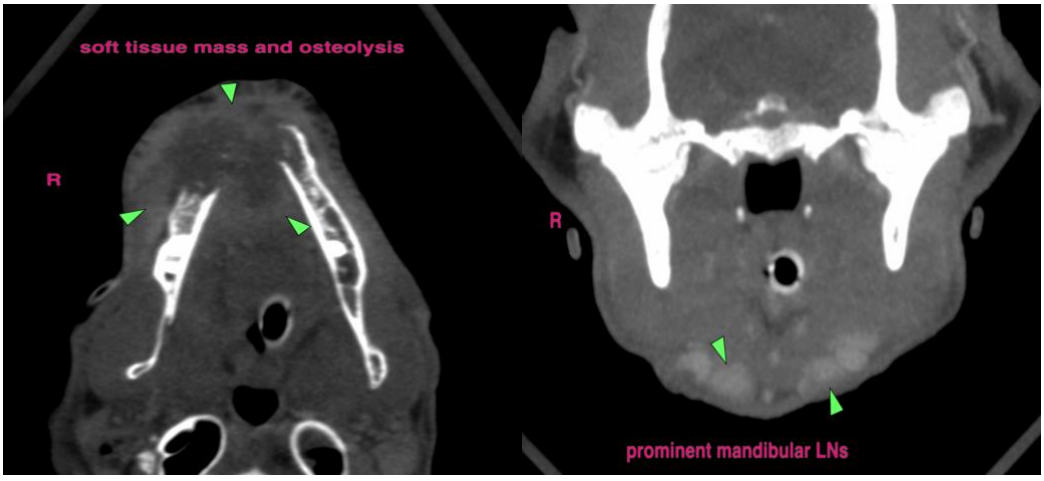
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Polyostotic aggressive osteolytic lesions rostral segment of the mandible bilaterally with associated soft tissue mass
- Mild lymphadenopathy mandibular lymph nodes – equivocal for reactive lymphoid hyperplasia versus metastatic spread, FNA sampling can be used for specification
- Zone of unstructured interstitial pattern right caudal lung lobe
- Bilateral otitis media
- Hypoplastic left frontal sinus
- Multiple absent teeth
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinically appreciated soft tissue mass presents a local biologically aggressive behavior, presenting advanced osteolysis of the mandible bilaterally and diffuse growth into the sublingual region – compatible with primary soft tissue neoplasia, such as squamous cell carcinoma, melanoma, fibrosarcoma. FNA sampling/biopsy can be performed for specification. Due to the extent, surgical management may not be feasible here.

The patchy zone with an unstructured interstitial lung pattern is most consistent with dystelectasis, pneumonia or fibrosis; the finding is unusual for pulmonary metastatic disease.



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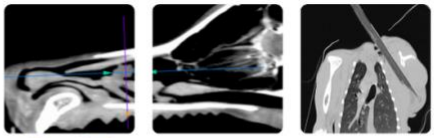

Teleradiology
Educational Teleconsultation Services™

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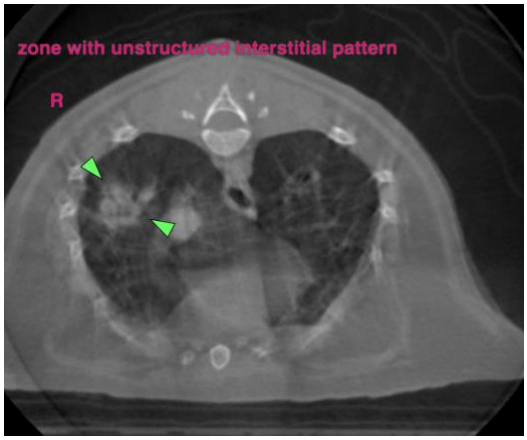

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com