



PATIENT PRESENTING CLINICAL SIGNS

Felix Alfaro Upper airway noise, open mouth breathing at times
 Abnormal PE/Chem/CBC/UA Results: Fractious due to difficulty breathing Open mouth

SPECIES COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

Feline A high resolution pre- and post-contrast CT study of the skull and a post-contrast CT study of the thorax are provided for review.

BREED COMPUTED TOMOGRAPHIC FINDINGS

DSH Skull

The tooth elements 109, 209, 302-304, 307 and 307 are absent. Triadan 104 presents advanced tooth root resorption and ankylosis of the root.

SEX

Male Neutered The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

AGE

11 Years Originating from the right mucosal lining of the larynx, a soft tissue attenuating and heterogeneous contrast enhancing plaque like mass is protruding into the lumen of the larynx, measuring approximately 13 x 8 x 18 mm in size.

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

HOSPITAL NAME

Mobile Pet Imaging 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.

REFERRING VET

Meaux The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Generalized advanced spondylosis formation is seen along the cervical and thoracic spine and the intervertebral disc spaces of the cervical spine are collapsed.

INVOICE

49680 Thorax

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.

DATE

1-19-22 The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery

**PATIENT**

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as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The ventral dependent aspects of the lung present multiple regions with a moderately decreased volume and consolidation. In the caudodorsal aspect of the right caudal lung lobe, a roundish soft tissue attenuating lesion with a gas attenuating center is visible.

SPECIES

Feline

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

BREED

DSH

- Laryngeal mucosal mass with upper airway obstruction
- Thick walled cavitory lesion right caudal lung lobe
- Multiple absent teeth
- Dental resorptive lesions 104
- Generalized chronic discopathy cervical spine
- Spondylosis deformans
- Dystelectasis ventral aspects of the lung

SEX

Male Neutered

AGE

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Dr. med. vet. DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

The laryngeal mucosal mass is consistent with neoplastic disease and potentials include lymphosarcoma, squamous cell carcinoma, melanoma, other. Theoretically granulomatous disease, such as eosinophilic granuloma complex can be a differential. If not done so yet, recommend FNA sampling/excisional biopsy (if applicable) for further definition and decision making of advanced treatment options.

The thick wall cavitory pulmonary lesion in the right caudal lung lobe is considered to be more likely of inflammatory origin, such as (parasitic) granuloma, zone of round pneumonia, cyst or small pulmonary abscess. However, neoplastic transformation is a differential – such as bronchogenic carcinoma, metastasis.

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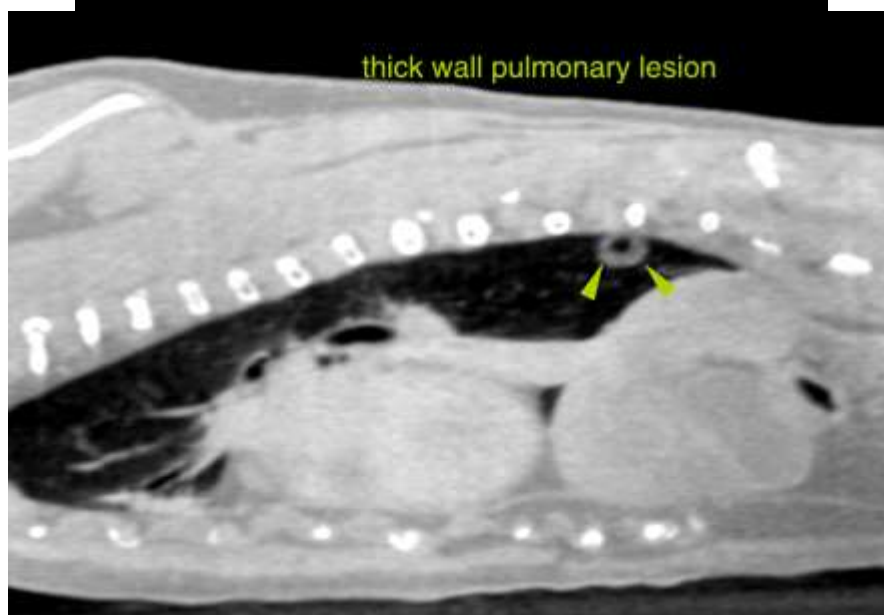
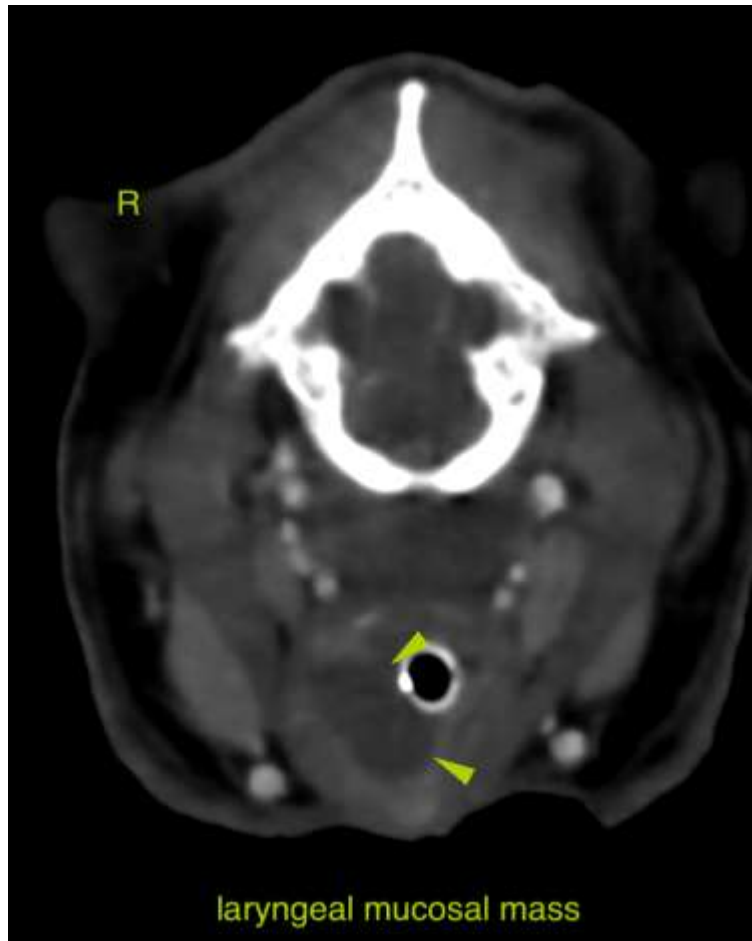
Meaux

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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.

BREED

DSH

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, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com

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