



**PATIENT PRESENTING CLINICAL SIGNS**

Miss Dorothy Fridman History: Licking/swallowing during exam, all teeth previously extracted except upper right canine, lower right canine, and lower left canine, referred URT noises, stomatitis

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Upper airway wheezing during auscultation, slightly open mouth breathing

Feline

**COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX**

**BREED** 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.

Egyptian Mau

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX Skull**

Spayed Female All teeth but triadan 104,304 and 404 are absent.

**AGE** The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. Multifocal a very mild of fluid attenuating material is attached to the nasal mucosal lining.

8 Years

**INTERPRETED BY** Centered on the ventral aspect of the larynx and hyoid apparatus, an ill-defined, soft tissue attenuating and mild irregular contrast enhancing amorphous mass is visible, extending into the mural structures of the larynx, obliterating the laryngeal lumen. The basihyoid, ceratohyoid and thyreohyoid bone are embedded within the mass and present moth-eaten osteolytic lesions.

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.

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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.

**REFERRING VET** 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.

Dr. 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.

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**Thorax**

The bony and surrounding soft tissue structures are within normal limits.

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1/20/22



**PATIENT**

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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.

**SPECIES**

Feline

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.

**BREED**

Egyptian Mau

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

**SEX**

Spayed Female

Both kidneys present irregular margins.

**AGE**

8 Years

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Ventral laryngeal soft tissue mass with local invasive growth and secondary osteolytic lesions of the hyoid apparatus
- History of dental extractions
- Chronic nephropathy
- Normal thorax, no evidence of pulmonary metastatic disease

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings are consistent with a soft tissue neoplasm, centered on the ventral aspect of the larynx & hyoid apparatus, with local invasive growth into the mural structures of the larynx – the upper airway obstruction is explaining the described clinical signs. Differentials include lymphosarcoma, round cell tumor, squamous cell carcinoma, other. FNA sampling ± biopsy can be used as advanced diagnostic tests. The chances of palliative radiation therapy can be discussed with oncologist.

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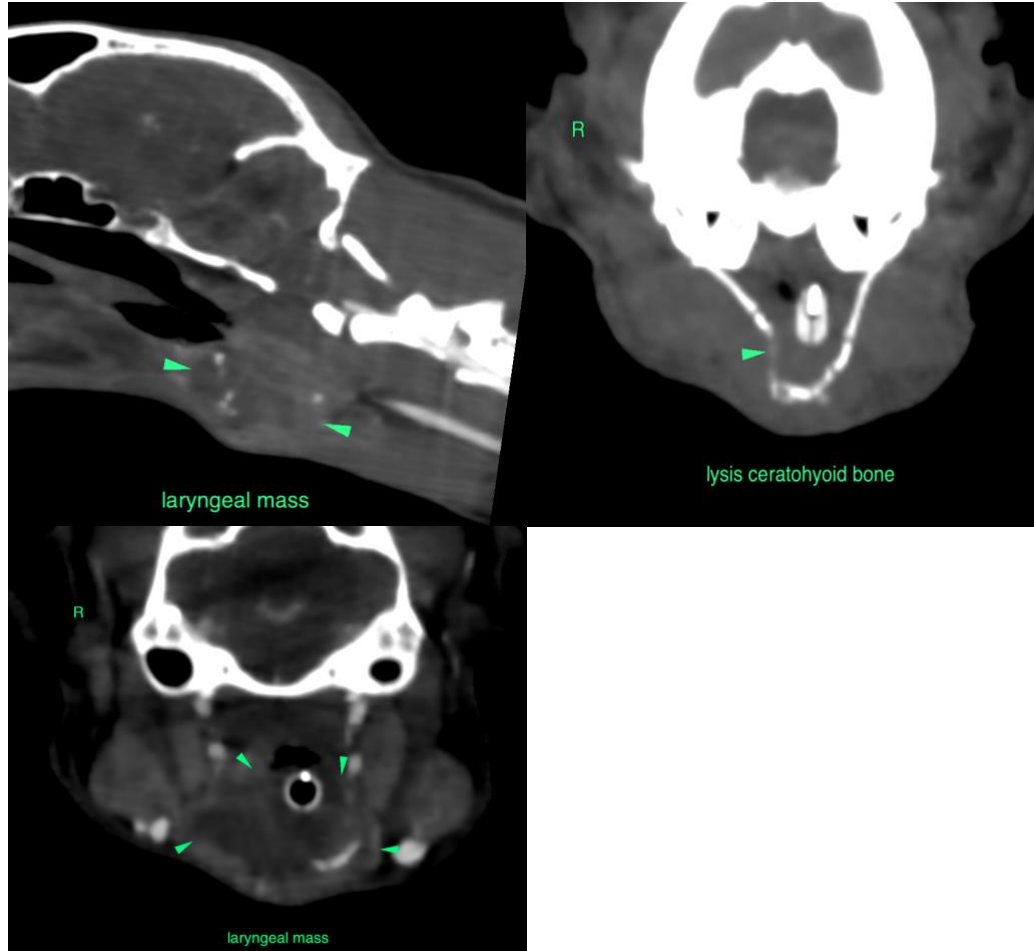
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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



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**BREED**

Egyptian Mau

**SEX**

Spayed Female

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