



PATIENT

Lucas Pura

SPECIES

Feline

BREED

DSH

SEX

Neutered male

AGE

12Y

WEIGHT

9.3lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr. Meaux

HOSPITAL NAME

Hospital Veterinario
San Francisco de Asis

REFERRING VET

Dr. Meaux

INVOICE

73531

DATE

1-29-26

PRESENTING CLINICAL SIGNS

History:

- Referred for skull CT due to anisocoria, drooling, and pain on Right side of the head. Elevated IOP at 31 OD. Owner reports poor response to medical management. Symptoms started about 2 weeks ago.

Abnormal PE/Chem/CBC/UA Results: Limited mouth opening noted during sedated intubation. See attached pictures of the lesion noted during oral exam.

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent. Triadan 304 presents ankylosis and resorptive lesions of the root.

Along the medial aspect of the ramus of the right mandible, extending from the horizontal segment of the right external ear canal rostrally up into the ventral aspect of the right orbital cavity/caudal aspect of the alveolar process of the right maxilla an ill-defined soft tissue swelling with a heterogeneous contrast enhancement pattern is appreciated. The most medial aspect of the right external ear canal and the right tympanic bulla are obliterated by soft tissue material without overt contrast uptake. The ramus of the right mandible presents mild moth eaten defects and immature periosteal new bone formation.

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

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

The right tympanic bulla is filled with uniform soft tissue attenuating material, and the volume is mildly increased. The osseous wall of the right tympanic bulla is smooth and mildly thickened. 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 right mandibular lymph nodes and right medial retropharyngeal lymph node are prominent.

Thorax

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

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.



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The lung parenchyma presents the expected architecture and attenuation behavior.

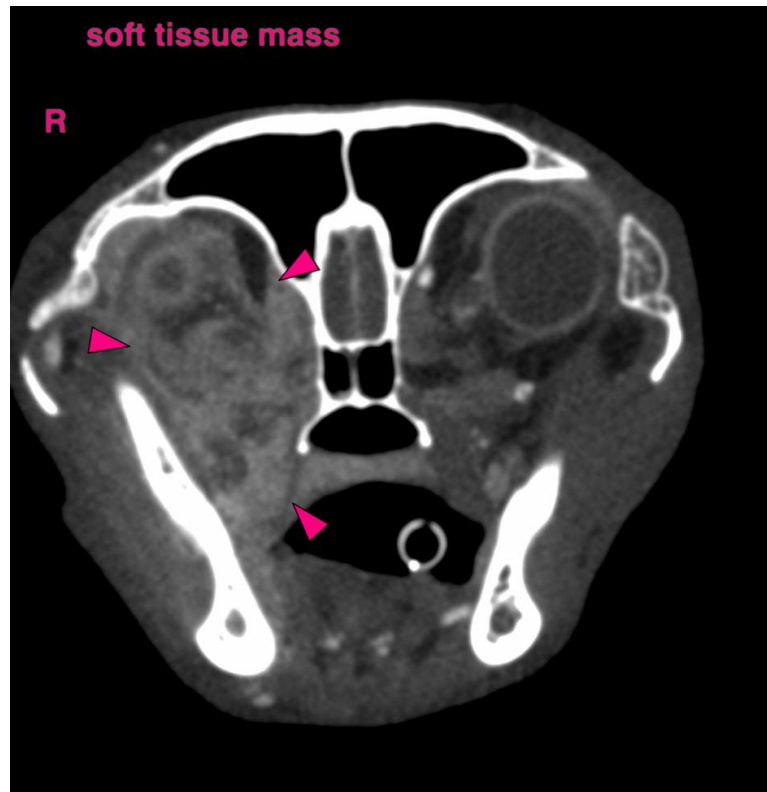
Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Heterogeneous contrast enhancing soft tissue swelling region right retrobulbar and retropharyngeal region
- Secondary semiaggressive mixed osteolytic and osteoproliferative lesions ramus right mandible
- Right sided otitis media due to extramural compression of the Eustachian tube
- Lymphadenopathy right mandibular lymph nodes and right medial retropharyngeal lymph node
- Ankylosis and resorptive lesions triadan 304
- Multiple absent teeth
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right sided retrobulbar/retropharyngeal soft tissue swelling is highly concerning for primary soft tissue neoplasia – such as squamous cell carcinoma, adenocarcinoma, melanoma or round cell tumor. A differential can be pyogranulomatous inflammation (e.g. mycotic) infection. FNA sampling/biopsy can be performed as advanced diagnostic tools – including FNA sampling of the prominent regional lymph nodes.





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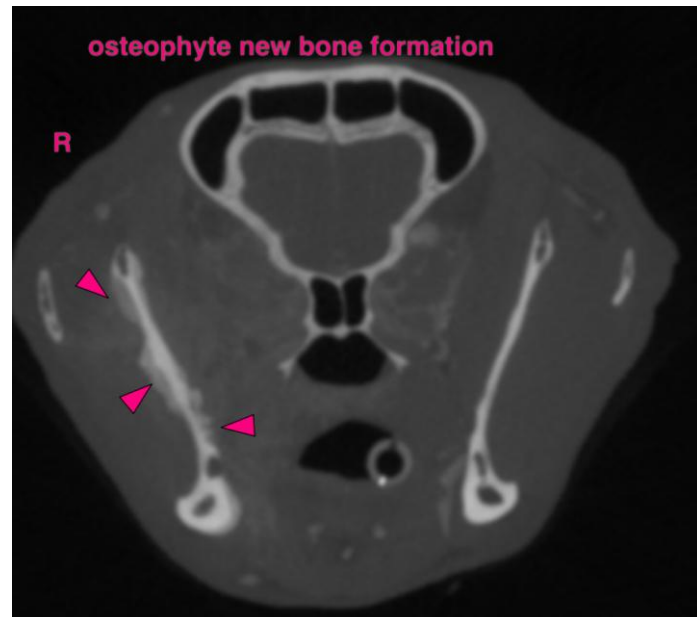
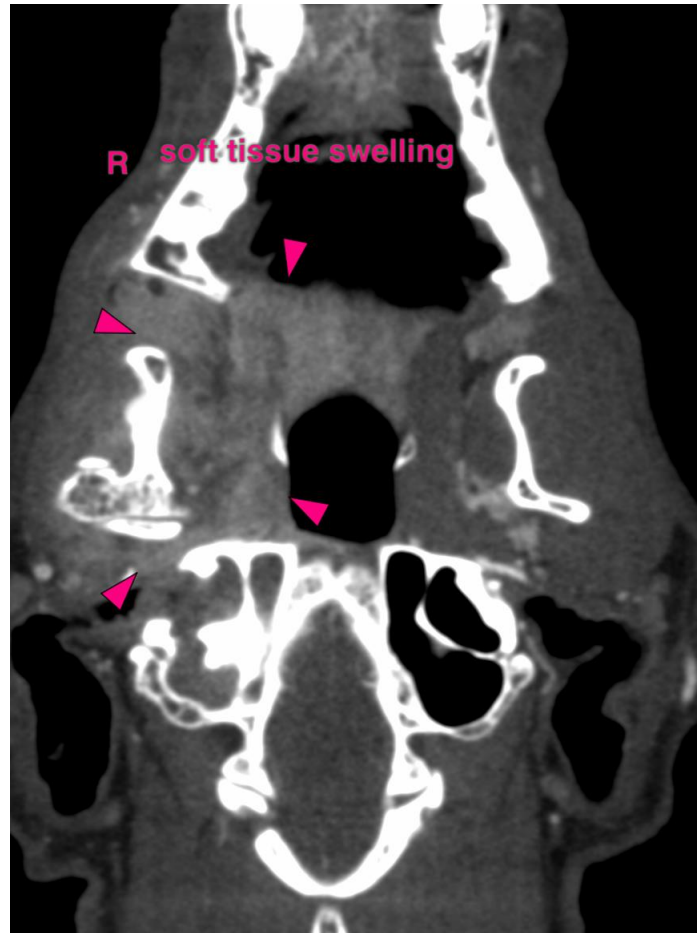
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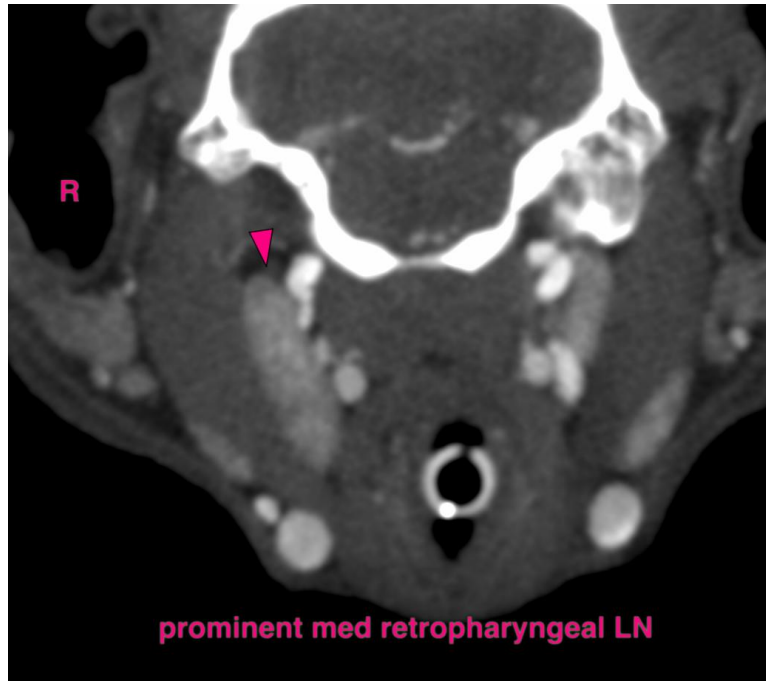
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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