



PATIENT

Pippy Davis

PRESENTING CLINICAL SIGNS

14 yo DSH with mild left-sided nasal discharge and left-sided ocular discharge. Sneezing noted as well. Swelling between eyes / bridge of nose noted. Concern for neoplasia.
Abnormal PE/Chem/CBC/UA Results: Soft swelling between eyes / bridge of nose Normal bloodwork last month

SPECIES

Feline

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

A plain CT study of the skull and thorax in a bone, lung and soft tissue reconstruction are provided for review.

BREED

Domestic Medium Hair

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent. The remaining teeth present signs of ankylosis of the roots and resorptive lesions of the roots.

SEX

FS

In the caudodorsal aspect of the nasal cavity, an expansile soft tissue attenuating mass is seen with focal destruction of the associated conchal & turbinate structures. The nasal mass is perforating the nasal cavity and is bulging into the subcutaneous tissue at the dorsal aspect of the nose. The associated maxillary and nasal bone bilaterally present aggressive osteolysis, including the perpendicular plate of the left palatine bone.

AGE

14 Years

The frontal sinus bilaterally is filled with uniform soft tissue attenuating material and the osseous lining presents mild hyperostosis.

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.

HOSPITAL NAME

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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, but a small amount of soft tissue material in the left external ear canal.

In the rostral cranial fossa, a mass effect on the falx cerebri is appreciated with significant right sided deviation.

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

REFERRING VET

Dr. Ashley Gold

Thorax

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

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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 pattern is uniform.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

Generalized mild to moderate smooth thickening of the bronchial walls is seen.

DATE

1-5-23

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.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Biologically aggressive nasal soft tissue neoplasia with polyostotic aggressive osteolytic lesions of the associated osseous structures
- Evidence of intracranial space occupying lesion rostral cranial fossa
- Bronchial lung pattern
- Ankylosis of multiple teeth with signs of tooth root resorption
- Multiple absent teeth
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nasal mass is consistent with primary nasal neoplasm, breaching the osseous lining of the nasal cavity and bulging into the subcutaneous tissue – explaining the dorsal nasal swelling. Differentials include lymphosarcoma, adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, other. FNA sampling of the dorsal nasal subcutaneous swelling or rhinoscopy including biopsy can be used as advanced diagnostic tests.

SEX

FS

There is evidence of an intracranial mass effect indicating either a second entity with primary intracranial mass or the nasal mass is dissecting through the cribriform plate into the cranial fossa – further evaluation is not possible in the plain CT study.

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The bronchial lung pattern is suggestive for feline bronchial disease ('feline asthma') and considered as an incidental finding.

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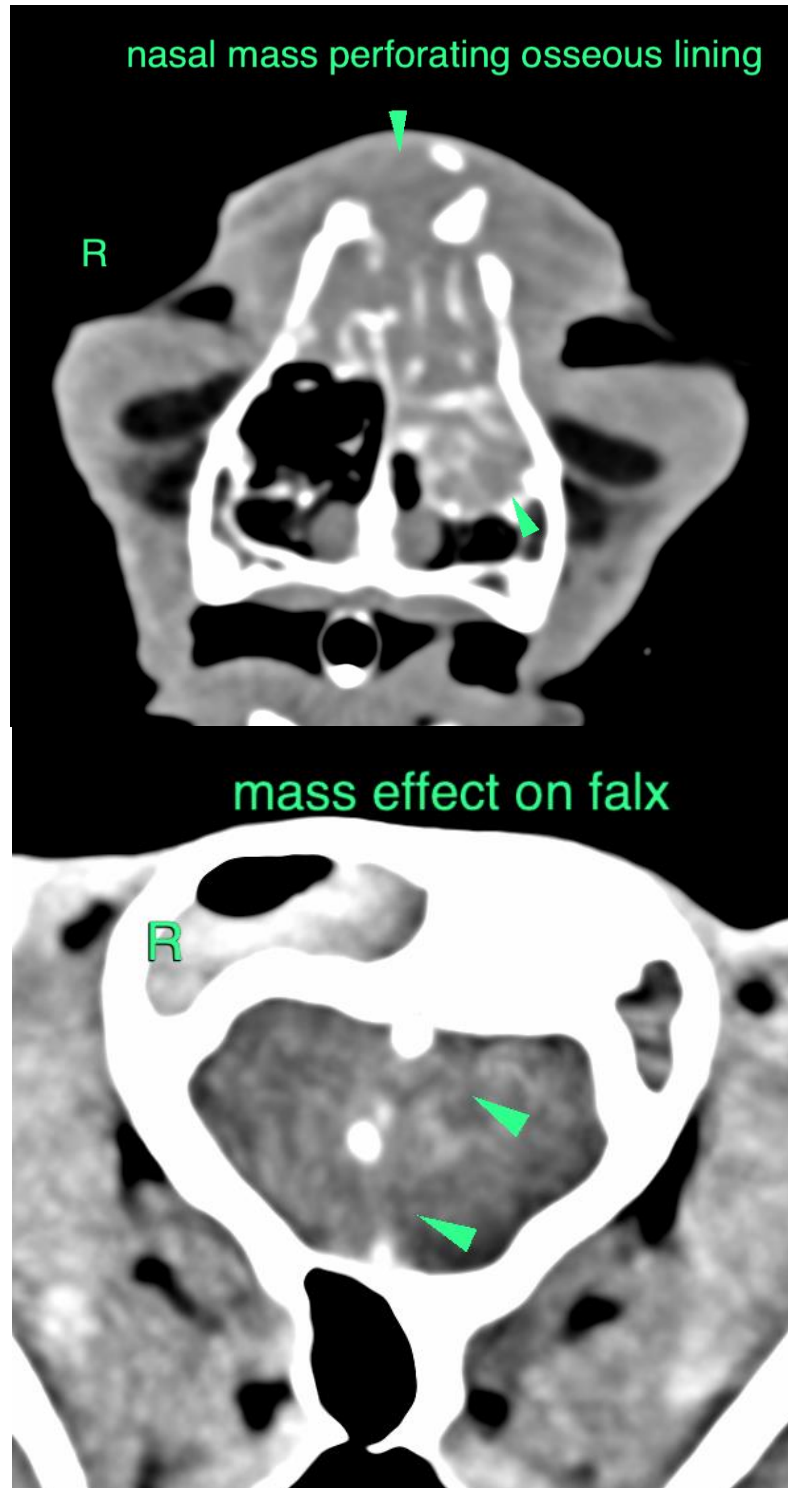
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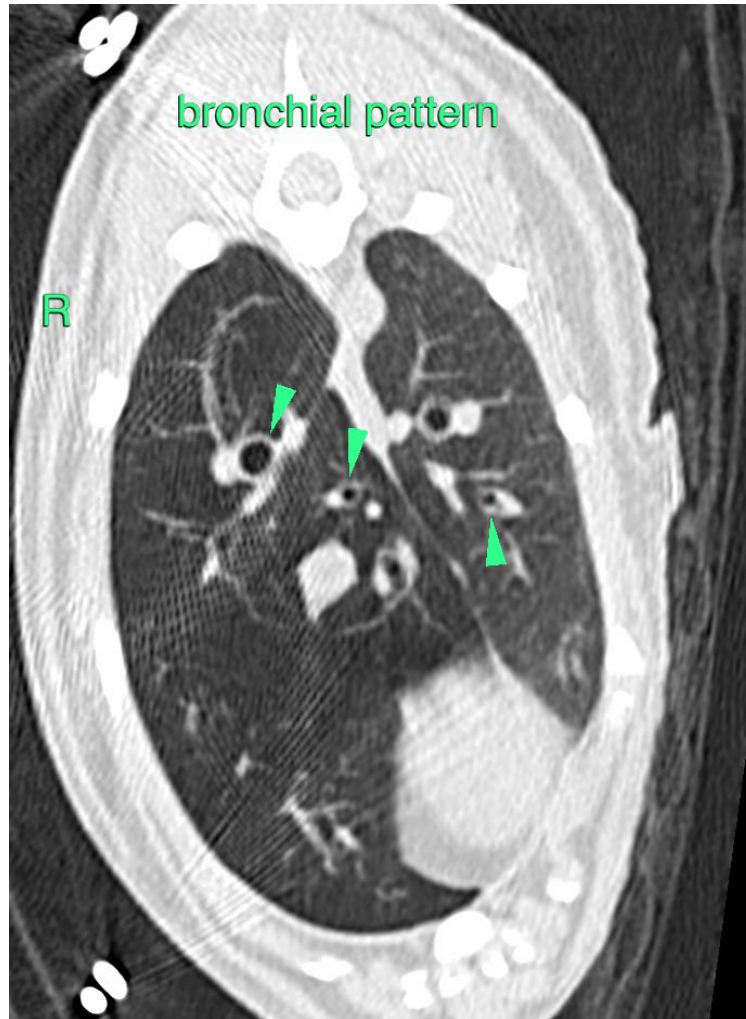
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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