



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Flutter Tse

SPECIES Feline

BREED DLH

SEX FS

Initially presented August 3rd for inappetence and pain while eating. Attempted to do a physical exam but could not get near her face (growling, hissing, striking) – very out of character for patient. Performed a sedated exam the following day; PE revealed teeth chattering (pain response) with opening of the jaw when holding the maxilla and mandible open at the same time. With less sedation on board, mandible would click when extended open and patient would hiss and growl afterward. No swelling palpated, no pain response to ROM of cervical region. No oral masses observed, no dental lesions observed. Bloodwork at the time WNL. Tentatively diagnosed with TMJ pain (luxation vs myopathy) however was hard to fully localize. Started on prednisolone 1 mg/kg q12 for 10 days, decreased to 1 mg/kg q24. Each time prednisolone was attempted to be decreased jaw pain signs would come back. Patient will not eat at home – runs away from food and shakes head and yowls if trying to eat. Most recently was eating normally at 1 mg/kg q48 – but when prednisolone stopped 1 week ago patient has started to show pain while eating and has refused food now. Back on prednisolone q24 until CT scan. Most recent bloodwork (Oct. 19Th 2022) NSF. No obviously abnormalities of the jaw during recheck exam – growling when mandible and maxilla opened. Growling when swallowing syringe feedings

Abnormal PE/Chem/CBC/UA Results: Decreased urea

COMPUTED TOMOGRAPHY OF THE SKULL

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

2.5 Years

COMPUTED TOMOGRAPHIC FINDINGS

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

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

The condylar process of the right mandibular presents a region with loss of the trabecular pattern with moth eaten osteolysis and ground glass matrix, resulting in convex bulging of the medioventral contour of the condylar process of the right mandible. The left temporomandibular joint is unremarkable.

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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

Dr. Moritz

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.

INVOICE

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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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic benign to semiaggressive mixed osteolytic and osteoproliferative lesion right condylar process of the mandible

DATE

10-24-22



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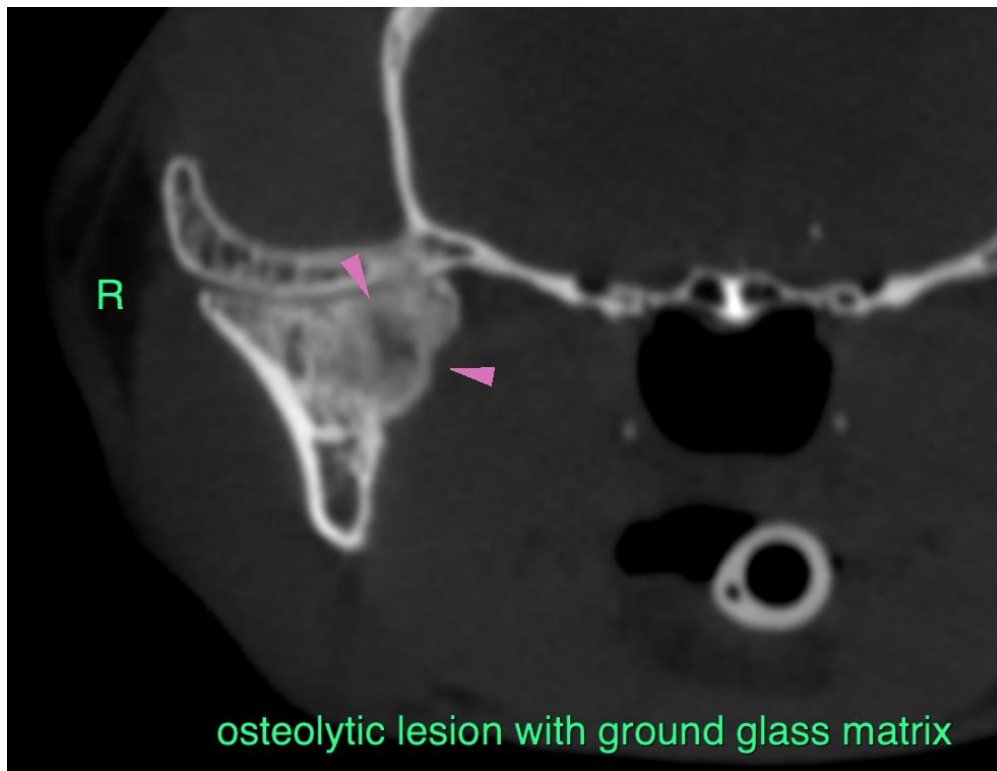
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The top differentials for the osseous lesion of the right condylar process of the mandible is fibrous dysplasia or osteomyelitis (e.g. hematogenous osteitis, Hepatozoon, sterile). The findings are atypical for bone neoplasia. There are no signs of articular swelling of the right temporomandibular joint. Fibrous dysplasia is very rare in companion animals and is a congenital disorder with a defect in localized osteoblastic differentiation and maturation. Biopsy of the affected region of the condylar process would be ideal for further differentiation. However. A diagnostic clinical trial with long term antimicrobial drugs can be considered alternatively. Check for possible endemic mycotic infection as well.





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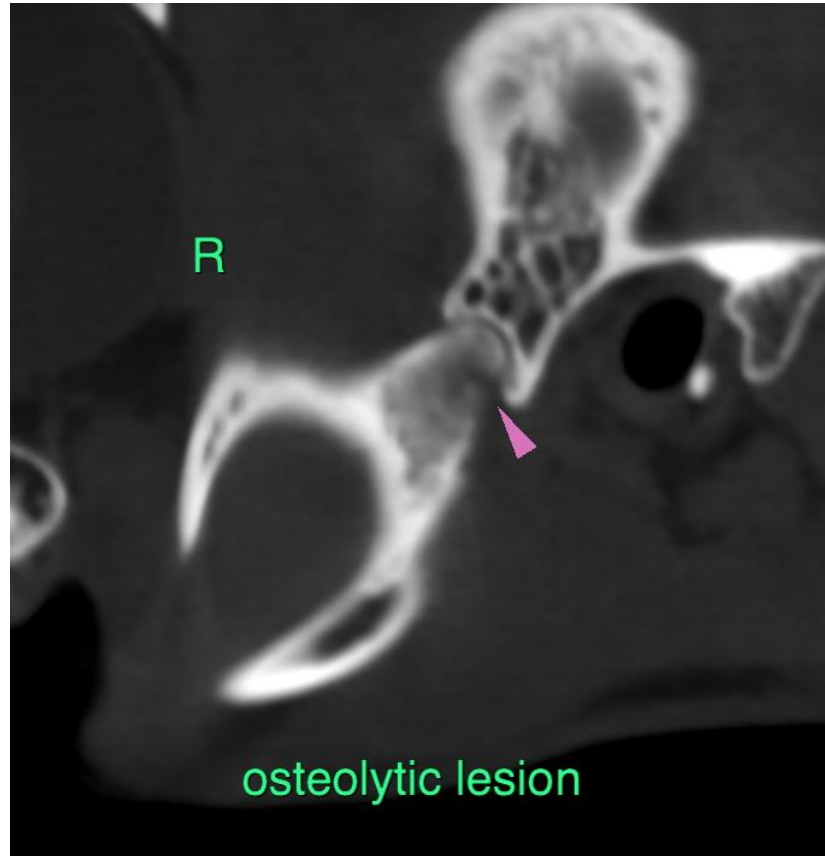
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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