



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Bobbin Manus	P presented initially on 11/7 for stertorous breathing, thoracic/skull radiographs concerning for pharyngeal thickening, mild lung inflammation, NSF otherwise, proceeded with convenia injection/Depomedrol injection with no change. Represented on 11/23 for persistent stertorous breathing/gagging/vomiting, PE static from previous, recommended sedated oral examination (discussed below).
<b>SPECIES</b>	
Feline	Abnormal PE/Chem/CBC/UA Results: Sedated oral evaluation 11/23 prior to CT- pedunculated mass at base of tongue, removed part of mass and submitted for histopathology evaluation (results pending) CBC 11/23 HCT 27.4 (nonregenerative), chemistry WNL otherwise
<b>BREED</b>	
DSH	<b>COMPUTED TOMOGRAPHIC STUDY OF THE SKULL &amp; THORAX</b>
	A high resolution pre- and post-contrast CT study of the skull and thorax are provided for review.
<b>SEX</b>	<b>COMPUTED TOMOGRAPHIC FINDINGS</b>
Spayed Female	Patient positioning settings are wrong causing flipping of image side markers!
<b>AGE</b>	<u>Skull</u> Multiple teeth are absent.
12 Years	The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.
<b>INTERPRETED BY</b>	Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.
Sebastian Schaub, DVM Dr. med. vet. DipECVDI	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.
<b>HOSPITAL NAME</b>	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.
Petroglyph AH	
<b>REFERRING VET</b>	The left medial retropharyngeal lymph node is moderately enlarged , uniform soft tissue attenuating and heterogenous contrast enhancement. The mandibular lymph nodes are prominent.
Dr. Whitney Jones	At the left side of the base of the tongue, rostralateral to the epiglottis, a small heterogeneous lesion is visible mildly protruding beyond the surface of the tongue - previously removed pedunculated mass.
<b>INVOICE</b>	There is a moderate soft tissue swelling of the left vocal fold with a heterogenous contrast enhancement pattern, presenting a hypoattenuating center demarcated by ill-defined contrast enhancing periphery. The swelling is measuring approximately 8 x 4 x 7 mm in size.
30077	
<b>DATE</b>	At the caudolateral aspect of the left mandibular salivary gland, a small heterogeneous fat attenuating intracutaneous lesion is visible.
11/23/21	The osseous and soft tissue structures of the neck present without additional abnormalities.


**PATIENT** Thorax

Bobbin Manus

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

**SPECIES**

Feline

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

**BREED**

DSH

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 left cranial lung lobe is consolidated and presents a significantly reduced volume. A mediastinal shift to the left is noted. The remainder of the lung parenchyma present the expected architecture and attenuation behavior.

**SEX**

Spayed Female

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

**COMPUTED TOMOGRAPHIC DIAGNOSIS**
**AGE**

12 Years

- Current state post excision of pedunculated mass base of tongue
- Intramural mass left vocal fold of the larynx
- Lymphadenopathy left medial retropharyngeal lymph node and mandibular lymph nodes
- Atelectasis left cranial lung lobe
- Suspect small atheroma left craniolateral aspect of the neck
- No evidence of pulmonary metastatic disease

**INTERPRETED BY**

 Sebastian Schaub,  
 DVM Dr. med. vet.  
 DipECVDI

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings are concerning for neoplastic disease such as squamous cell carcinoma, lymphosarcoma or given the pedunculated mass granulomatous disease such as eosinophilic granuloma complete are potentials here. The odds for a cystic lesion or small abscess are considered low. Sampling of the mass originating from the tongue has already performed and results are pending. A cyto brush of the swelling of the left vocal fold can be used as advanced diagnostic tool as well.

**HOSPITAL NAME**

Petroglyph AH

**REFERRING VET**

Dr. Whitney Jones

Recommend complementing workup by FNA sampling of the regional lymph nodes to differentiate between reactive hyperplasia versus neoplastic transformation.

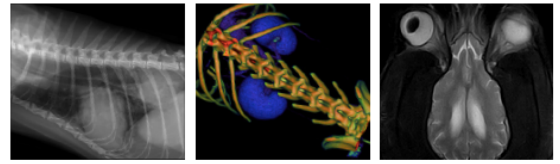
The atelectasis of the left cranial lung lobe can be a sequela to preceding inflammatory lower airway disease or is secondary to compression atelectasis due to general anesthesia.

**INVOICE**

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Bobbin Manus

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Feline

**BREED**

DSH

**SEX**

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**AGE**

12 Years

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**HOSPITAL NAME**

Petroglyph AH

**REFERRING VET**

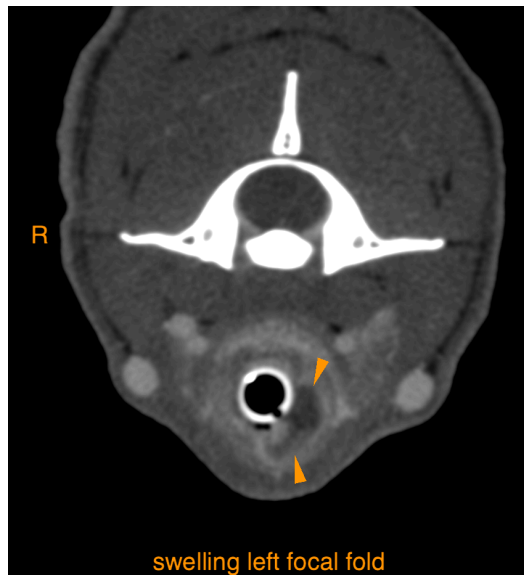
Dr. Whitney Jones

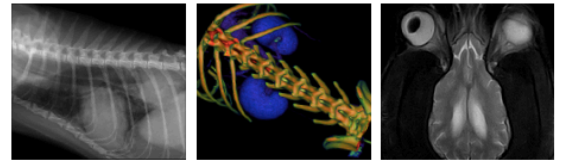
**INVOICE**

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11/23/21





**PATIENT**

Bobbin Manus

**SPECIES**

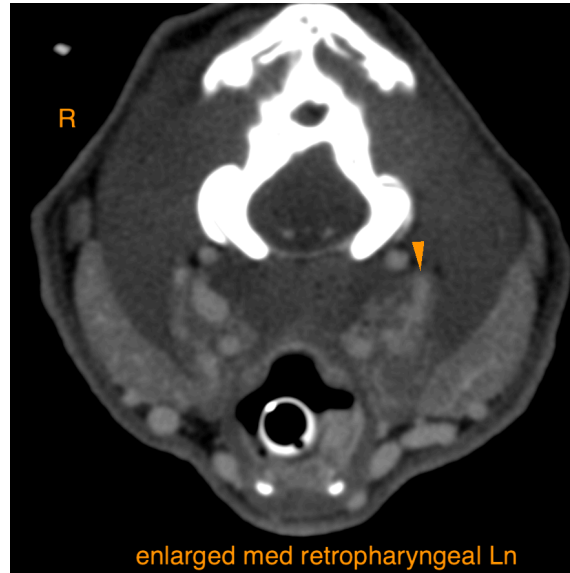
Feline

**BREED**

DSH

**SEX**

Spayed Female



**AGE**

12 Years

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.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

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

**HOSPITAL NAME**

Petroglyph AH

**REFERRING VET**

Dr. Whitney Jones

**INVOICE**

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**DATE**

11/23/21