

**PATIENT**

**PRESENTING CLINICAL SIGNS**

Moonkitty Thompson

FIV + 6-8 wk history of mucoid nasal discharge and suspected Horner's syndrome Has had blood in the nasal discharge Full mouth extractions previously - Final 2 teeth came out march 2022 Abnormal PE/Chem/CBC/UA Results: mucoïd/hemorrhagic right nasal discharge Thickened erythemic mucosa on the right side of the hard palpatte Intermittent protrusion of the third eyelid. Normal pupil symmetry. No convincing neurological deficit but cannot rule out sympathetic nerve dysfunction to the right eye.

**SPECIES**

Feline

**COMPUTED TOMOGRAPHY OF THE SKULL**

**BREED**

A plain CT study of the skull in a bone and soft tissue reconstruction is provided for review.

DSH

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

All teeth are absent; retained fragments of the roots of triadan 108, 207 and 208 are appreciated within the alveolar bone. The most rostral segment of the mandibles present mild to moderate expansile osteoproliferation with a coarse trabecular pattern – same changes in can be seen along the rostral aspect of the maxillary bone bilaterally and ten incisor bone.

MN

**AGE**

The right nasal cavity is obliterated by soft tissue attenuating material, extending caudally into the choana, causing complete upper airway obstruction. The right nasal soft tissue material is mildly bulging into the caudoventral aspect of the left nasal cavity. The horizontal plate of the palatine bone bilaterally presents multifocal moth eaten osteolytic lesions. The right frontal sinus is filled with soft tissue material.

8 Years

**INTERPRETED BY**

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.

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The brain presents no deviation from normal anatomy and symmetry. The ventricular system is non-dilated and symmetric.

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The mandibular lymph nodes are prominent.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Dr. Greg Kilburn

- Right nasal soft tissue mass with complete upper airway obstruction
- Polyostotic semiaggressive osteolytic lesions hard palate
- Lymphadenopathy mandibular lymph nodes
- History of full mouth dental extraction – small retained fragments of the roots of triadan 108, 207 and 208 are appreciated without signs of infection
- Expansile osseous proliferation alveolar bone rostral segments alveolar bone in all jaw quadrants

**INVOICE**

55398

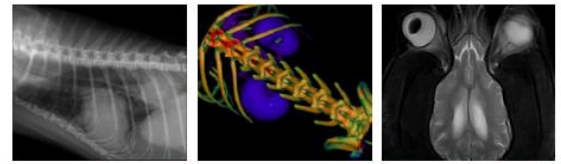
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

11-28-22

Further definition of the soft tissue material in the nasal cavity is limited in the plain CT study, however given the well-defined margins of the material bulging into the choana the odds for nasal soft tissue neoplasia are high – such as lymphosarcoma, adenocarcinoma, squamous cell carcinoma, melanoma, other. Differentials include granuloma or rare nasal inflammatory polyp. If not done so yet, recommend complementing workup by rhinoscopy including biopsy.

The osteoproliferative lesions of the alveolar bone are likely a sequela to preceding osteomyelitis



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due to underlying dental disease.

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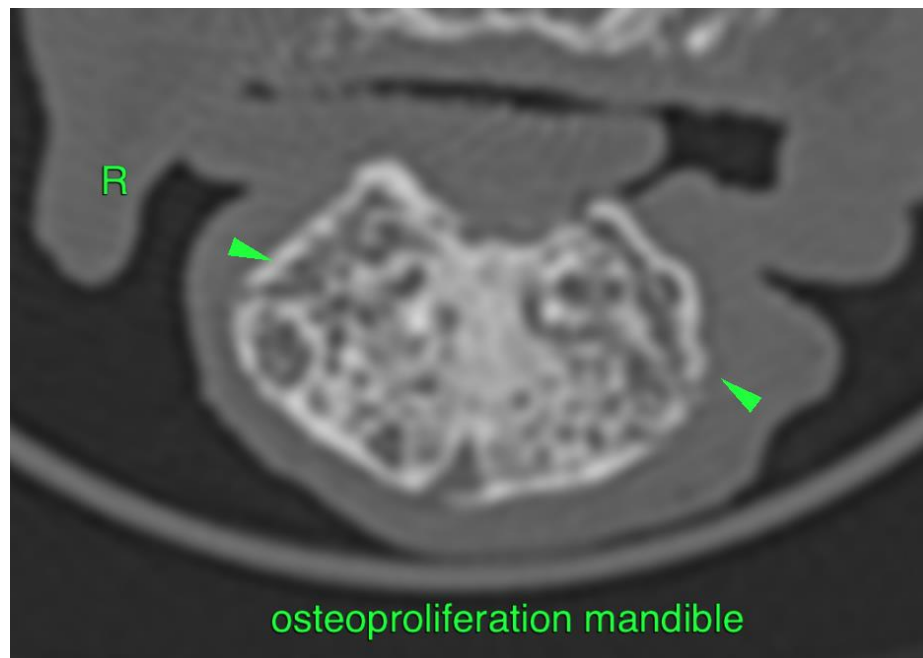
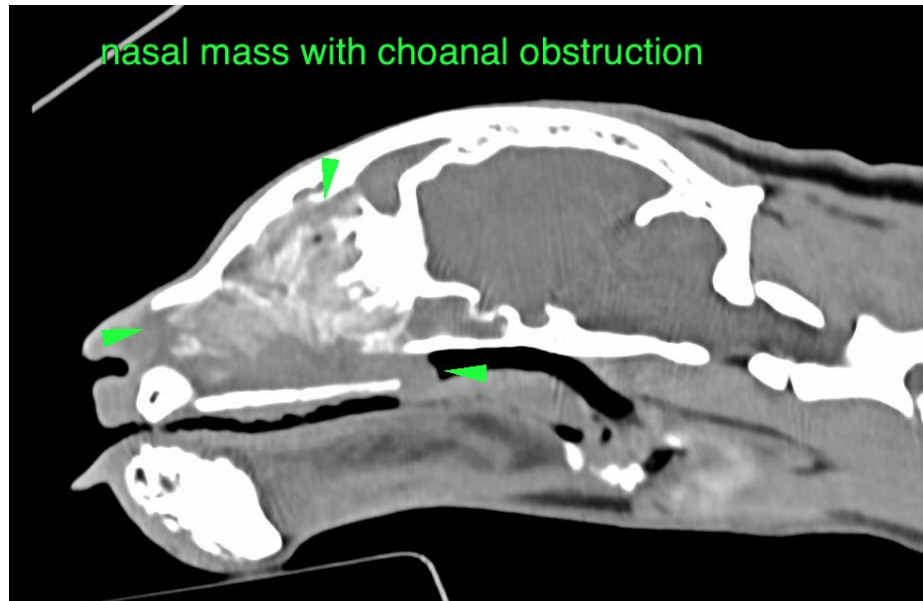
Dr. Greg Kilburn

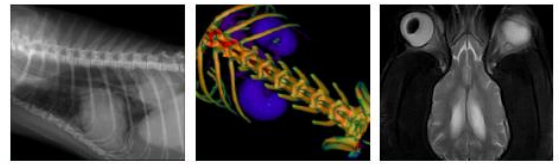
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Feline

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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