



PATIENT

Bernie Patterson

PRESENTING CLINICAL SIGNS

L eye began watering Nov 25/21, then mass in L eye area noted Dec 2/21. Mass grew rapidly past few weeks, incisional biopsy revealed squamous cell carcinoma

SPECIES

Feline

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax are provided for review.

BREED

Domestic Short Hair

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The tooth element 307 is absent.

SEX

MN

The maxillary, nasal and frontal bone bilaterally and left zygomatic bone present permeative osteolytic lesions and generalized mild hyperostosis. Centered on the left maxillary bone and the perpendicular plate of the left palatine bone, an ill-defined soft tissue attenuating and heterogeneous contrast enhancing mass is visible with the main component being localized in the subcutaneous tissue and the rostroventral aspect of the left orbit. The left ocular bulb is displaced dorsally and deformed. Moderate destruction of the nasal conchal & turbinate structures is seen

AGE

12 Years

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.

Both tympanic bullae are filled with soft tissue attenuating and peripherally mild contrast enhancing material. The osseous lining of the tympanic bullae is smooth. The external ear canals are within normal limits.

HOSPITAL NAME

Animal Health
Partners

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.

REFERRING VET

Dr. Lea Mehrkens

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.

Ventral to the trachea, level with C5/C6 a post contrast moderate contrast enhancing roundish structure, measuring 10 x 8 x 18 mm in size is visible.

INVOICE

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Thorax

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

DATE

12-24-21

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.

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Generalized mild to moderate thickening of the bronchial walls is seen. The cranial lung lobes bilaterally present a mild tree-in-bud pattern, caused by obliteration of multiple small bronchi. The lung parenchyma presents the expected architecture and attenuation behavior.

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

The pictured parts of the hepatic parenchyma presents multiple pre- and post- contrast hypoattenuating roundish lesions, measuring 6 mm in diameter.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Polyostotic aggressive mixed osteoproliferative & osteolytic lesions maxillary, palatine, nasal and frontal bone bilaterally and left zygomatic bone
- Subcutaneous soft tissue mass centered on the left maxillary bone
- Moderate contrast enhancing nodular lesion ventral to the caudal tracheal cervical segment
- Bronchial lung pattern
- Hepatic cyst
- Multiple absent teeth
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The aggressive osseous lesions of nearly all osseous components of the viscerocranium are consistent with local invasive growth of the squamous cell carcinoma, using the osseous structures as kind of matrix. Due to the extend, treatment options are limited to palliative management, the chances of radiation therapy might be discussed with oncologist.

INTERPRETED BY

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The nodular lesion ventral to the caudal segment of the trachea is suggestive for nodular hyperplasia/adenoma formation of ectopic thyroid tissue. Metastasis of the squamous cell carcinoma is a potential as well.

The pulmonary pattern is compatible with chronic feline bronchial disease with multifocal plugging of smaller bronchial segments in the cranial lung lobes. The odds for neoplastic transformation are considered very low.

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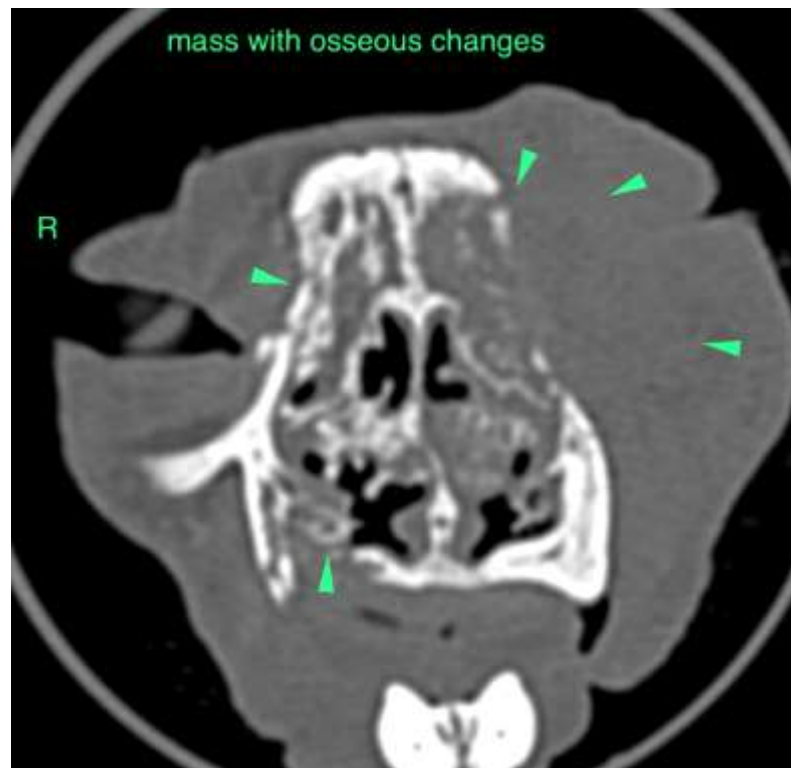
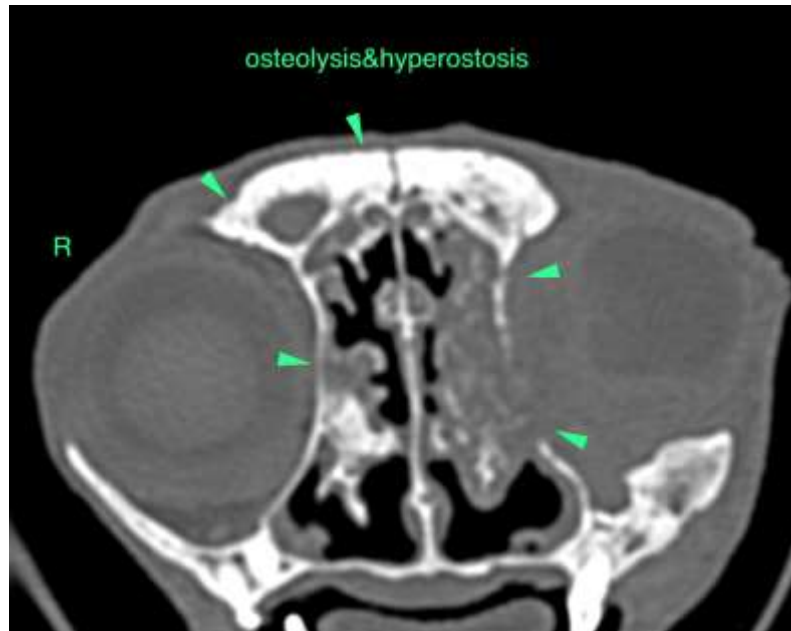
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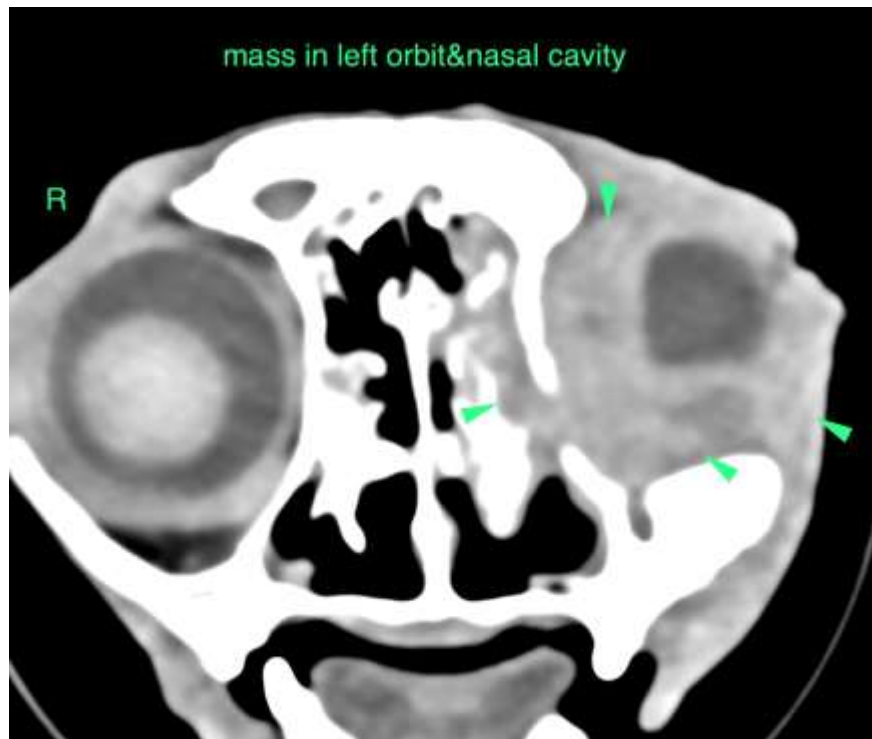
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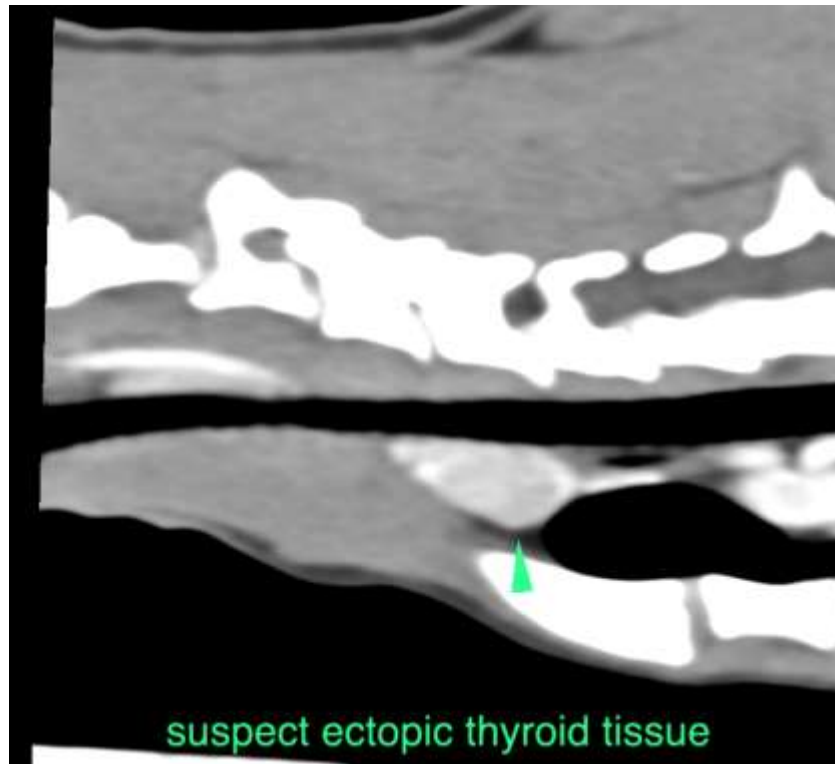
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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