



PATIENT

Monty Rebeck

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

17Y

WEIGHT

6.7lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Brooke Hollenbach,
CVT

HOSPITAL NAME

Williamsport West
Veterinary Hospital

REFERRING VET

Natalie Kolczynski,
VMD

INVOICE

72925

DATE

12-9-25

PRESENTING CLINICAL SIGNS

Heart Murmur 3/6, halitosis, weight loss ~0.5lb in 4 months, possible seizures, excessive drooling, discovered large, friable, ulcerated sublingual oral mass; suspect squamous cell carcinoma under tongue when intubating. Punch biopsy of mass sent out for pathology.

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

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

In the left sublingual region, a uniform soft tissue attenuating swelling with a heterogeneous – peripherally accentuated – contrast enhancement pattern is seen. The heterogeneous contrast enhancing swelling is extending rostrally into the right rostral third of the tongue and caudally up to the level of the base of the tongue – merging with the parenchyma of the tongue.

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

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

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.

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.

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.

Thorax

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

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.

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.

In the ventral aspect of the cranial part of the left cranial lung lobe, a well-defined, uniform soft tissue attenuating nodule is seen; measuring 3 mm in diameter. The remainder of the lung parenchyma are aerated and present the expected architecture. The right caudal lung lobe presents ventral pleural thickening

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



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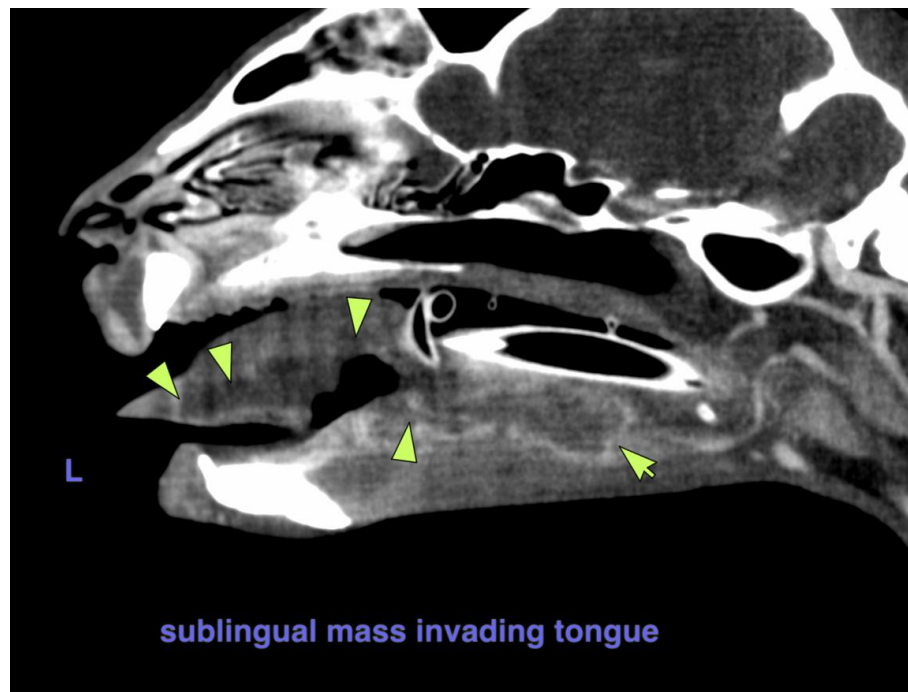
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Sublingual soft tissue mass with invasion of the tongue
- Solitary pulmonary soft tissue nodule
- Pleural thickening ventral aspect right caudal lung lobe - likely due to preceding chronic inflammation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The local invasive growing sublingual mass is supporting the diagnosis of primary soft tissue neoplasia - such as squamous cell carcinoma or melanoma. Biopsy has already been performed for specification and results are pending. Surgical management of the sublingual mass is not feasible, due to involvement of major parts of the tongue.

The solitary pulmonary soft tissue nodule is not specific, and differentials include granuloma, fibrosis, round pneumonia/mucus impaction, metastasis.





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solitary pulmonary nodule

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
info@sonopath.com