



**PATIENT**

Hemmingway Cornett

**PRESENTING CLINICAL SIGNS**

raised sub-corneal solid mass on right side  
Abnormal PE/Chem/CBC/UA Results: unremarkable

**SPECIES**

Feline

**RADIOGRAPHIC STUDY OF THE SKULL & THORAX**

An overview study including the skull and thorax in three imaging planes is provided for review.

**BREED**

Domestic Shorthair

**RADIOGRAPHIC FINDINGS**

Skull

Multiple teeth are absent.

The right maxillary bone and zygomatic arch present an ill-defined zone with permeative osteolytic lesions and very mild immature periosteal new bone formation. A mild soft tissue swelling is appreciated along the right aspect of the skull.

**SEX**

Male Neuter

The tympanic bullae are aerated and present a thin and smooth wall.

The nasopharynx is aerated, unremarkable.

**AGE**

11 Years

Thorax

The costal cartilages present moderate degenerative changes.

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

**RADIOGRAPHIC DIAGNOSIS**

- Polyostotic aggressive osteolytic lesion right maxillary bone and right zygomatic bone
- Normal thorax, but degenerative changes of the costal cartilages
- No evidence of pulmonary metastatic disease

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The aggressive bone lesion of the right maxillary bone and right zygomatic bone are highly concerning for underlying neoplastic disease (e.g. sarcoma versus carcinoma). Theoretically osteomyelitis is a consideration as well. If not done so yet, recommend complementing workup by FNA sampling of the clinically appreciated swelling. A CT study of the skull can provided more

**DATE**

2-11-23

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

St. Catherine's Animal  
Hospital

**REFERRING VET**

Dr. Boctor

**INVOICE**

56692



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thorough information about the extent of the bone lesion.

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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.

**REFERRING VET**

Dr. Boctor

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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