



PATIENT PRESENTING CLINICAL SIGNS

Nemo Dubil Nemo presented with a 2 month history of a small firm mass on the left rostral mandible. He has been lethargic. Convenia and Depo-Medrol injections were administered with some response. Swelling decreased and energy levels improved but symptoms recurred 3 weeks later. Full body CT scan is requested with a focus on his head. He has periodontal disease and was vomiting several times a day when initially presented for the mass/swelling 2 months ago. He has had a good appetite. Nemo is not on any medication currently.

SPECIES Feline

BREED DSH

SEX CM

Abnormal PE/Chem/CBC/UA Results: PE: ****Oral Cavity:**** Tartar moderate; mucous membranes pink; 2 cm diameter firm mass arises from the left rostral mandible Bloodwork is dated 12/14/21. CBC - PCV = 39.3%, WBC = 5720, neutrophils = 4090, lymphocytes = 1340, monocytes = 210. Platelets = 266,000. Chemistry - total protein = 9.3, globulin = 6.6, all else normal. T4 = 2.3. SDMA = 14. HW, Felv - negative. FIV - positive. fPL - abnormal. Urinalysis not provided. Multiple 16-gauge tru-cut biopsies are obtained from the mass lesion in the left rostral mandible. The left lower canine tooth is extracted. Yellow caseous necrotic debris is removed from around the abscessed tooth. The root socket is debrided and flushed. Material from the root socket is included in the biopsy sample.

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

13 Years COMPUTED TOMOGRAPHIC FINDINGS

INTERPRETED BY Skull

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The tooth element 203 is absent. Moderate expansile widening of the alveolar bone of triadan 304 is seen presenting moth eaten osteolytic lesions. Moderate resorption of the root of triadan 304 is visible. Triadan 308 presents resorptive lesions. The alveolar bone of triadan 404 presents a mild increased volume with moth eaten osteolytic lesions. Triadan 204 presents resorptive lesions and focal lysis of the alveolar bone with perforation of the nasal cavity is seen - focal soft tissue swelling in the nasal cavity is present. Triadan 208 presents an irregular widening of the periodontal space with moth eaten osteolytic lesions of the alveolar bone.

HOSPITAL NAME

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REFERRING VET

Britt Dubil

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.

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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.

DATE

2-16-22

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 left mandibular and medial retropharyngeal lymph node are moderately enlarged and rounded with a mild heterogeneous contrast enhancement pattern.



PATIENT Thorax

Nemo Dubil The vertebral endplates T10/T11 present moderate spondylosis formation.

SPECIES 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.

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

BREED 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.

DSH

SEX Resorption atelectasis of the caudal part of the left cranial lung lobe is seen. The lung parenchyma presents the expected architecture and attenuation behavior.

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

AGE Abdomen

13 Years The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. A separate left and right caudal vena cava of the pre-renal segment is seen.

INTERPRETED BY

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Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

At the medial aspect of the spleen, a well-defined, nodular lesion, presenting the same attenuation and contrast enhancement pattern like the spleen is seen.

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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Polyostotic semiaggressive expansile osteolytic lesions of the alveolar bone triadan 208 , 304 and 404
- Oronasal fistula formation 204 with focal odontogenic rhinitis
- Resorptive lesions of multiple teeth



- PATIENT** Nemo Dubil
- Lymphadenopathy left mandibular and medial retropharyngeal lymph node
 - Atelectasis caudal part left cranial lung lobe – suspect preceding inflammatory lower airway disease
 - Splenunculus
 - Double caudal vena cava – pre-renal segment
 - No evidence of pulmonary metastatic disease
- SPECIES** Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The expansile lesion of the alveolar bone level with triadan 304&404 are most consistent with chronic osteitis due to periodontal disease. There is evidence of advanced periodontal disease of the remaining teeth with mixed ankylosis & resorption of the tooth roots or widening of the periodontal space. The odds for neoplastic transformation are considered low.

Suspect secondary reactive hyperplasia of the tributary lymph nodes.

A complete dental workup with extraction and biopsy of the affected teeth has already been performed. Consider FNA sampling of the enlarged mandibular and medial retropharyngeal lymph node as well.

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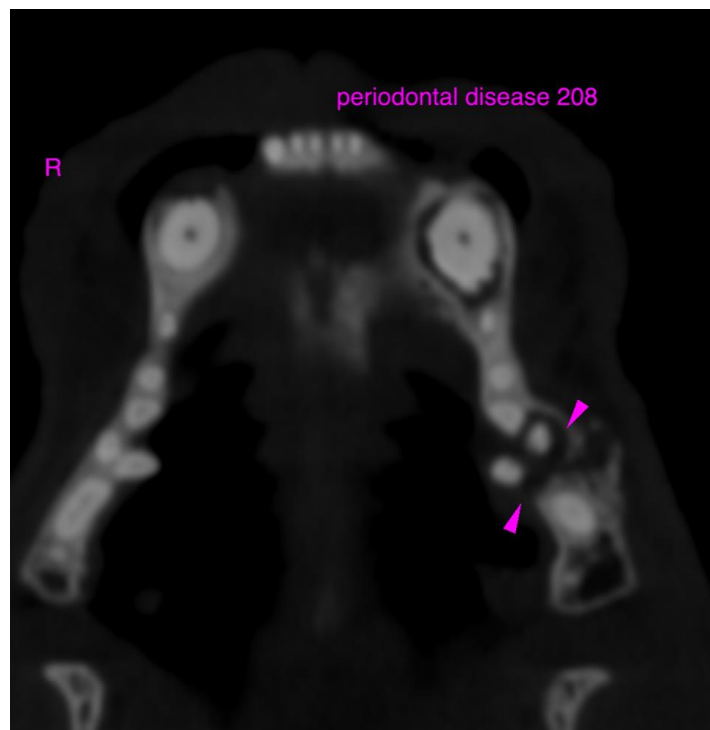
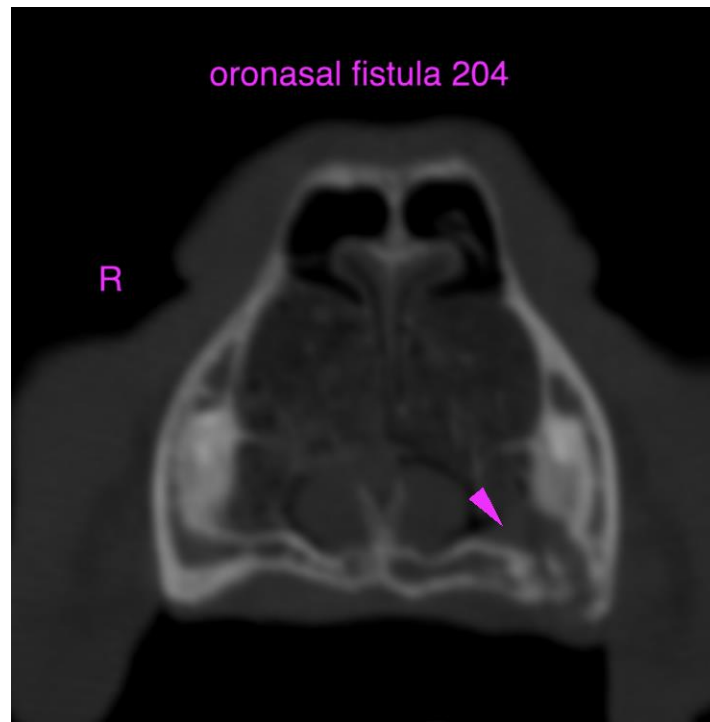
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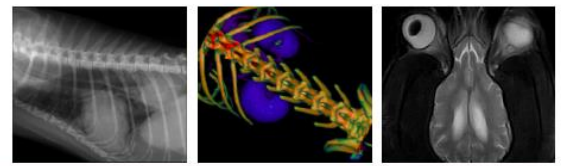
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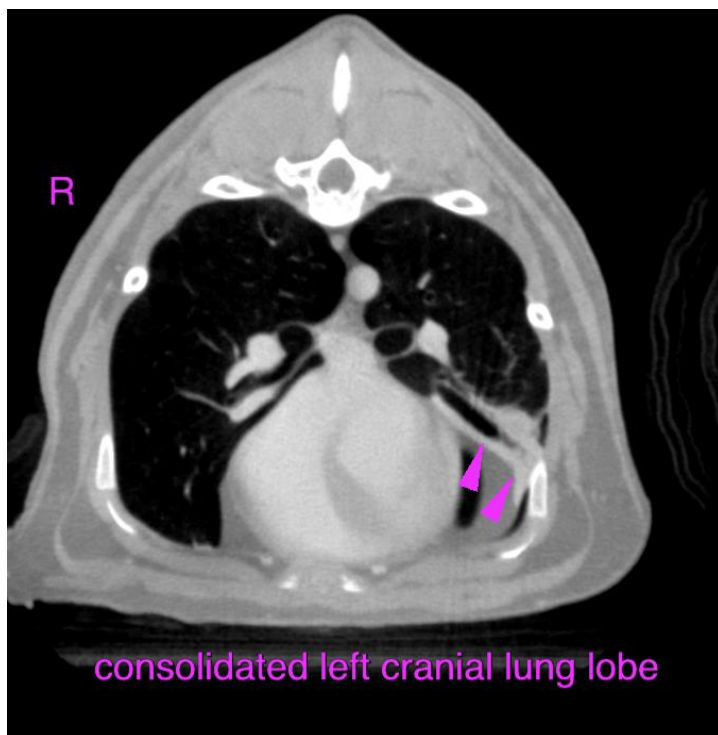
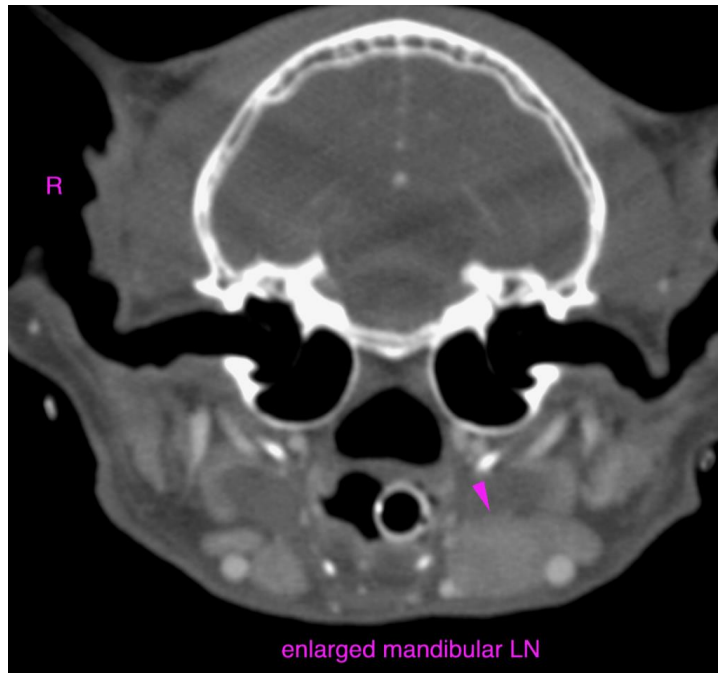
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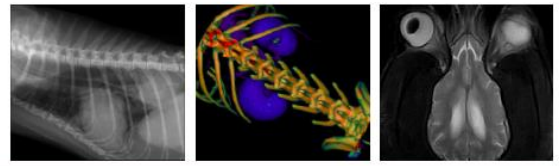
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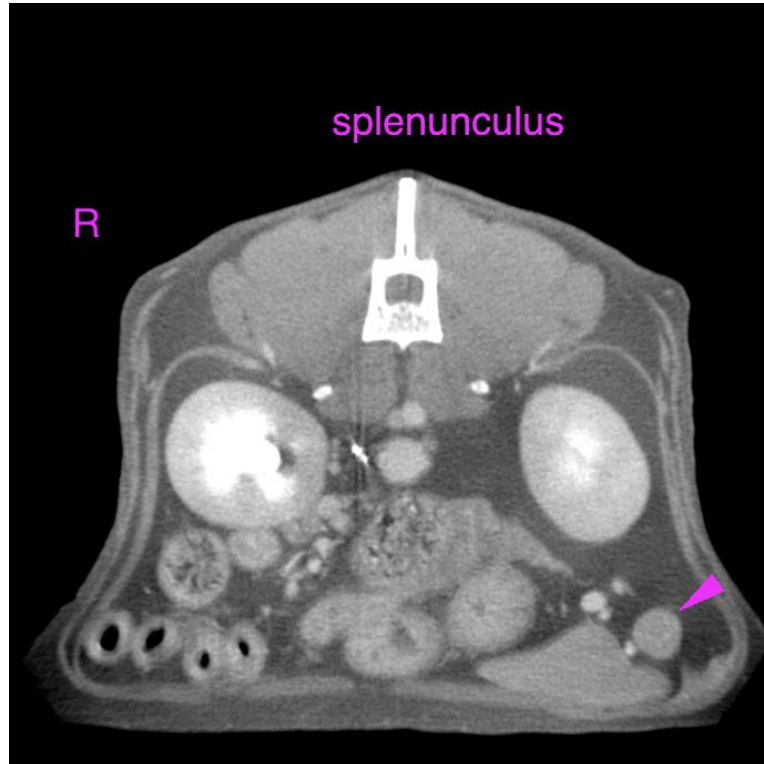
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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