



PATIENT

Sweetie Pie Phillips

PRESENTING CLINICAL SIGNS

Patient presented for CT Scan of skull and thoracic MET Check. History of nasal congestion, occasional left nostril epistaxis and green discharge, sneezing with mucus, decrease in appetite, and conjunctivitis/blepharospasm/discharge OS.

SPECIES

Feline

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

BREED

DLH

COMPUTED TOMOGRAPHIC FINDINGS

Skull

SEX

The tooth element 307 is absent.

FS

The left nasal cavity is occupied by soft tissue attenuating and heterogeneous moderate contrast enhancing soft tissue material. Advanced destruction of the associated left nasal conchal & turbinate structures is seen. The nasal septum is mildly deviated to the right by the mass effect. The left maxillary bone and the perpendicular plate of the left palatine bone present permeative osteolytic lesions and the nasal soft tissue mass is extending into the medial aspect of the left orbit. Caudally the left sided nasal mass is extending up to the level of the choana, occupying 100% of the cross-sectional area at the same level. The left frontal sinus is filled with soft tissue attenuating material and significant thickening of the dorsal mucosal lining is noted.

AGE

6 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.

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Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The horizontal segment of the external ear canals contains a small amount of non-contrast enhancing soft tissue material.

REFERRING VET

Borecky

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 parotid, mandibular and medial retropharyngeal lymph node are moderately enlarged, uniform soft tissue attenuating and contrast enhancing.

Thorax

INVOICE

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Multifocal mild spondylosis formation is seen along the caudal thoracic spine.

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.

DATE

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

The bronchial tree presents with regular branching and tapers uniformly towards the periphery



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as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Left sided biologically aggressive nasal soft tissue neoplasia with polyostotic aggressive osteolytic lesions and perforation of the left orbit
- Lymphadenopathy left parotid, mandibular and medial retropharyngeal lymph node
- Bilateral mild otitis externa
- Absent triadan 307
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

6 Years

The findings are consistent with primary nasal neoplasia, originating from the left nasal cavity, given the accompanying ipsilateral lymphadenopathy the odds for lymphosarcoma are high. Other potentials include adenocarcinoma, squamous cell carcinoma, melanoma, other. Rhinoscopy including FNA sampling/biopsy is recommended for further definition. Consider complementing workup by FNA sampling of the affected lymph nodes as well.

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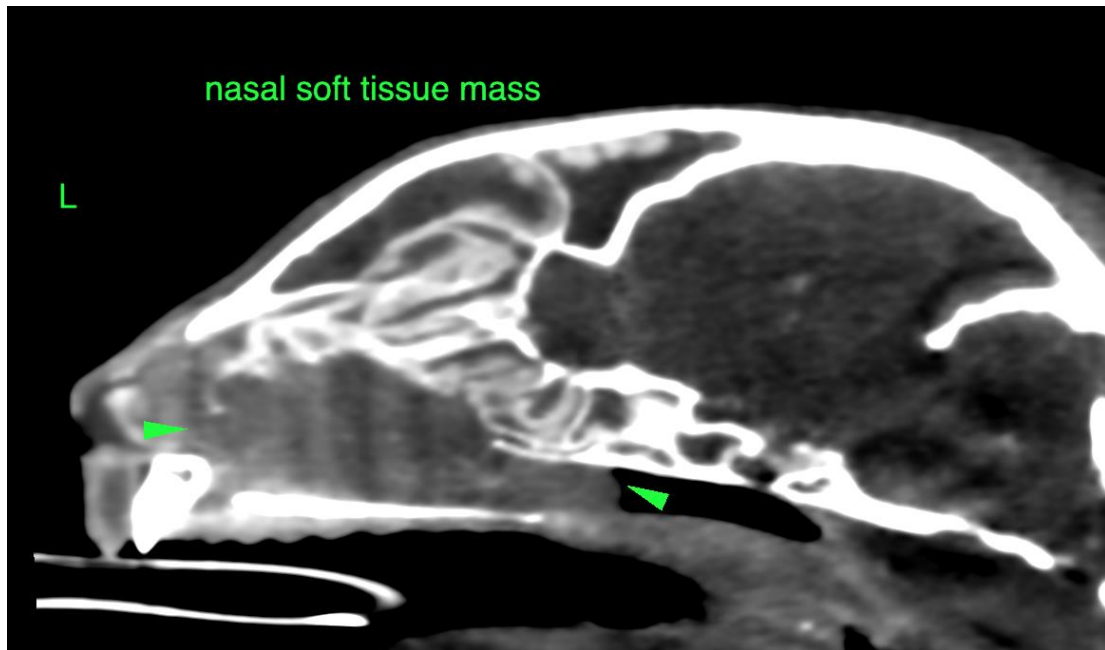
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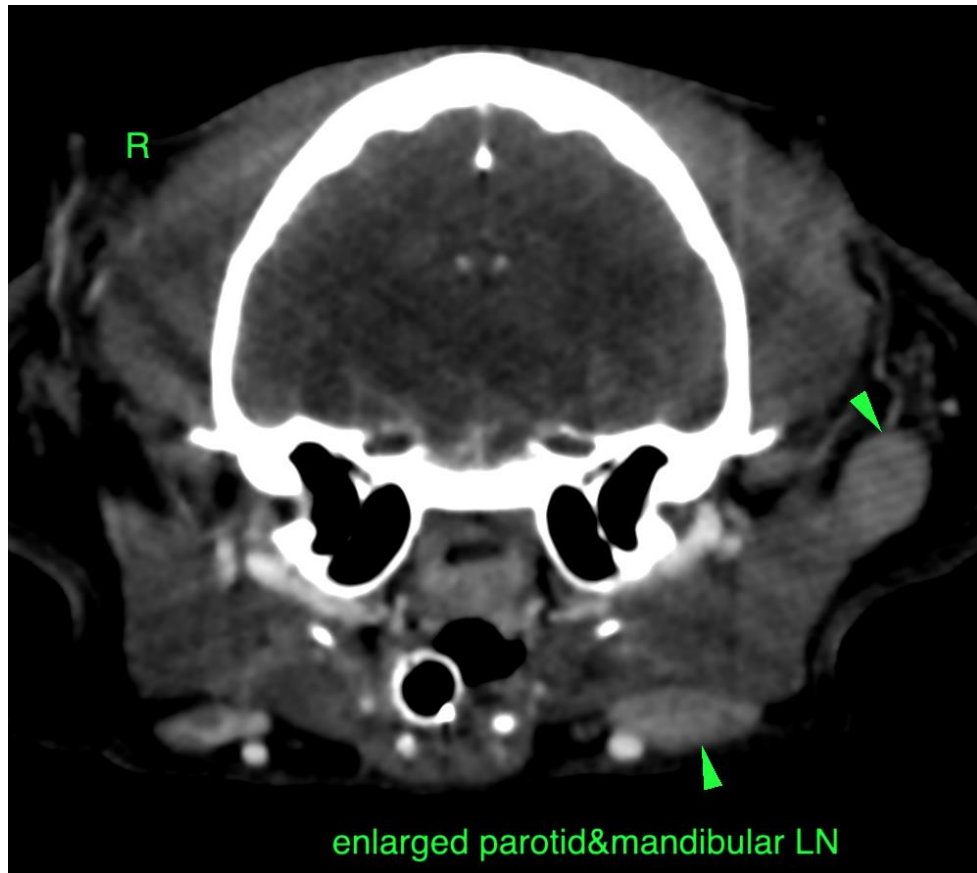
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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