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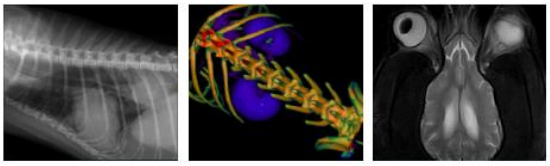

**PATIENT**

Ellie Mae Twiddy

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

16

**INTERPRETED BY**

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Advanced Animal Imaging

**REFERRING VET**

Dr. Blair Hollowell

**INVOICE**

56790

**DATE**

2-16-23

## PRESENTING CLINICAL SIGNS

History of chronic nasal discharge. Recent squinting and swelling OS. Dorsal ptosis with swelling over left side of nose extending periocularly to upper eyelid OS. Decreased air flow through left nares.

## COMPUTED TOMOGRAPHY OF THE SKULL

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

## COMPUTED TOMOGRAPHIC FINDINGS

The tooth elements 301, 401 are absent.

Advanced atrophy of the nasal conchal & turbinate structures is appreciated.

In the subcutaneous tissue at the rostromedial aspect of the left orbit, a plaque like, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen, the left ocular bulb is mildly deviated laterally by the mass effect. The left maxillary and nasal bone level with the mass present moth eaten osteolytic lesions and the subcutaneous mass is perforating the left nasal cavity.

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

Both tympanic bullae are aerated, but a small amount of soft tissue material that is attached to the mucosal lining; 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.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass rostromedial aspect left orbit with polyostotic aggressive osteolytic lesions and perforation of the nasal cavity
- Destructive rhinitis
- Bilateral mild otitis media
- Absent triadan 301 & 401

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is fitting the history of the clinically appreciated soft tissue mass at the rostromedial aspect of the left orbit and extending into the left orbit and secondary osteolysis of the associated osseous structures and perforation of the nasal cavity. Primary soft tissue neoplasia is the diagnosis, such as round cell tumor, melanoma, sarcoma, squamous cell carcinoma. If not done so yet, recommend FNA sampling ± biopsy for further definition.

The destructive rhinitis is commonly primary viral ± secondary bacterial or less likely mycotic

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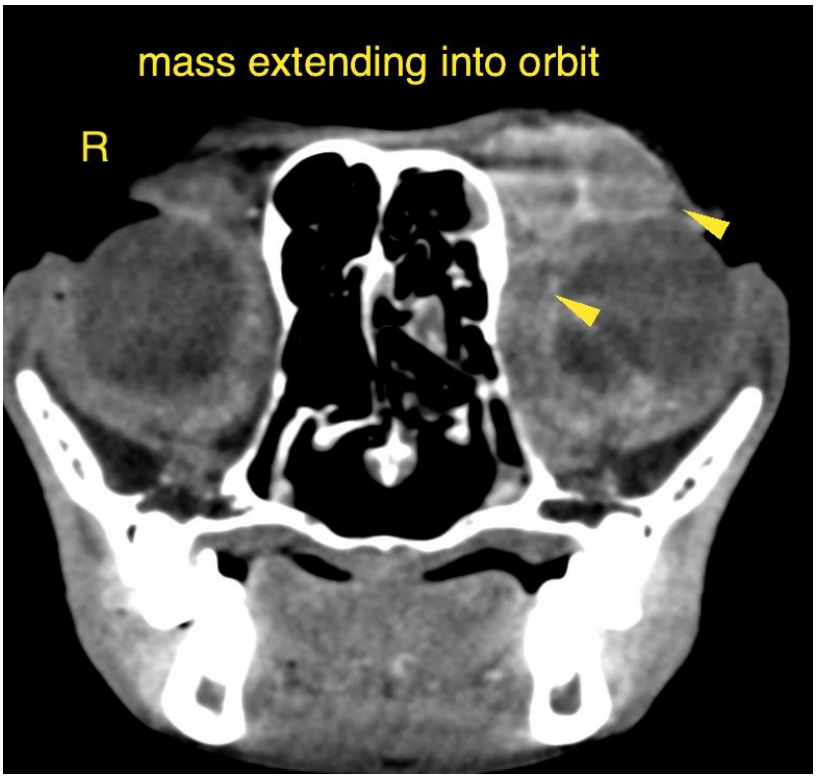
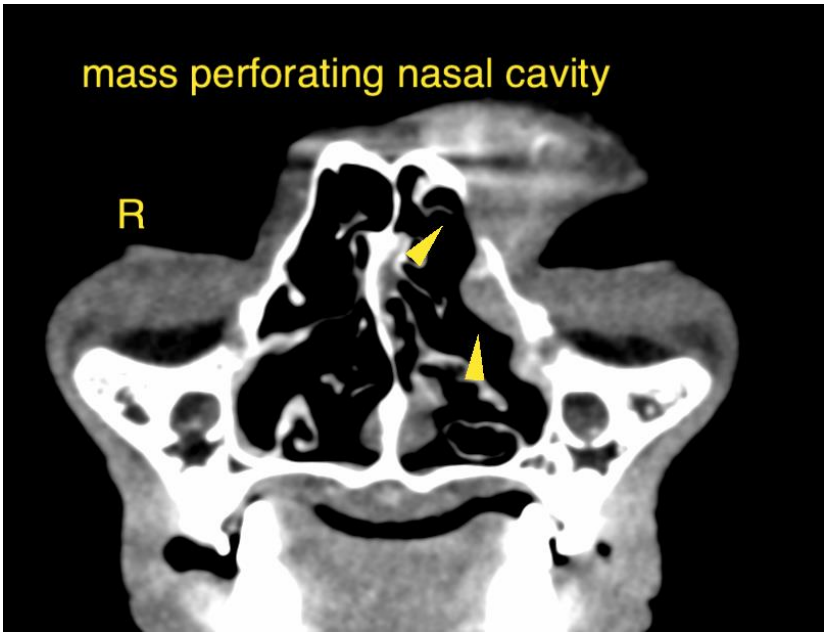
superinfection – at this point there are no signs of upper airway obstruction.



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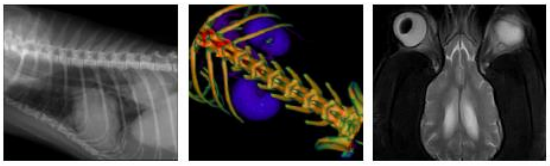

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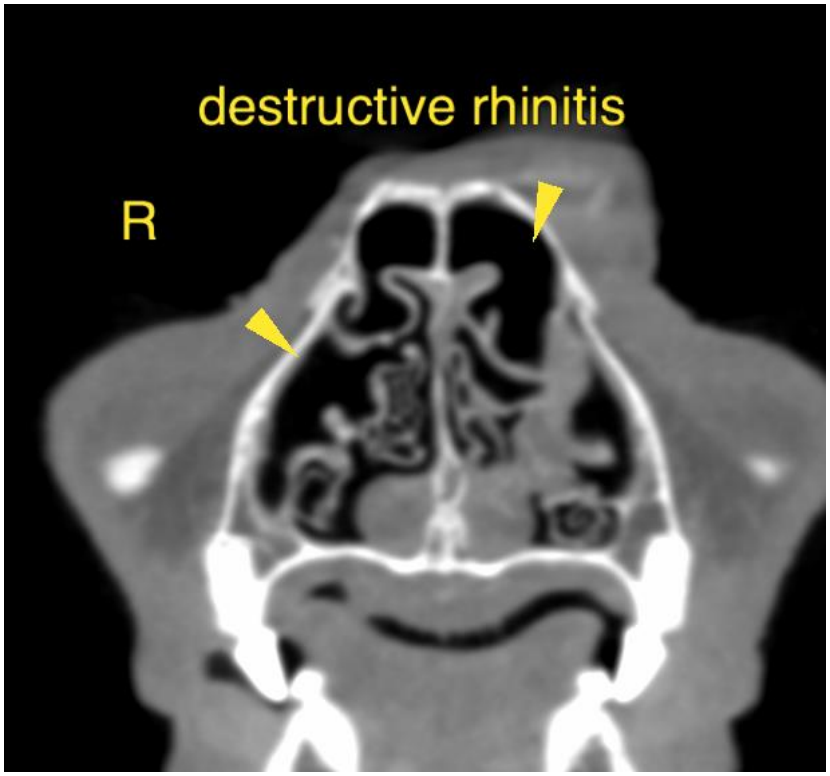


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com