



PATIENT PRESENTING CLINICAL SIGNS

Oliver Gerencser Oliver is a 8yr old MN Siamese Feline that presented for having an ongoing 1-1.5 yr history of sneezing, congestion, some facial swelling, and mucoid discharge bilaterally.

SPECIES COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

BREED COMPUTED TOMOGRAPHIC FINDINGS

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

SEX
MN
AGE
8 Years
In both nasal cavities, a moderate amount of fluid attenuating material is attached to the nasal mucosal lining. Moderate atrophy of the nasal concha & turbinate structures is appreciated, R>L. The frontal sinus bilaterally is filled with fluid attenuating material and post contrast administration, the mucosal lining is moderately thickened. The osseous lining of the right frontal sinus presents moderate hyperostosis. At the rostral aspect of the left frontal sinus a heterogeneous contrast enhancing mass is noted, dissecting through the maxillary bone/frontal bone and bulging into the subcutaneous tissue.

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

INTERPRETED BY
Sebastian Schaub, DVM
Dr. med. vet. DipECVDI
The right tympanic bulla is obliterated by soft tissue attenuating material and post contrast administration, the lining of the tympanic bulla is thickened. The osseous wall of the right tympanic bulla is moderately thickened with multiple osteolytic lesions. The external ear canals are within normal limits.

HOSPITAL NAME
Critical Vet
Care/Suncoast
Veterinary
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.

REFERRING VET Thorax

Dr. Young Evaluation of the osseous structures of the thorax and abdomen is limited by motion artifacts.

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.

INVOICE
56816
The cardiovascular structures including the pulmonary vasculature are within normal limits.

DATE
2-16-23
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.

The lung parenchyma presents the expected architecture and attenuation behavior.



PATIENT

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

Oliver Gerencser

Abdomen

SPECIES

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Canine

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.

BREED

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

Siamese

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

SEX

Possible originating from the papillary process of the caudate liver lobe, a uniform soft tissue attenuating and heterogeneous contrast enhancing roundish mass is protruding caudally into the peritoneal cavity, measuring 5.3 x 5.2 x 7.8 cm in size. The remainder of the liver present with a uniform contrast enhancement pattern and smooth margins.

MN

AGE

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

8 Years

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

INTERPRETED BY

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

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The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Chronic destructive rhinitis and sinusitis of the frontal sinuses – right sided secondary hyperostosis
- Soft tissue swelling/mass centered on the caudodorsal aspect of the left nasal cavity with intranasal and subcutaneous extension
- Mid divisional hepatic soft tissue mass
- Right sided chronic otitis media
- Structural normal thorax, no evidence of pulmonary metastatic disease

REFERRING VET

Dr. Young

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The most common underlying cause for destructive rhinitis in feline patients is primary viral ± bacterial or mycotic superinfection. The local soft tissue swelling centered on the caudodorsal aspect of the left nasal cavity can present granuloma formation (e.g. secondary to mycotic infection) or present a second entity with neoplastic disease (e.g. squamous cell carcinoma, lymphosarcoma, adenocarcinoma); further differentiation warrants FNA sampling ± biopsy.

DATE

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The hepatic mass is highly concerning for primary hepatic neoplasia – such as hepatocellular adenoma/carcinoma, cholangiocellular carcinoma, neuroendocrine tumor. Ultrasound guided FNA sampling can be used as advanced minimally invasive diagnostic tool. The hepatic mass appears to extend up into the hilar region, possibly making complete surgical excision impossible.



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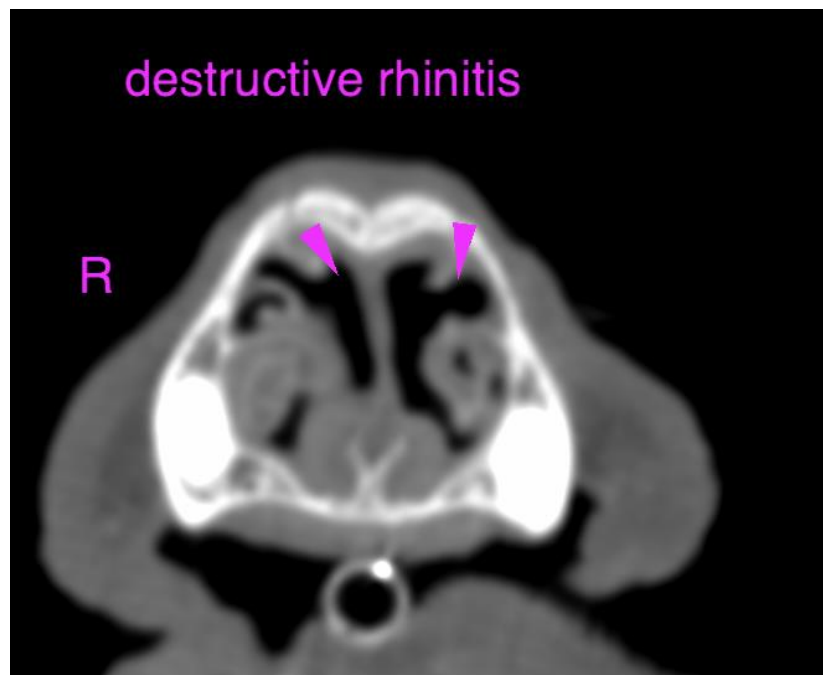
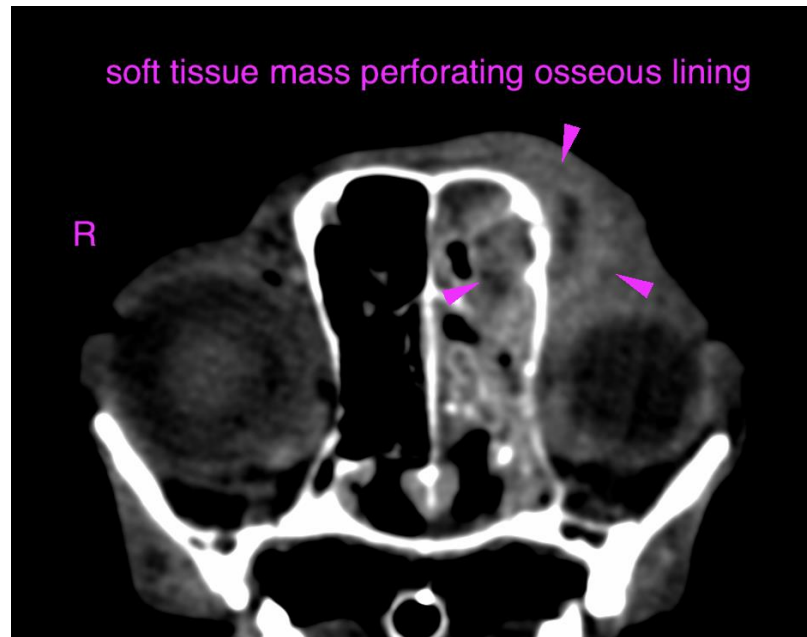
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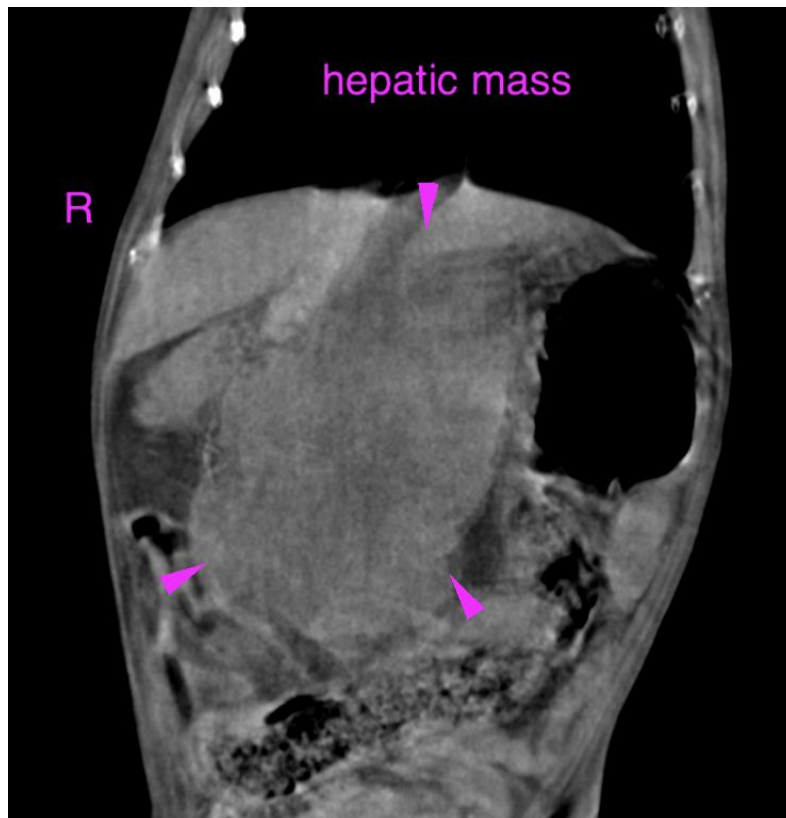
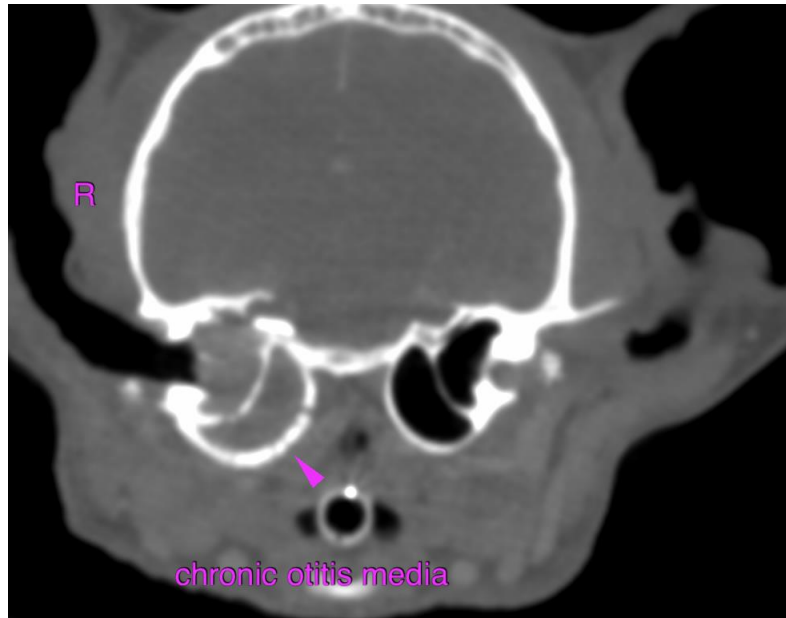
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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