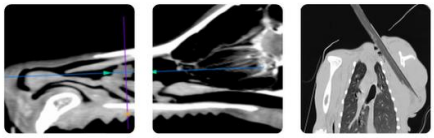


PATIENT

Morris Jengo

SPECIES

Feline

BREED

DLH

SEX

S

AGE

10

WEIGHT

4.9kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Vanessa

HOSPITAL NAME

Westford Veterinary Emergency and Referral Center

REFERRING VET

Dr. Penelope Buechner

INVOICE

73769

DATE

2-16-26

PRESENTING CLINICAL SIGNS

- Rostral deviation of her right eye due to lesion that appears to be a firm retrobulbar mass, suspect osteosarcoma

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent.

Originating from the caudal half of the right zygomatic arch – including the zygomatic process of the right temporal bone – an expansile, well-defined, irregular mineralizing mass is seen, measuring approximately 3.8 x 2.7 x 4.2 cm. The mandible is deviated to the left by the mass effect on the ramus of the right mandible. The right ocular bulb is deviated rostrally by the mass effect.

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.

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.

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.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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.

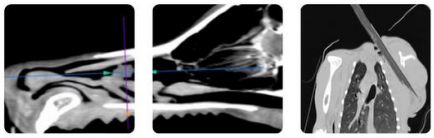
The cardiovascular structures including the pulmonary vasculature are within normal limits.

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.

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

In the left dorsolateral aspect of the diaphragm, a defect is seen; measuring approximately 9 x 14 mm. Peritoneal fat with interspersed small gas inclusion is protruding into the medioventral aspect of the left pleural cavity. A very small amount of free gas is seen in the left pleural cavity.



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Abdomen

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

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.

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

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

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

L7 is asymmetric and articulating with the right sacroiliac joint

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic semiaggressive expansile osteoproliferative mass caudal segment right zygomatic arch – including the base of the zygomatic process of the right temporal bone
- Secondary malocclusion
- Secondary right sided exophthalmos
- Small diaphragmatic defect left dorsolateral aspect with herniation of peritoneal fat into the left hemithorax
- Very mild left sided pneumothorax
- Asymmetric lumbosacral transitional vertebra
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The osseous mass originating from the right zygomatic bone is supporting the diagnosis of primary osseous neoplasia such as osteosarcoma, osteochondrosarcoma, chondrosarcoma, other. Biopsy can be used for specification. Complete surgical resection is not feasible as the osseous changes are involving the temporal bone.

The mild pneumothorax may be iatrogenic due to positive pressure breath hold technique or preceding thoracocentesis.

The clinical relevance of the small diaphragmatic defect is unclear

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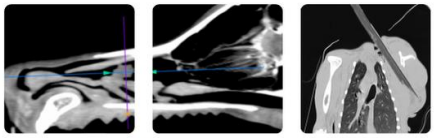

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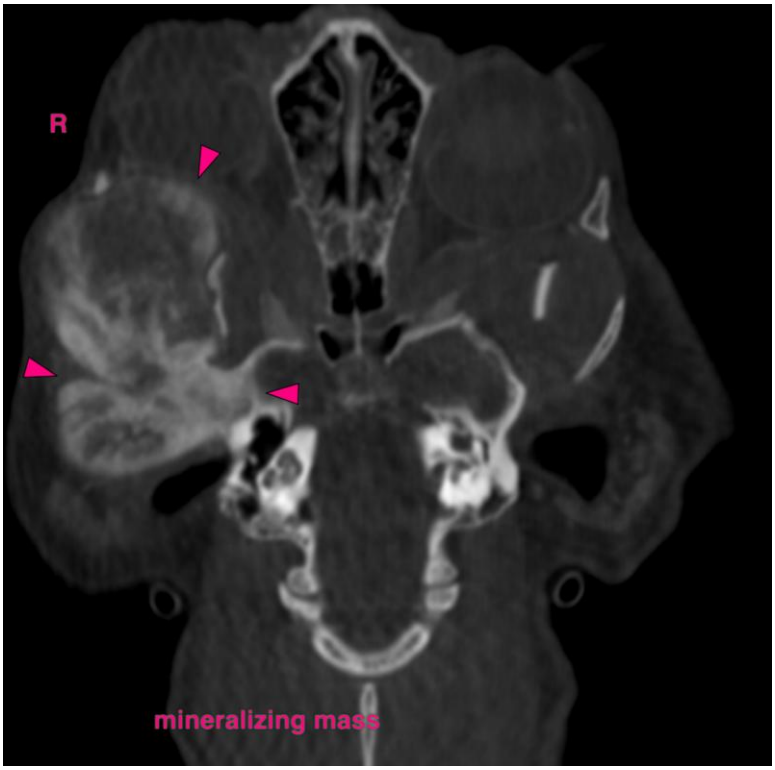

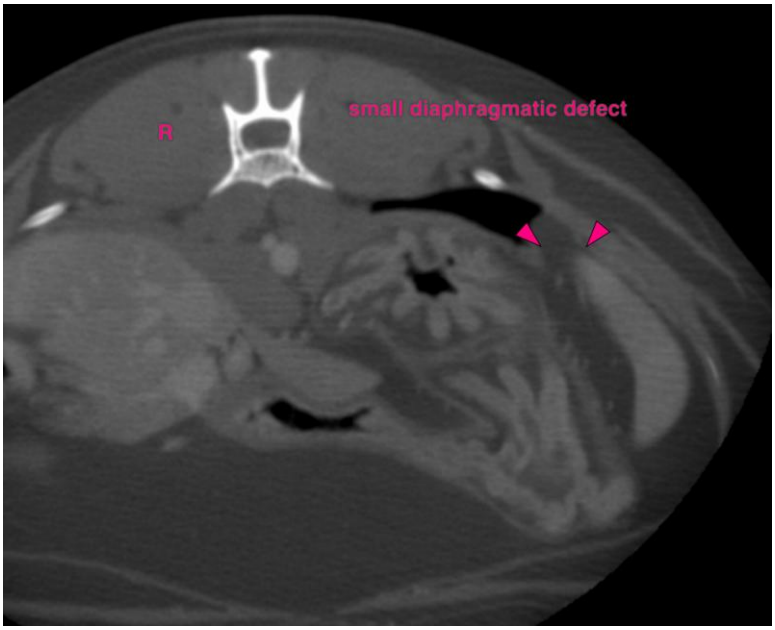

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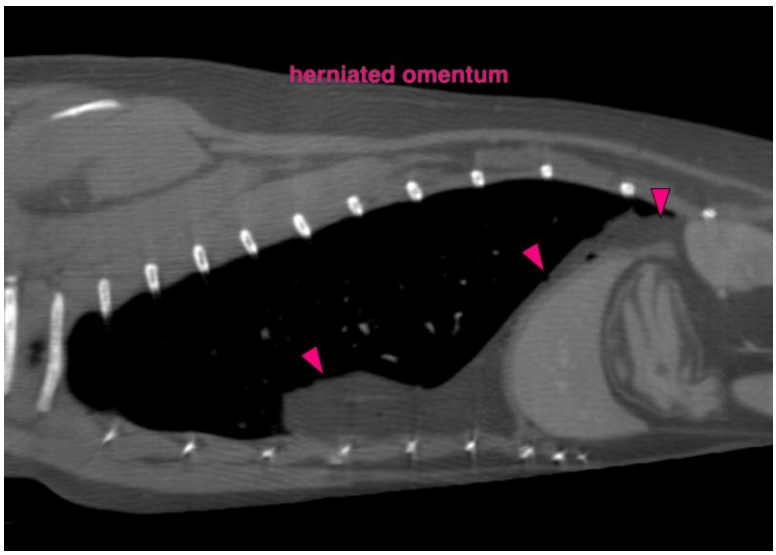

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com