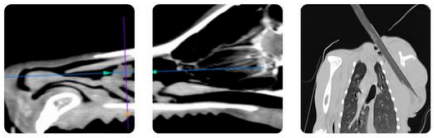


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT
Tyfon Oliva

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
12Y, 5M

WEIGHT
16.4lbs

INTERPRETED BY
Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY
Monika Salgado

HOSPITAL NAME
Westchester Animal Hospital

REFERRING VET
Dr. Jose Falco

INVOICE
73799

DATE
2-17-26

PRESENTING CLINICAL SIGNS

- Presented with a history of a mass in left mandible ramus per rDVM.

Abnormal PE/Chem/CBC/UA Results: Unremarkable.

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

Triadan 307 and 407 are absent. The rostral segment of the body of the left mandible presents advanced permeative osteolysis with segmental complete destruction of the mandible. Along the caudal segment of the body of the left mandible amorphous periosteal new bone formation is seen. A circumferential soft tissue swelling with an irregular contrast enhancement pattern is centered on the left mandible.

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 mandibular lymph nodes are moderately prominent and rounded.

Thorax

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

One of the cranial mediastinal lymph nodes is prominent.

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

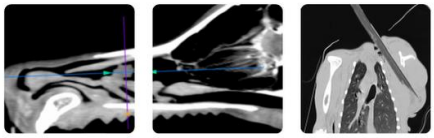
The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The parenchyma of the right lung presents the expected architecture and attenuation behavior. The left lung is consolidated with air-bronchograms, and the left lung presents a moderate decreased volume; a mediastinal shift to the left is seen.

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

Abdomen

Only the cranial abdomen is included in the field of view.



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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 bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic aggressive predominant osteolytic lesion body left mandible with associated soft tissue mass
- Lymphadenopathy mandibular lymph nodes and one cranial mediastinal lymph nodes
- Atelectasis left lung without signs of bronchial obstruction – small intraparenchymal lesionscan be missed in the consolidated lung
- Normal cranial abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The aggressive lesion of the left mandible is consistent with primary neoplasia – either soft tissue neoplasm (such as squamous cell carcinoma, fibrosarcoma) or primary bone tumor (e.g. osteosarcoma, chondrosarcoma). Biopsy can be performed for specification.

The odds for metastatic spread to the mandibular lymph nodes ± cranial mediastinal lymph nodes are increased.

The lung reveals no signs of metastatic disease, but smaller intraparenchymal lesions can be missed in the atelectatic lung.

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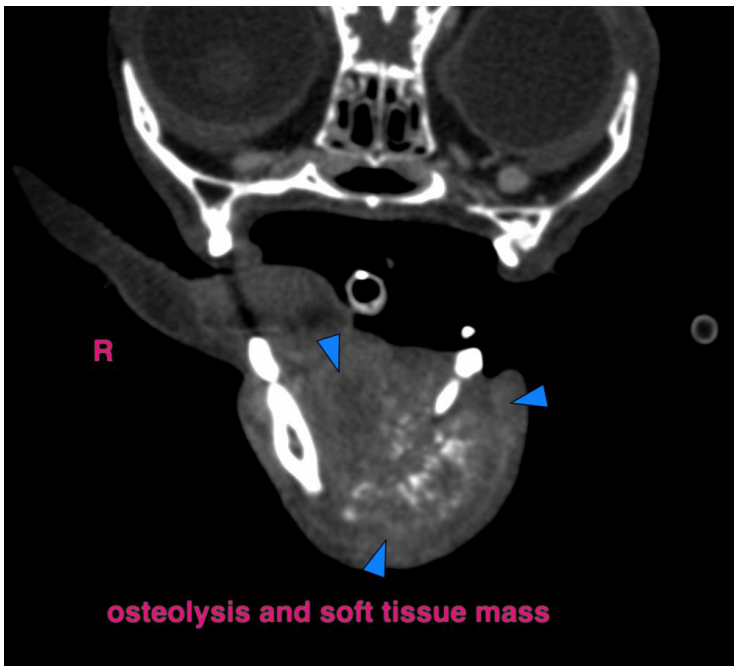

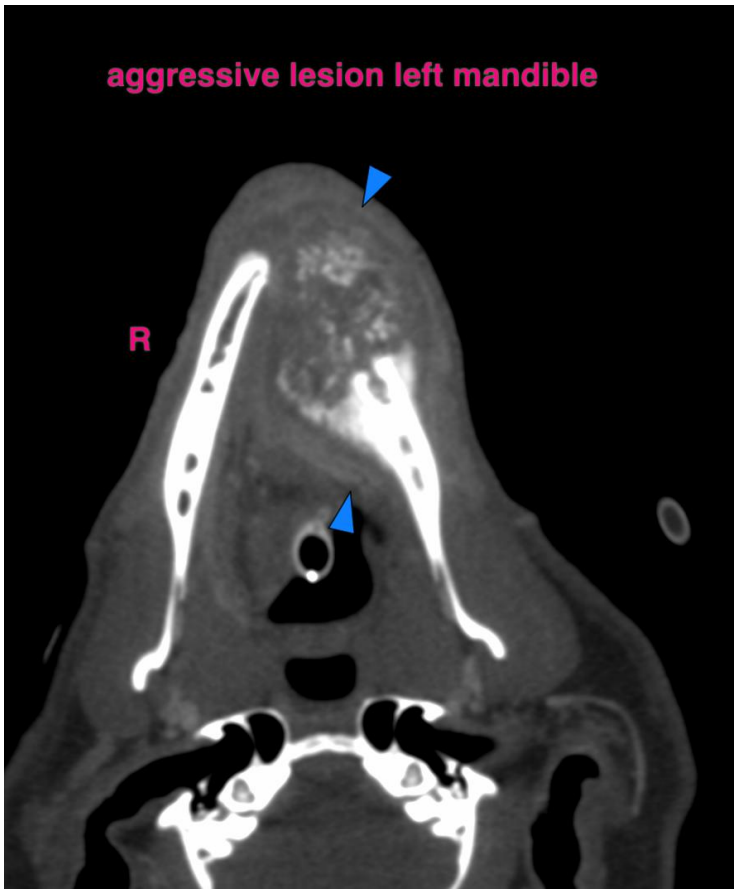

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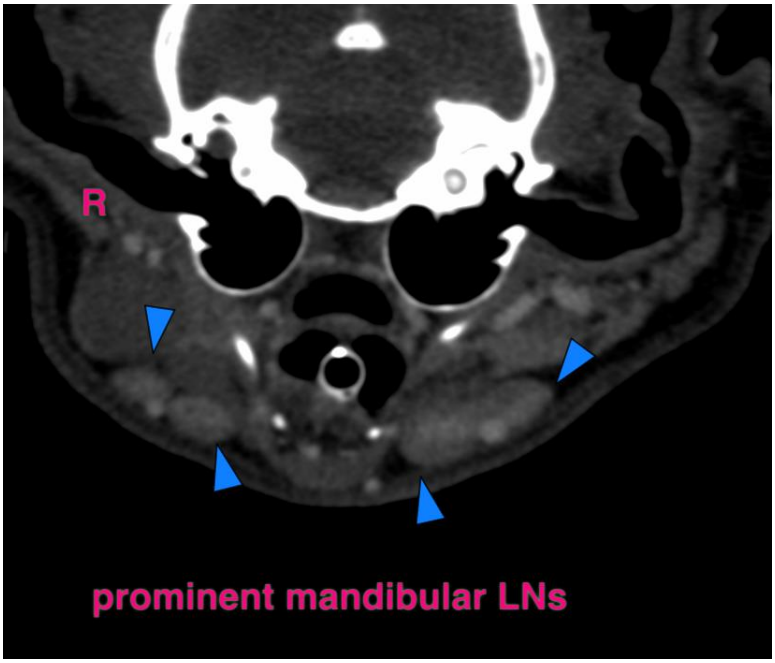

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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