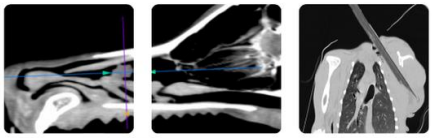

PATIENT

Luna Dennet

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8Y

WEIGHT

12.3lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Armstrong

INVOICE

73567

DATE

2-2-26

PRESENTING CLINICAL SIGNS

History:

- Presenting complaint or concern (brief)
- Mass behind eye
- Please list any current medications
- None
- Does the patient have any allergies and/or drug reactions, in particular to iodine or anesthetic drugs?
- n/a

Abnormal PE/Chem/CBC/UA Results: PE: mm pink, crt <2, clear lung sounds. eye protrusion OS. Enlarged left sub mandibular lymph node . Vitals wnl

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

The left nasal cavity is obliterated by expansile, uniform soft tissue attenuating and contrast enhancing material. Destruction of the associated nasal conchal structures is seen. The osseous lining of the left nasal cavity – including the left maxillary bone, left palatine bone, left nasal bone and left frontal bone – present multifocal permeative osteolysis. The left nasal mass is extending into the left orbital caviy and subcutaneous tissue along the dorsal aspect of the nose. The nasal septum is perforated caudodorsally, and the nasal mass is bulging into the right nasal cavity. Advanced osteolysis of the osseous lamella between the left frontal sinus and the cranial fossa is seen an the left nasal mass is protruding into the left rostrodorsal aspect of the cranial fossa. A midline shift of the brain to the right is seen.

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.

In the left retropharyngeal region, an ill-defined, peripherally accentuated contrast enhancing mass is seen, distorting and deviating the larynx to the right and ventrally. The left retropharyngeal mass is measuring 2.4 x 2.7 x 3.3 cm.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Biologically aggressive primary left nasal soft tissue neoplasia with polyostotic aggressive osteolytic lesions of the osseous lining and perforation of the cranial fossa
- Left retropharyngeal soft tissue mass – likely enlarged left medial retropharyngeal lymph node

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with primary left nasal soft tissue neoplasia, perforating the cranial fossa. Differentials include adenocarcinoma, squamous cell carcinoma lymphosarcoma, other. FNA sampling/biopsy of the subcutaneous swelling or rhinoscopy including biopsy can be performed for specification. The Adam tumor stage is 4.

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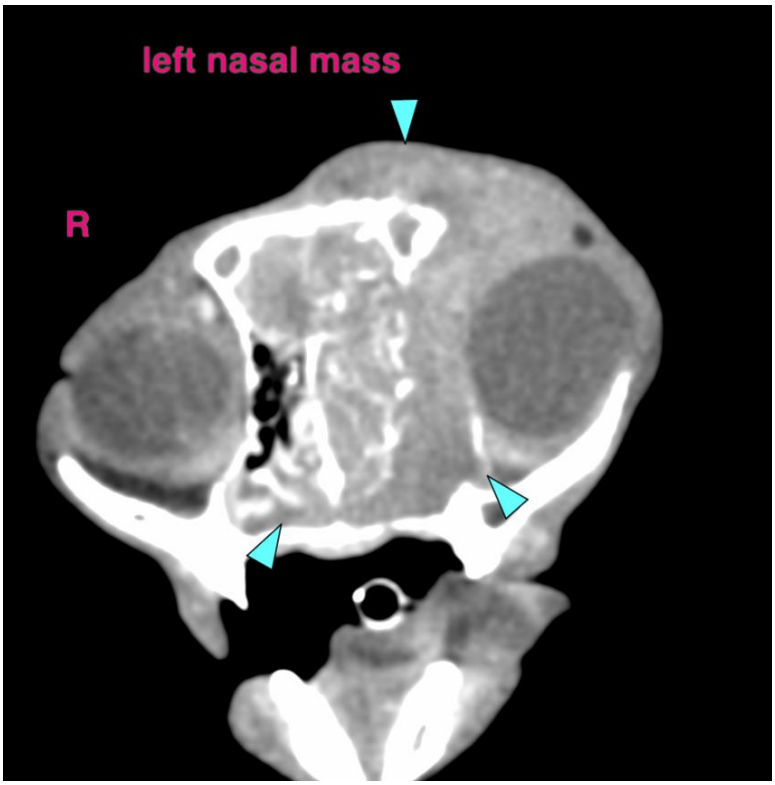
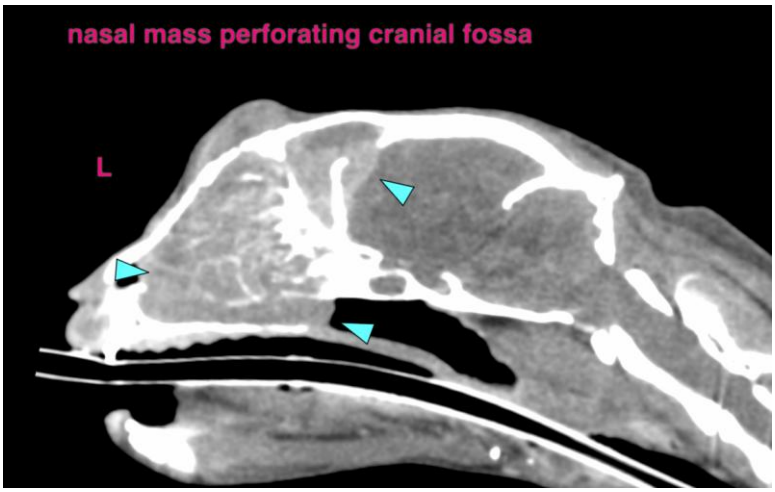
The left retropharyngeal mass is most consistent with lymph node metastasis to the left medial retropharyngeal lymph node.





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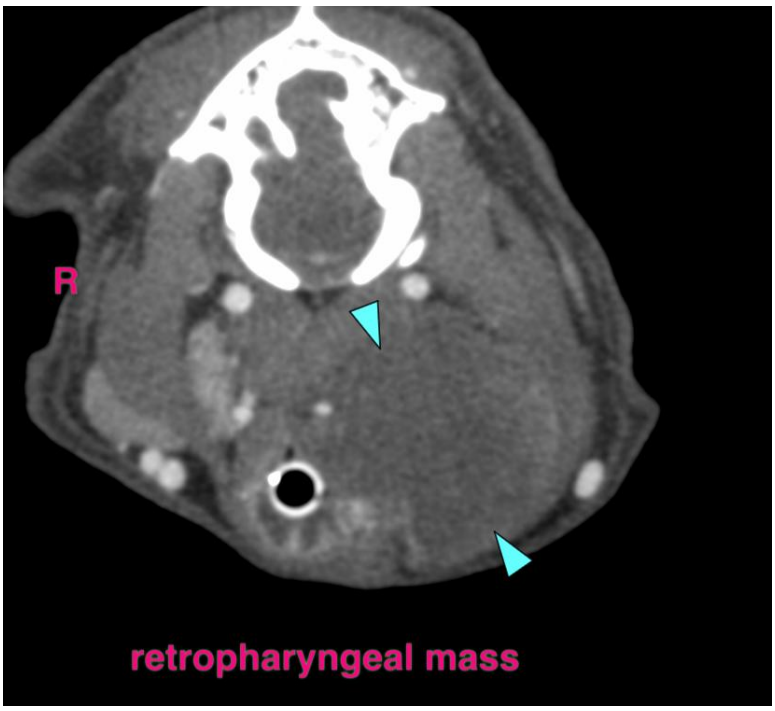

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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