



PATIENT

Gatoulis Rezynti

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13Y

WEIGHT

5.5lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDP

IMAGING PERFORMED BY

Monika Salgado

HOSPITAL NAME

Westchester Animal
Hospital

REFERRING VET

Randy Dominguez

INVOICE

73966

DATE

2-26-26

PRESENTING CLINICAL SIGNS

- Presented with a history of a mass in the left maxillary area.

Abnormal PE/Chem/CBC/UA Results: Unremarkable

COMPUTED TOMOGRAPHY OF THE SKULL

A high resolution plain CT study of the skull is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

No contrast media is appreciated in the vascular structures in the post contrast series.

Multiple teeth are absent.

Centered on the alveolar process of the left maxillary bone, an expansile, soft tissue attenuating mass – causing bullous expansion of the left maxillary bone at the same level. The associated osseous structures present advanced aggressive osteolysis. The mass of the left maxillary bone is bulging into the left nasal cavity and laterally into the oral cavity/subcutaneous tissue of the left upper lip. Destruction of the left nasal conchal structures level with the mass is appreciated; the nasal septum is deviated to the right by the mass effect. Caudally the osseous lesion is extending up to the level of the base of the left zygomatic arch.

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 left mandibular lymph nodes are prominent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Biologically aggressive expansile osteolytic lesion left maxillary bone including the left palatine bone
- Lymphadenopathy left mandibular lymph nodes – equivocal for reactive lymphoid hyperplasia versus metastatic spread
- Multiple absent teeth

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The aggressive osseous lesion of the left maxillary bone is consistent with primary osseous neoplasia – such as osteosarcoma, chondrosarcoma, fibrosarcoma, squamous cell carcinoma, other. FNA sampling or biopsy can be performed for specification. Due to the extent of the mass, possible palliative treatment options such as radiation therapy may be discussed with oncologist pending biopsy results.



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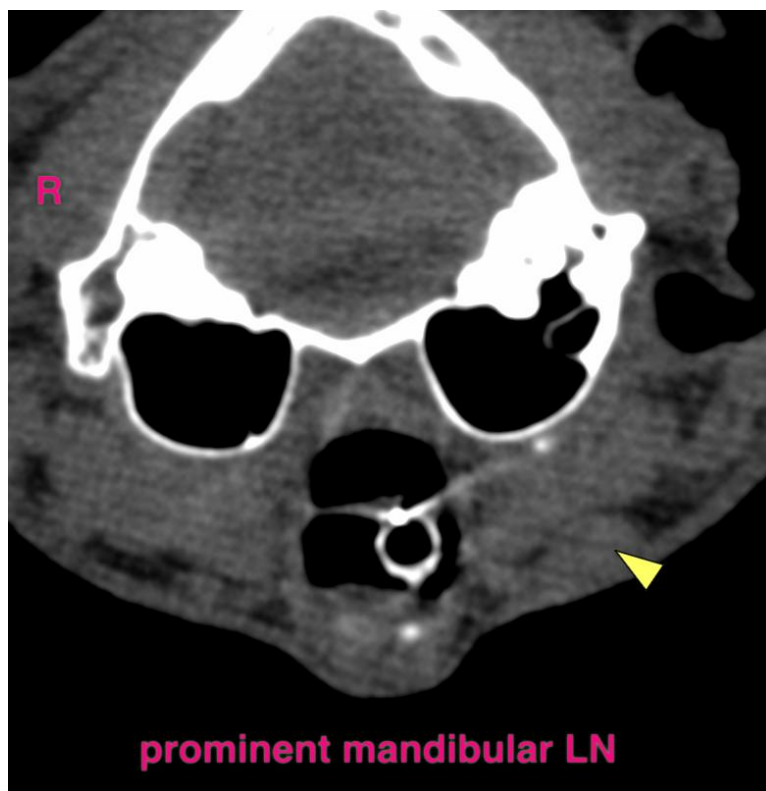
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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