



PATIENT

Sylvester Lee

PRESENTING CLINICAL SIGNS

Patient disappeared for 3 days, when found was showing mouth pain. Came into clinic for a dental consultation and was scheduled for a dental the following day. When waking up from anesthesia the left eye was enlarged with high pressure with resistance that felt like it was coming from the caudal aspect of the eye.

SPECIES

Feline

COMPUTED TOMOGRAPHY OF THE SKULL

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

BREED

DSH

COMPUTED TOMOGRAPHIC FINDINGS

The tooth elements 103, 201, 203, 209, 301-303, 401-403 are absent. The remaining teeth present a moderate to marked widening of the periodontal space and horizontal bone loss with furcation of the premolar teeth in all jaw quadrants. The alveolar bone of the right mandible level with triadan 404 presents a mild expansile character with moth eaten osteolytic lesions. In the post contrast CT study, multiple teeth have been extracted.

SEX

Male Neutered

A moderate soft tissue swelling is seen in the caudal aspect of the left orbit, presenting a heterogeneous contrast enhancement pattern. The left ocular bulb is displaced dorsally and rostrally. The soft tissue swelling is extending caudally up to the medial aspect of the left ramus of the mandible.

AGE

4

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

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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 mandibular lymph nodes bilaterally and the left parotid lymph node are moderately enlarged, the contrast enhancement pattern is uniform.

REFERRING VET

Dr. D'Monte

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Retrobulbar ill-defined soft tissue swelling with heterogeneous contrast enhancement pattern
- Secondary left sided exophthalmos
- Generalized advanced periodontal disease with osteomyelitis rostral segment of the right mandible, level with 404
- Lymphadenopathy mandibular lymph nodes and left parotid lymph node
- Multiple absent teeth, see above

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

3-2-22

The retrobulbar swelling is most concerning for inflammatory origin with small foci of necrosis or abscessation and secondary reactive hyperplasia of the tributary lymph nodes. The inflammation can be triggered by the advanced generalized periodontal disease. A complete dental workup has already been performed as indicated. I would recommend continue therapy with antimicrobial



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management and check if the retrobulbar swelling is regressive within the next days- if not FNA sampling of the respective region from an oral approach caudal to the last left maxillary molar appears feasible. Due to the focal osteomyelitis level with triadan 404, extraction of the respective tooth should be considered.

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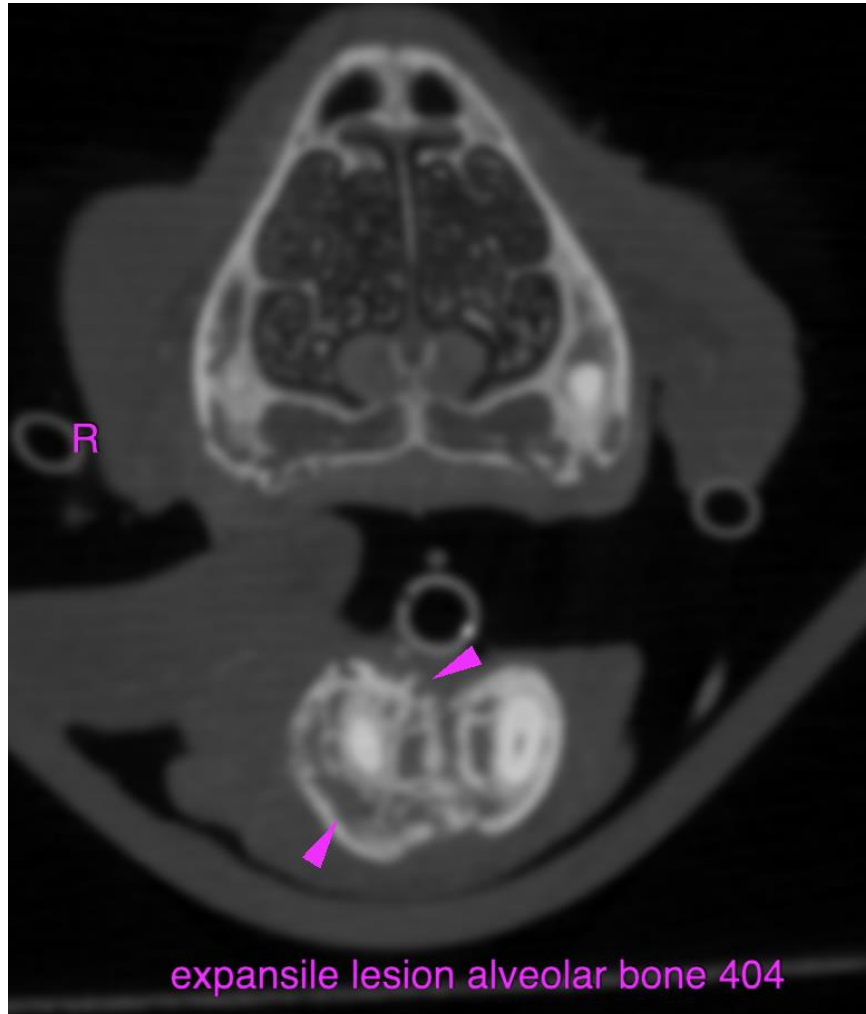
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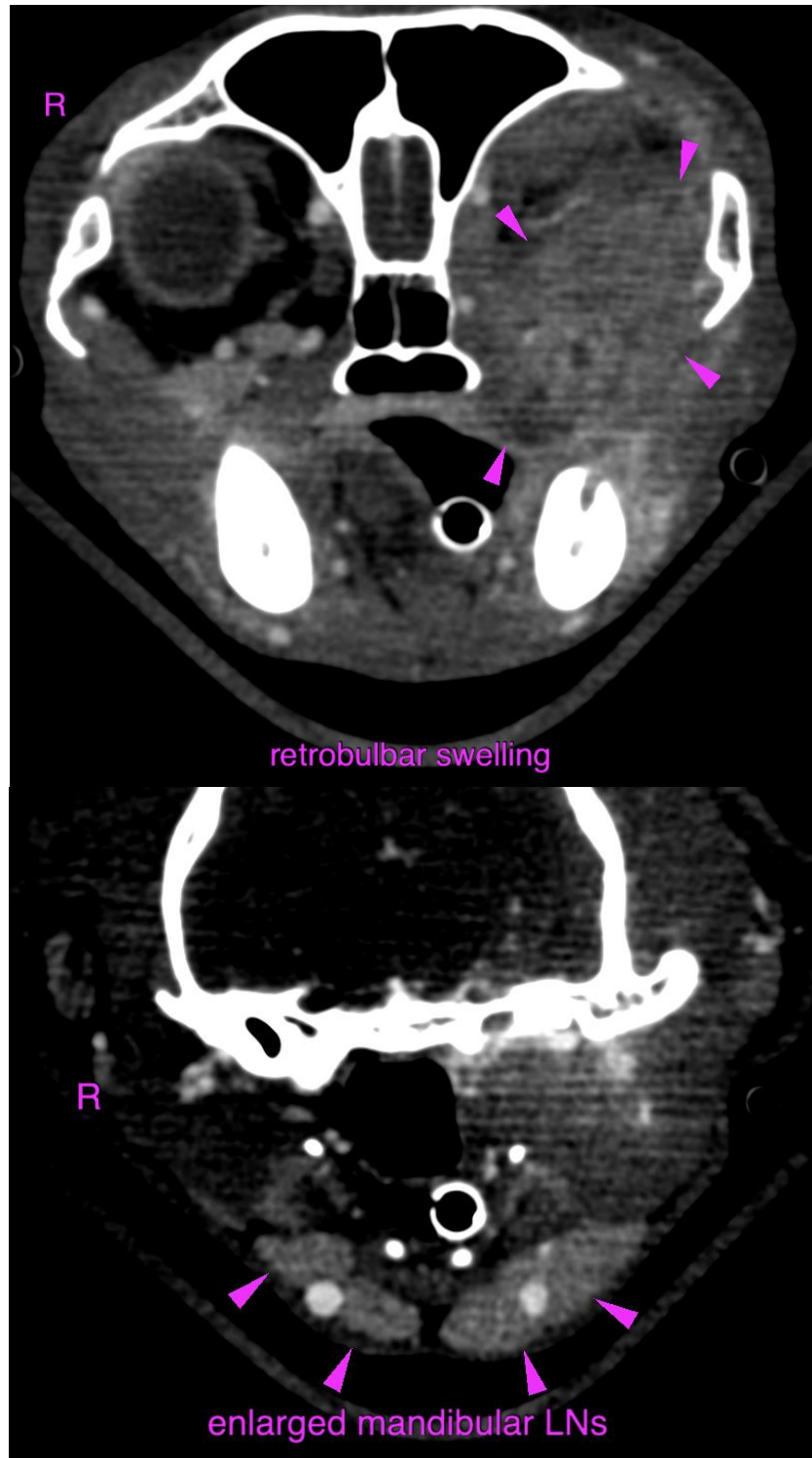
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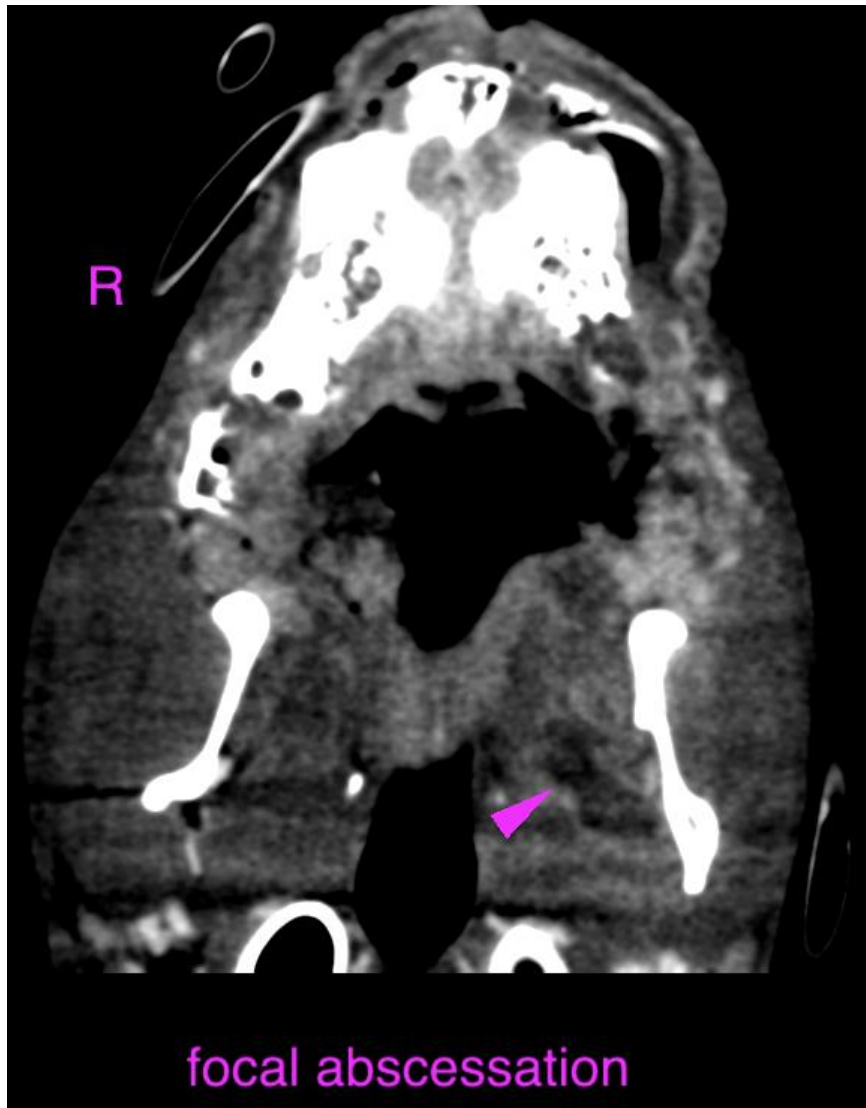
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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