



**PATIENT**

**PRESENTING CLINICAL SIGNS**

Cooper Christopher

Cooper presented for mass growing on right side of face. This was first noted 4 weeks and grew over 4 week period. Previous diagnostics were obtained and revealed possible mass in head-radiographs do not clearly show mass and rDVM suggested CT scan. Cooper is having decreased appetite as well.

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: ALT low

Feline

**COMPUTED TOMOGRAPHY OF THE SKULL & THORAX**

**BREED**

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

DSH

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

Skull

Multiple teeth are absent. The remaining teeth present evidence of moderate periodontal disease.

MN

**AGE**

The nasopharynx is occupied by an ill-defined, soft tissue attenuating mass, extending caudally into the retropharyngeal tissue, distorting the hamulus of the pterygoid bone bilaterally and the sphenoid bone present with permeative osteolytic lesions. The right round foramen of the base of the skull is moderately widened.

10 Years

**INTERPRETED BY**

The tympanic bulla bilaterally is filled with soft tissue attenuating material. The osseous lining of the tympanic bulla is mildly thickened and smooth.

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

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The mandibular lymph nodes are prominent.

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Thorax

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

**REFERRING VET**

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.

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

**INVOICE**

Mild thickening of the bronchial walls is appreciated.

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The lung parenchyma presents the expected architecture and attenuation behavior with sporadic interstitial bands extending from the periphery into the lung parenchyma. The right middle lung lobe presents a consolidated region with air-bronchograms and a moderately decreased volume.

**DATE**

4-12-22

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



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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

Cooper Christopher

- Ill-defined retropharyngeal soft tissue mass with upper airway obstruction
- Polyostotic aggressive osteolytic lesions skull base
- Secondary otitis media – likely due to mechanical obstruction of Eustachian tube
- Lymphadenopathy mandibular lymph nodes
- Mild bronchial lung pattern and some thickened interstitial pulmonary bands
- Region of dystelectasis right middle lung lobe
- Generalized periodontal disease
- Multiple absent teeth
- No evidence of pulmonary metastatic disease

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**REFERRING VET**

Dr. Short

**INVOICE**

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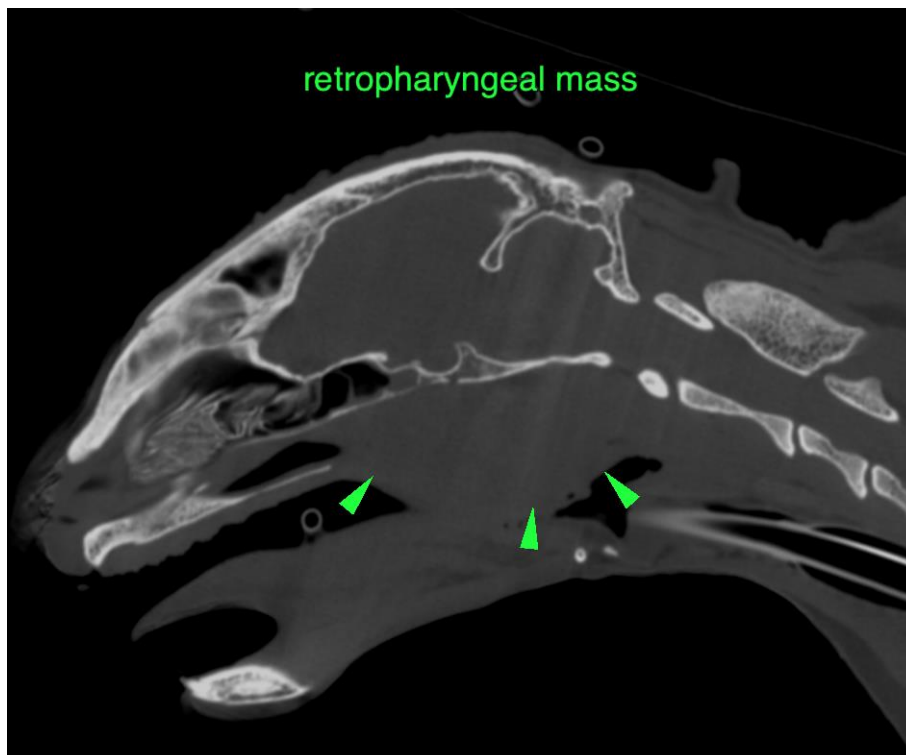
**DATE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings are compatible with a retropharyngeal mass – accentuated on the right side – presenting local aggressive biological behavior. The extend of the mass cannot be clearly defined in the plain CT study of the skull. Potentials include carcinoma, melanoma, fibrosarcoma, round cell tumor. The widening of the right round foramen is concerning for the mass invading the cranial fossa. Ultrasound guided FNA sampling of the retropharyngeal mass can be tried. Treatment options are limited to palliative management and options might be discussed with oncologist, based on results of advanced diagnostic tests.

The bronchial lung pattern and the prominent interstitial pulmonary bands are very likely a sequela to inflammatory lower airway disease with mild interstitial pulmonary scarring – the changes are only mild and are likely clinically not relevant.





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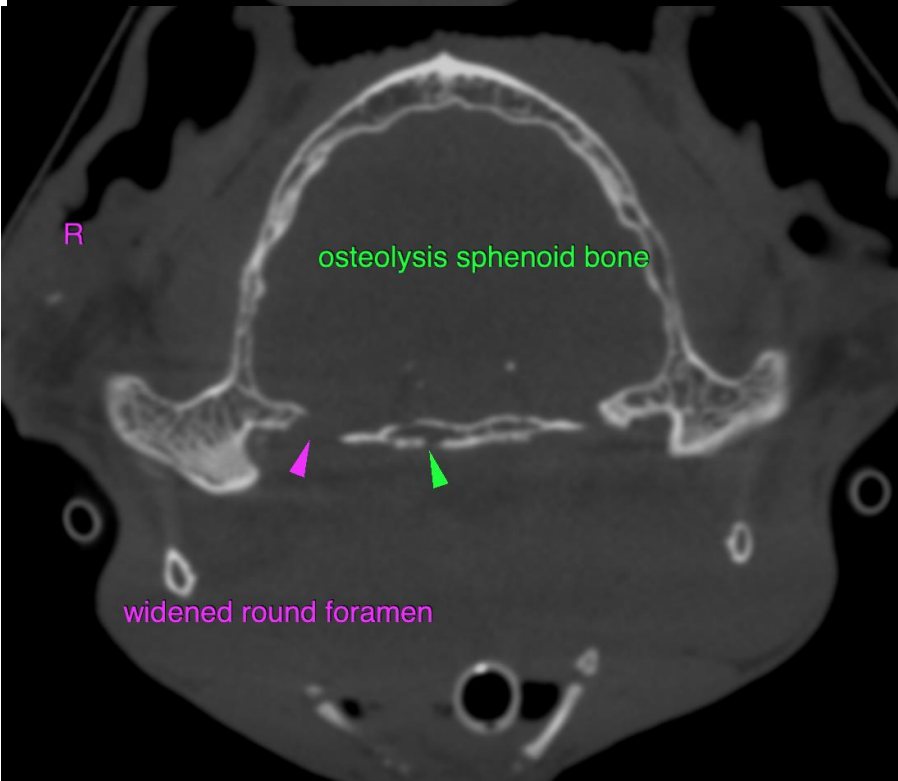
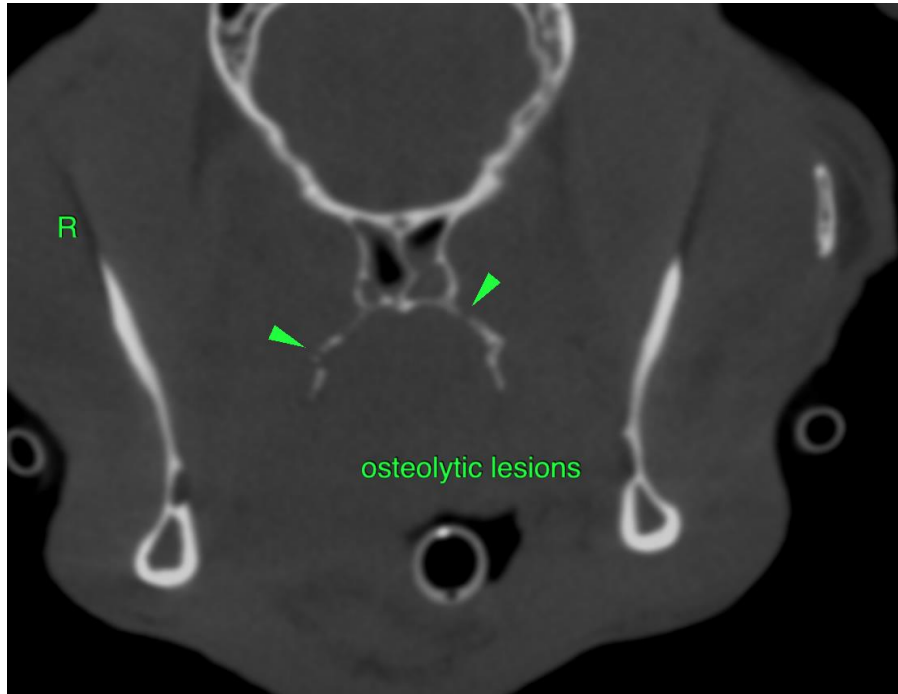
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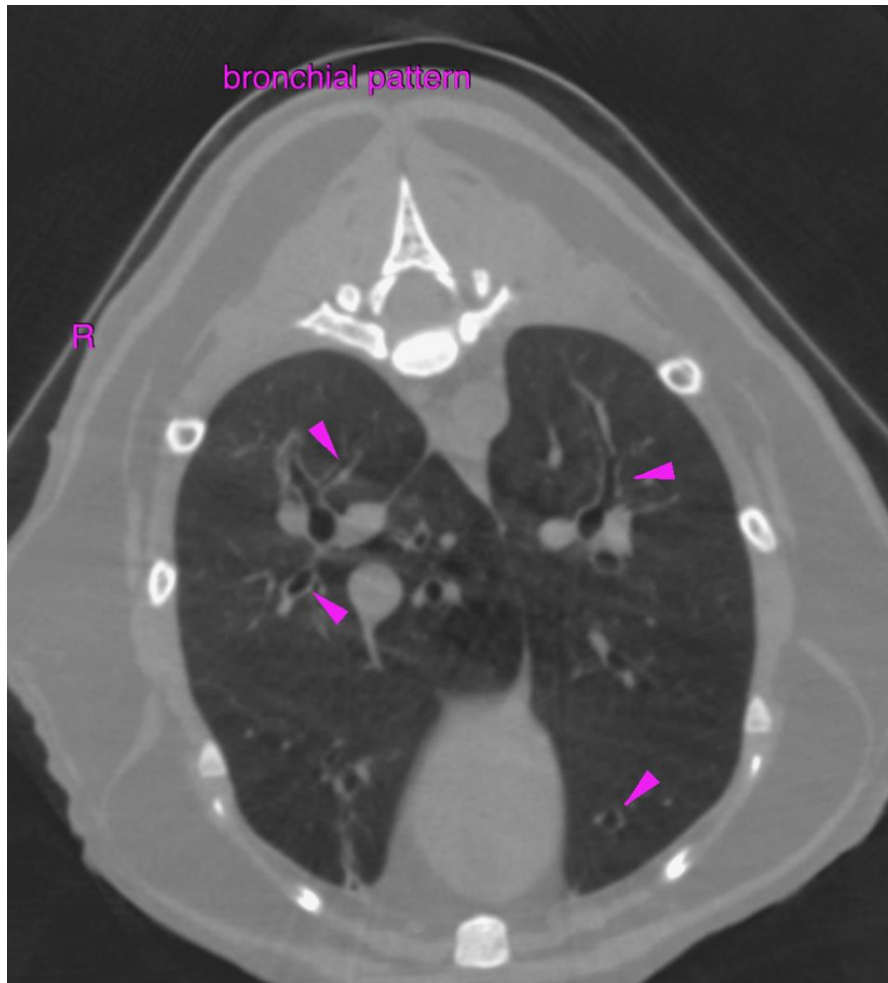
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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