



PATIENT

Murray Paws of War

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11

WEIGHT

4.1

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Short

INVOICE

74586

DATE

4-14-26

PRESENTING CLINICAL SIGNS

mm pink/moist, CRT < 2 sec, gingival mass left caudal maxillary region

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent. At the caudal aspect of the alveolar process of the left maxillary bone, an ill-defined soft tissue swelling is appreciated. Along the rostralateral aspect of the ramus of the left mandible, immature mild periosteal new bone formation is present. The left ala of the basisphenoid bone presents permeative osteolytic lesions and is perforated.

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.

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

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 prominent.

In the left maxillary vein, an intraluminal spindle shaped filling defect is seen.

Thorax

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

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.

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 lung parenchyma presents the expected architecture and attenuation behavior, but small zones with dystelectasis cranioventral aspects of the lung.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Ill-defined soft tissue swelling region caudal aspect alveolar process left maxillary bone
- Aggressive osteolytic lesions left ala of basisphenoid bone and periosteal new bone formation ramus left mandible



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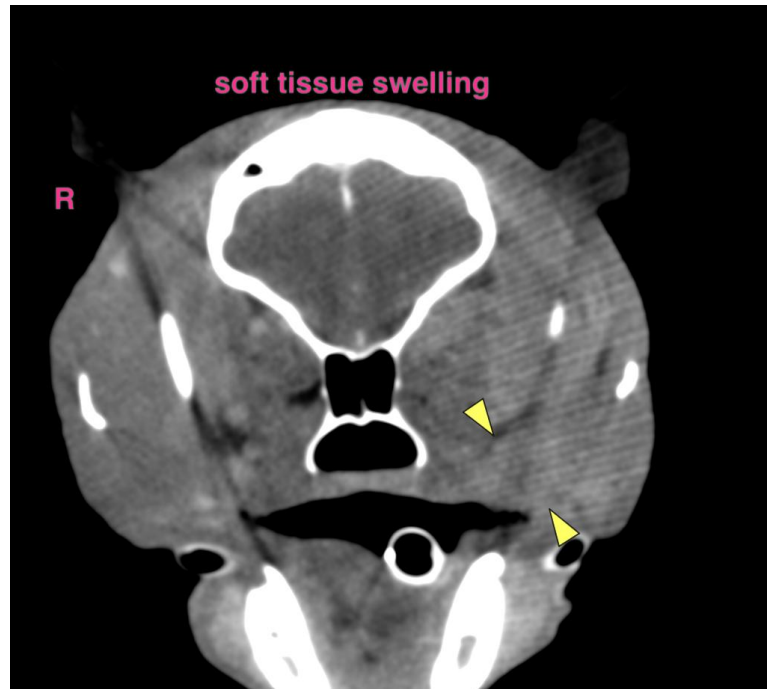
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- Thrombus formation left maxillary vein
- Left sided otitis media – likely due to extramural mechanical obstruction of the Eustachian tube
- Lymphadenopathy mandibular lymph nodes – reactive lymphoid hyperplasia versus metastatic spread
- Multiple absent teeth
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a diffuse soft tissue swelling in the region of the caudal aspect of the alveolar process of the left maxillary bone – the swelling is likely extending caudally in the ventral aspect of the left orbital cavity up to the base of the skull – presenting aggressive osteolytic lesions. The findings are highly concerning for underlying soft tissue neoplasia such as squamous cell carcinoma, melanoma, round cell tumor, other. Theoretically inflammatory origin is possible, but I consider the odds low. Biopsy of the clinically appreciated gingival changes can be performed for specification.





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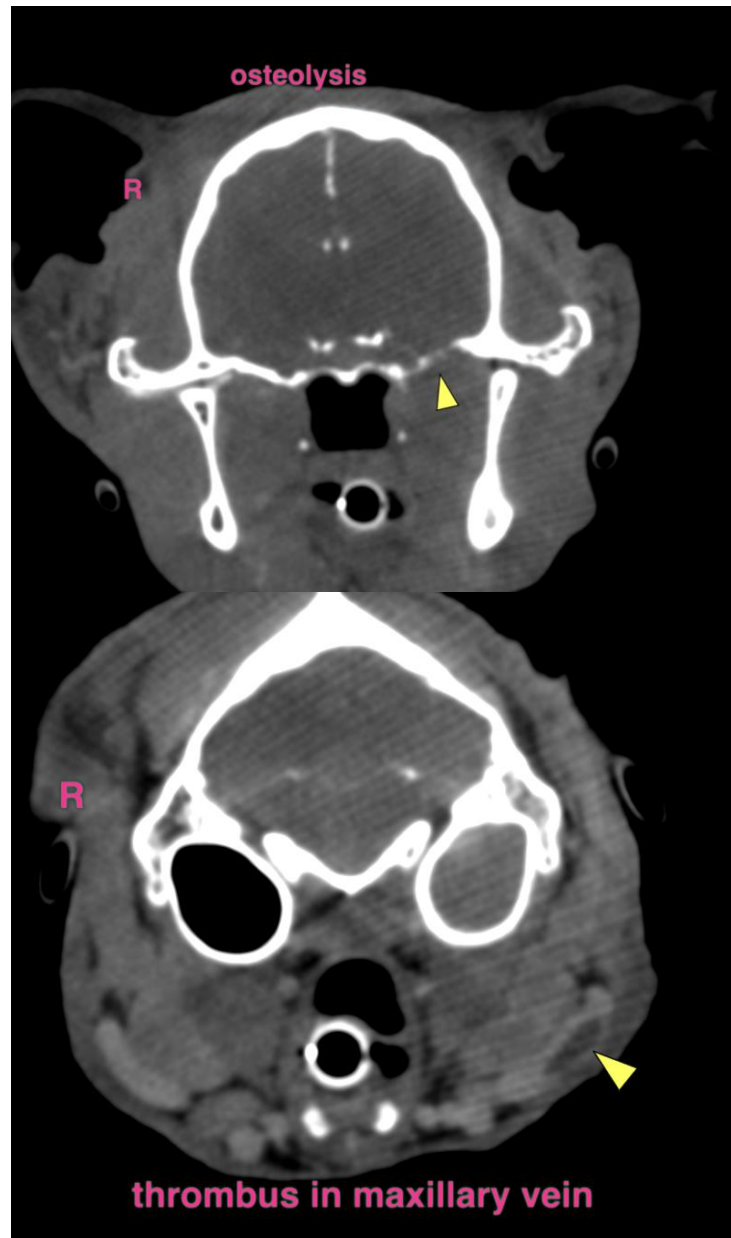
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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