



**PATIENT**

Buddy Carnovale

**SPECIES**

Cat

**BREED**

Domestic Short Hair

**SEX**

Male Neutered

**AGE**

10 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

Dr. Alison Little

**INVOICE**

51612

**DATE**

4-19-22

**PRESENTING CLINICAL SIGNS**

History of anisocoria, difficulty swallowing/chewing/dropping food of approximately 8-10 weeks duration. Neurolocalization: multifocal (multiples cranial nerves: 3, 7 ; 9; 10; 11; 12) Firm mass palpated dorsal to the trachea Dysphagia, choking episodes, hypersalivating. Clinical signs improved with prednisolone Previously diagnosed by rdvm with hyperthyroidism (on methimazole)

**COMPUTED TOMOGRAPHY OF THE SKULL**

A pre- and post-contrast CT study of the skull in a bone and soft tissue reconstruction is provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

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

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. A very small amount of fluid attenuating material is attached to the nasal turbinates.

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 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.

Protruding from the right tonsillar fossa, an ovoid shaped soft tissue mass is appreciated, measuring 7 mm in diameter and 9 mm in length

The right mandibular lymph nodes, the right parotid lymph node, the medial retropharyngeal lymph nodes, right superficial cervical lymph nodes are significantly enlarged, are heterogeneous soft tissue attenuating with mild irregular mineralization. Post contrast administration the respective lymph nodes are hypoattenuating with a mild heterogeneous contrast enhancement pattern. The short-to-long-axis ratio of the respective lymph nodes is moderately decreased.

The right thyroid gland is moderately enlarged and is pre- and post- contrast administration hyperattenuating. The left thyroid gland is prominent.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Right tonsillar mass
- Lymphadenopathy of multiple lymph nodes of the skull and neck – see above – with dystrophic mineralization
- Nodular enlargement right thyroid gland

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings are consistent with disseminated neoplastic disease with the primary tumor possibly originating from the right tonsil. The top differentials include squamous cell carcinoma, melanoma, round cell tumor. If not done so yet, FNA sampling of the enlarged lymph nodes and



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right tonsil can be used as advanced diagnostic test. Based on cytology results, the chances of palliative chemotherapy might be discussed with oncologist. The long term prognosis is guarded.

The enlarged thyroid glands are fitting the history of hyperthyroidism, due to functional thyroid adenoma.

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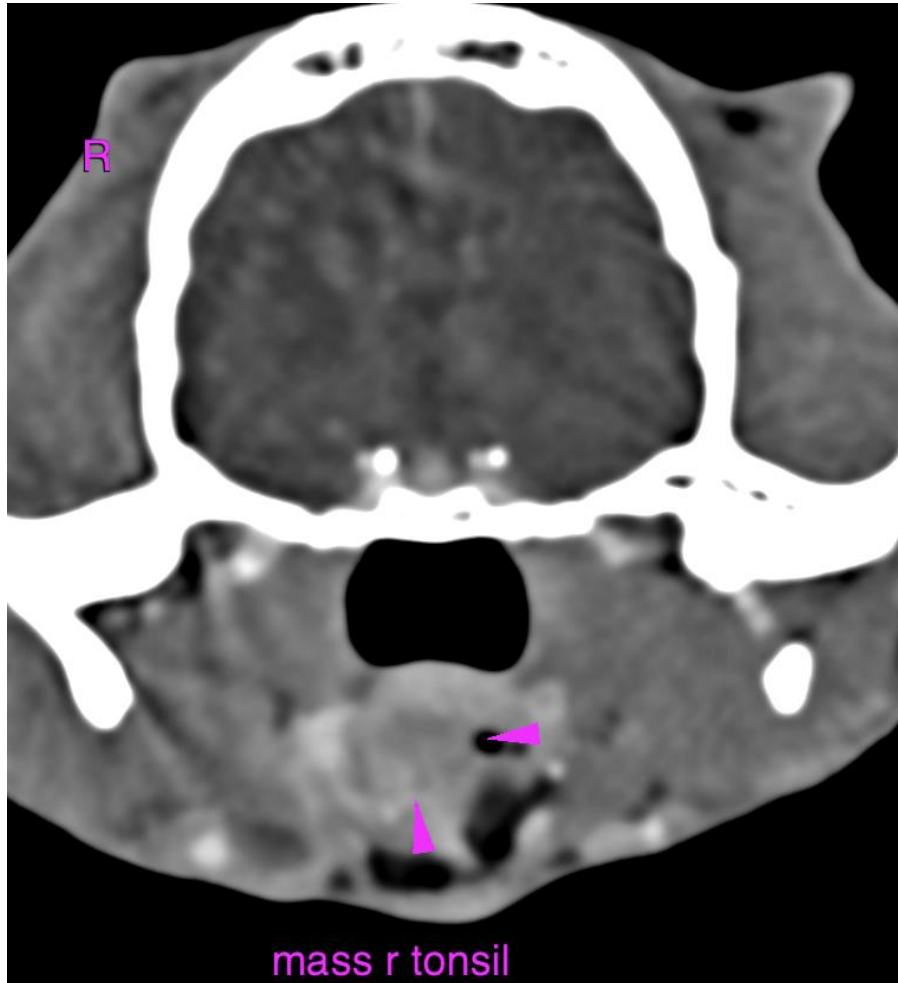
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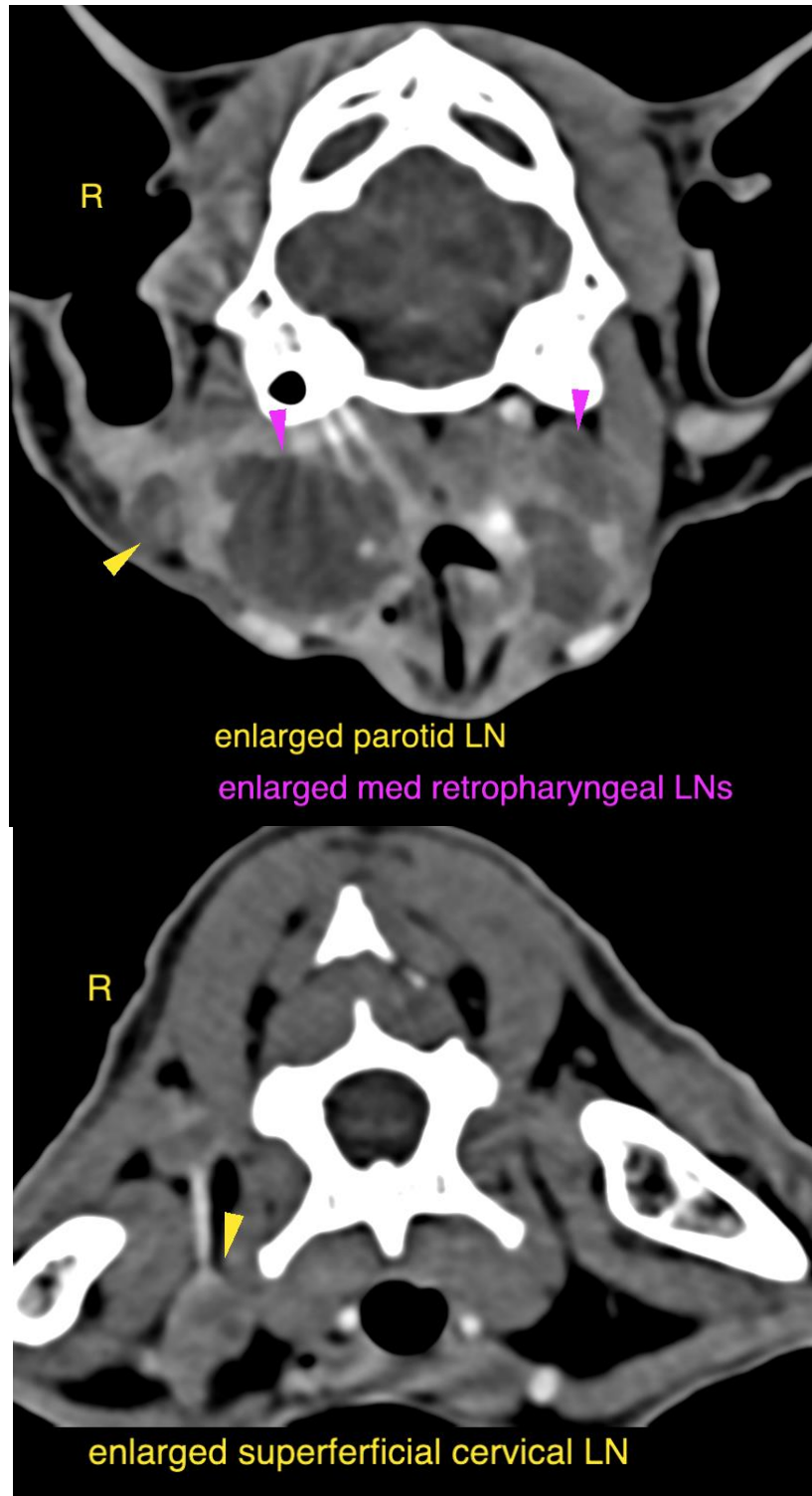
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
sebast.schaub@gmail.com