



PATIENT

Theodore Morello

SPECIES

Feline

BREED

DSH

SEX

MC

AGE

10Y, 9M

WEIGHT

4.6kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Bogdansky

INVOICE

74786

DATE

4-27-26

PRESENTING CLINICAL SIGNS

Ulcerated thickening lateral periorbital thickening duration several weeks
Abnormal PE/Chem/CBC/UA Results: Lab work unremarkable

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The pictured parts of the dentition are complete.

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 right tympanic bulla is partially obliterated by non-contrast enhancing soft tissue material. The osseous wall of the right tympanic bulla is mildly thickened and smooth. The external ear canals present an irregular thickened wall.

The right temporal bone, right aspect of the sphenoid bone, right zygomatic arch, caudal aspect of the alveolar process of the right maxillary bone and ramus of the right mandible present advanced permeative osteolysis. Centered on the aforementioned osseous structures, an ill-defined, peripherally accentuated contrast enhancing mass is seen – extending medially into the retropharyngeal space and laterally into the subcutaneous tissue and right orbital cavity. The right ocular bulb is distorted and deviated by the mass effect.

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 right mandibular lymph nodes and right medial & lateral retropharyngeal lymph nodes are prominent.

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.

Generalized smooth mild thickening of the walls of the bronchial tree is appreciated.

The lung parenchyma presents the expected architecture and attenuation behavior.

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



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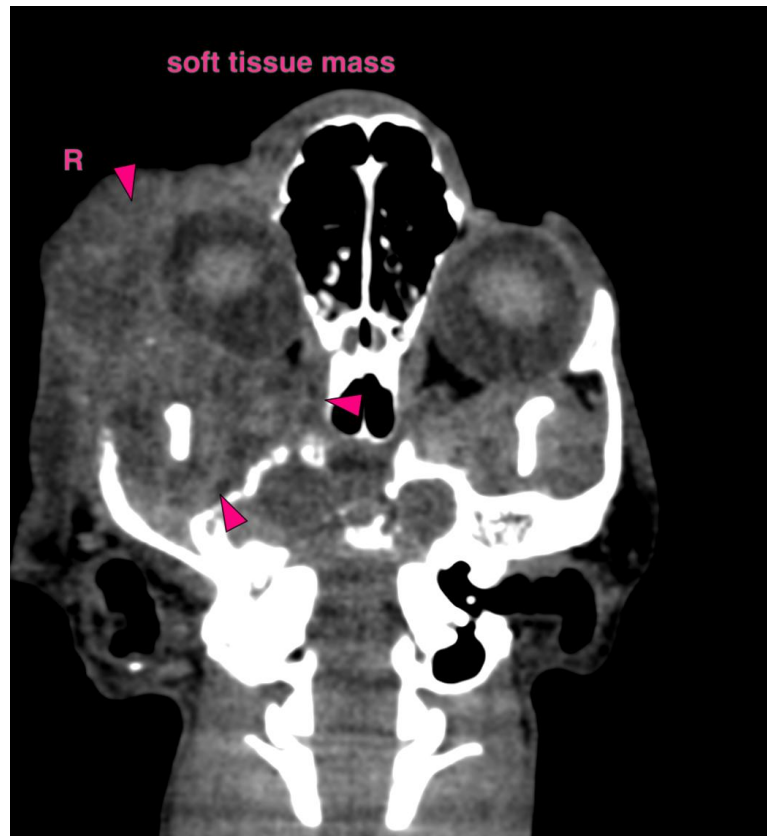
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Ill-defined soft tissue mass along right aspect of the skull with polyostotic aggressive osteolytic lesions of the associated osseous structures and perforation of the cranial fossa
- Lymphadenopathy right mandibular lymph nodes, right medial & lateral retropharyngeal lymph node
- Secondary right sided obstructive otitis media
- Bilateral otitis externa
- Bronchial lung pattern
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinically appreciated swelling along the right aspect of the skull is caused by an ill-defined soft tissue mass along with aggressive osteolysis of the associated osseous structures. Differentials include melanoma, lymphosarcoma, squamous cell carcinoma, fibrosarcoma, other. FNA sampling/biopsy can be performed for specification. Treatment options are limited to palliative care.

The odds for metastatic spread to the regional lymph nodes of the skull are high.





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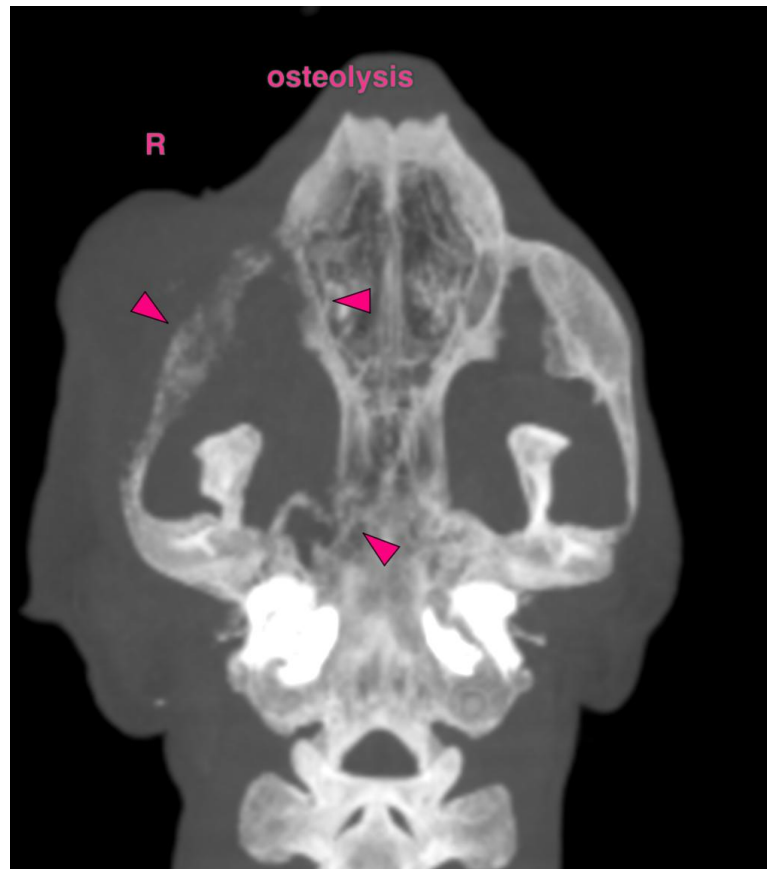
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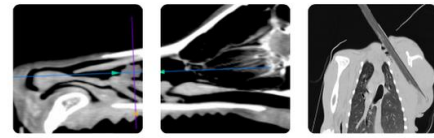
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@sonopath.com

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